



Cleveland/Cuyahoga County Continuum of Care (CoC) By-Name List (BNL) Procedures

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1. Overview

The purpose of this document is to outline the procedures that govern the use of the by-name list (BNL) maintained and updated through the CoC's Homeless Management Information System (HMIS) software, *Clarity Human Services (Clarity)*. The procedures outlined in this document are to be adhered to by all HMIS Participating Agencies and their respective HMIS End Users (users). This document can be amended at any time with the approval of the HMIS & CoC Lead Agency, the Cleveland/Cuyahoga County Office of Homeless Services (OHS).

2. Participants to be Added to the BNL

The BNL should track all homeless persons who are being served by a program or outreach provider where homelessness is a requirement. Written or verbal consent to enter data into *Clarity* is required and should be documented on the CoC's HMIS Release of Information (*Appendix A*). Generally, those who are activated should have an identified housing plan using CoC or other funding. There are some exceptions to this:

- Unsheltered persons
- Homeless veterans and veteran-led families
- Homeless young adults and young adult-led families (18-24-year-olds)
- Homeless families
- Chronically homeless persons and families

Participants who are identified as any of the above subpopulations should be added to the list regardless of their housing plan. The data from the BNL will be used to determine the state of homelessness for each of the listed subpopulations rather than focus solely on prioritization of persons for housing resources.

Anonymous Participants/Refusal of Consent

If a participant does not give verbal or written consent, they can still be added to the BNL anonymously using the "Consent Refused" option in *Clarity*. This will anonymize the record, give the record an ID number, and all data elements and assessments described below can be entered.

It is the responsibility of the Participating Agency who created this anonymous participant to keep a record outside of *Clarity* noting which ID number belongs to which person to avoid duplication of records.

No agency should have more than 1% of its total participants served at any given time anonymous in *Clarity*. Agencies should be making every good faith effort to obtain consent from those they serve.

3. Activating Participants on the BNL

3.1. Roles, responsibilities, & procedures

There are three access points into the homeless system: 1) Coordinated Intake (CI), 2) Single Adult Emergency Shelters, and 3) Outreach/Navigation.

Each Participating Agency identified as one of these access points that collects the initial Universal Data Elements (UDEs) of the Coordinated Entry (CE) intake for the new participant is responsible for activating them on the BNL if the participant is identified as part of one of the subpopulations listed in Section 2. The access point must activate the participant immediately upon first contact. For Coordinated Intake only, the person should only be added to the BNL if the participant is *not* diverted from the homeless system.

If the participant is not identified as part of one of the subpopulations listed in Section 2, the Participating Agency access point should not activate the participant until the participant completes the housing assessment portion of the CE intake. Once the housing assessment is completed, the Participating Agency who is primarily serving the participant (i.e., emergency shelter, transitional housing, safe haven, outreach/navigation program) is responsible for activating the

participant on the appropriate BNL. This is **not** a responsibility of the access points unless that access point is also working directly and providing continued service to the participant (see project types above).

Any non-HMIS-participating agency should submit requests to activate and add a participant to the BNL to CI.

An active status **should not be changed** from ES/TH to Unsheltered if someone exits ES/TH to an unknown destination. An active status will remain as initially identified for 90 days or until otherwise verified.

3.2. HMIS Data Entry Process

- i. Search for the participant using any information available to you (e.g., name, HMIS ID, date of birth, etc.)
 - a. If the participant's record does not exist, create it first before moving on to the next step.
- ii. On the PROFILE screen, select the correct BY-NAME-LIST STATUS.
 - a. Active (ES/TH) = active and currently in a shelter or transitional housing program
 - b. Active (unsheltered) = active and currently in a place not meant for human habitation
- iii. Select the correct subpopulation list for BNL LIST.
 - a. If the participant is not a member of the subpopulations listed, do not select any of the options listed.
- iv. Enter the date the BNL status changed next to BY-NAME-LIST STATUS CHANGE DATE
- v. Click SAVE CHANGES.

Note: see Appendix B for definitions of data elements on the PROFILE screen.

4. BNL Assessment

4.1. Roles, responsibilities, & procedures

Once a participant is activated on the BNL, the BNL Assessment must be completed to compile all the data elements pulled into the BNL. A BNL Assessment does not have to be completed in full initially. However, the full dataset will be requested at each case conferencing or slotting meeting until it is complete.

It is the responsibility of the Participating Agency working with the participant to complete the BNL Assessment within *Clarity*. CI will complete the BNL Assessment for participants at non-HMIS-participating agencies. The BNL Assessment is available in both a hard copy and Microsoft Word fillable format. Updates and ensuring accurate data are entered onto this assessment is the responsibility of **everyone** involved in the coordination of care for the participant.

If a participant is identified as chronically homeless, the Participating Agency should enter "Presumed Chronic (documentation not uploaded)" for the data element VERIFIED CHRONIC. Once a Homeless Verification Form (*Appendix A*) is uploaded into the FILES screen of the participant's record by the Participating Agency, CI should be notified. CI will be responsible for changing the answer to VERIFIED CHRONIC to "Verified Chronic (documentation uploaded)" once it is determined that the participant's uploaded information confirms the chronic status. Additionally, the Homeless Verification Form should be completed prior to filling in the number of non-HMIS homeless days.

4.2. HMIS Data Entry Process

- i. Click ASSESSMENTS at the top of the screen within the participant's record.
- ii. Click START on the BNL Assessment row.
- iii. Complete the assessment with the information available.
 - a. Data definitions for each of the data elements on the BNL Assessment are below in *Appendix D*.
- iv. Click SAVE.

5. Cuyahoga Vulnerability Index

5.1. Roles, responsibilities, & procedure

The Cuyahoga Vulnerability Index (VI) is to be completed for each participant activated on the BNL. The score received upon the completion of the VI is included on the BNL and used to prioritize participants for CoC housing resources.

It is the responsibility of Participating Agencies to complete the Cuyahoga VI within *Clarity* for each of the participants activated on the BNL that the agency is working with. The VI should be updated when changes to the participant's situation are identified.

Non-HMIS-participating providers should submit the Cuyahoga VI on paper to CI. CI is responsible for entering that information into *Clarity*.

5.2. HMIS Data Entry Process

- i. Click ASSESSMENTS at the top of the screen within the participant's record.
- ii. Click START on the Cuyahoga Vulnerability Index row.
- iii. Complete the VI in full.
- iv. Click SAVE.

6. Housing Offer Assessment

6.1. Roles, responsibilities, & procedure

The Housing Offer Assessment is to be completed each time a participant is offered a specific housing resource within the CoC. This assessment is used to track what type of housing is offered, the outcome of the offer, and benchmark dates within the housing process.

It is the responsibility of Participating Agencies to start the Housing Offer Assessment when the participant is offered housing. Specifically, the Participating Agency should enter the following data elements at the time housing is initially offered:

- a) Date of Housing Offer
- b) Type of Housing Offered
- c) Document Ready for Housing Offer (if known at time of offer)
- d) Offer Notes (if necessary)

CI is responsible for completing the above data elements for all participants served by a non-HMIS-participating provider.

It is the responsibility **primarily** of the HMIS-participating housing providers to complete the below data elements once they are known. These data elements can also be completed by homeless service providers or CI if the information is available to them.

- a) Offer Outcome
- b) Application Submitted for Housing Offer & Date Submitted
- c) Offer Interview Completed & Interview Date
- d) Housing Inspection Completed & Inspection Date
- e) Offer Notes (if necessary)

A new Housing Offer Assessment should be completed for each separate offer of housing. For example, if a participant is offered Rapid Rehousing and then a scattered site Permanent Supportive Housing unit, both offers should be documented in two separate Housing Offer Assessments.

6.2. HMIS Data Entry Process

- i. Click ASSESSMENTS at the top of the screen within the participant's record.
- ii. Click START on the Housing Offer Assessment row.
- iii. Complete the assessment with the information available.
 - a. Data definitions for each of the data elements on the Housing Offer Assessment are below in *Appendix E*.
- iv. Click SAVE.

7. Inactivating Participants

7.1. Roles, responsibilities, & procedure

Once a participant has been permanently housed, non-permanently housed, or there has not been contact/updates for 90 days, they should be inactivated to remove them from the BNL. Effectively, this removes the participant from prioritization for CoC housing resources.

If the participant is permanently housed using CoC resources, it is the responsibility of the HMIS-participating housing provider to inactivate the participant.

If the participant is permanently housed without CoC resources, non-permanently housed, or goes missing for over 90 days, it is the responsibility of the of HMIS-participating homeless service provider to inactivate the participant. CI and other BNL managers can assist in status changes once known.

It is the responsibility of CI to inactivate participants from non-HMIS-participating providers. Those providers are responsible for providing that information to CI.

If a participant goes missing for 90 days and is inactivated for that reason, the date entered for BY-NAME-LIST STATUS CHANGE DATE **should be the 90th day missing – not the date the status is changed within *Clarity*.**

7.2. HMIS Data Entry Process

- i. Search for the participant using any information available to you (e.g., name, HMIS ID, date of birth, etc.)
- ii. On the PROFILE screen, select the correct inactive BY-NAME-LIST STATUS.
- iii. For BNL LIST, there is no need to unselect any options.
- iv. Enter the date the BNL status changed next to BY-NAME-LIST STATUS CHANGE DATE.
- v. Click SAVE CHANGES.

Note: see Appendix C for definitions of data elements on the PROFILE screen.

8. Cuyahoga BNL Report

8.1. Roles, responsibilities, & procedure

The BNL is a custom report built in the custom report builder tool, *Looker*. Users with *Agency Administrator – Systemwide Data Analysis* or *Outreach Manager/Agency Admin – Systemwide Data Analysis* access roles can run the report and see the full dataset across the CoC. Those with *Agency Administrator* or *Outreach Manager/Agency Admin* access roles can run the report, but only see their agency's data.

All Participating Agencies are responsible for knowing which agency users have access to run the report. Those users should run the report regularly and distribute it to other staff in their agency to review. Agency program staff are responsible for regularly reviewing the report and providing housing updates which will be entered into the Notes section of the BNL Assessment and Housing Offer Assessment.

8.2. HMIS Process

- i. Click the MENU icon in the top right corner of the screen.
- ii. Click REPORTS.

- iii. Click DATA ANALYSIS at the top of the screen.
- iv. Click CUYAHOGA CLARITY SYSTEM REPORTS for a drop down.
- v. Click RUN on the CUYAHOGA BNL row.

The report can be filtered by subpopulation using the BNL List data element on the PROFILE screen. It can also be sorted by any of the column headers.

Note: see Appendix F for a full list of the BNL data elements and definitions.

Appendix A – HMIS Release of Information

Cleveland/Cuyahoga County HMIS Consent and Release

When you request or receive services from the Cuyahoga County Continuum of Care (CoC), information is collected about you and your household. This information is then entered into the Cleveland/Cuyahoga County Homeless Management Information System (CCHMIS). The CCHMIS is used by over 40 local, social service agencies to coordinate service delivery.

What type of information is collected?

- Basic identifying information for you and each member of your household (may include name, SSN, date of birth, gender, race, ethnicity, household information, phone numbers, military veteran status, disability status)
- Income information (sources and amounts of household income, employment information, work skills)
- Verification documentation of identifying information

What happens to the information collected?

- With your approval, information collected is shared with other service agencies participating in HMIS for the purpose of expediting completion of housing applications, coordinating service delivery, identifying needs and tracking outcomes.
- CCHMIS aggregate data (non-identifying) may be used for community reports and shared with Federal, State, local agencies and other institutions for the purpose of research and analysis. Client information is only shared with authorized persons.

NOTE: CCHMIS uses many security protections to ensure confidentiality and only agencies that use CCHMIS can access this program. All partner agencies adhere to strict security policies to protect your privacy. HMIS software is highly secure.

Why should you agree to have your information shared with other agencies that use Cuyahoga County HMIS?

The benefits to sharing your information in HMIS are as follows

- Reduce the number of visits to other agencies and forms completed
- Identify other services or programs you may be eligible for
- Better coordinate services for you and your household

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

CoC Agencies collect and upload verification of identifying information to CCHMIS for the sole purpose of expediting completion of Housing Applications. You have the option to cancel access to personal information that you are providing about yourself and your minor children at any time if you choose to cancel previous authorization, you must do so in writing. Please contact intake staff at the CoC Agency you're currently working with to formally rescind authorization. Please note that canceling authorization (rescinding authorization) will only impact future release of client information.

AUTHORIZATION OF CONSENT: All information may be shared with authorized personnel in participating and partner agencies relative to the Cleveland/Cuyahoga County: Your release of information and authorization is valid for three (3) years.

REFUSAL of CONSENT: I understand that I am not required to sign this authorization and that if I do not want this information disclosed; my option is not to sign this authorization. Furthermore, I understand that services will not be withheld if I refuse consent.

SIGNATURE of Client, Guardian or Head of Household DATE

PRINTED NAME

_____ SIGNATURE of AGENCY WITNESS	_____ DATE
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ADDITIONAL HOUSEHOLD MEMBERS:

PRINTED NAME OF CLIENT Relationship to HOH

PRINTED NAME OF CLIENT Relationship to HOH

PRINTED NAME OF CLIENT Relationship to HOH

PRINTED NAME OF CLIENT Relationship to HOH

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Appendix B– Homelessness Verification Form

Homelessness Verification

Client’s Name: _____ DOB: _____

Case Manager Name/Agency: _____

Does your Agency Have Access to HMIS: Yes No

Date of Last Coordinated Intake: _____

Needs Coordinated Intake (circle one): Y or N

Please document current homeless episode and then proceed in chronological order:

1 Date: _____ to _____ Location: _____ #Days _____

2 Date: _____ to _____ Location: _____ #Days _____

3 Date: _____ to _____ Location: _____ #Days _____

4 Date: _____ to _____ Location: _____ #Days _____

5 Date: _____ to _____ Location: _____ #Days _____

6 Date: _____ to _____ Location: _____ #Days _____

Total # Days _____

*If applicant has had more than 6 episodes of homelessness over the last 3 years, please use additional sheets.

Please check court dockets to ensure that no episode listed above overlaps with a stay in jail/prison/institution.

Please use [this link](#) for calculation assistance.

Please check one of the following:

Applicant is Chronically Homeless

- Client has been homeless for at least 365 consecutive days
- Client has at least 4 episodes of literal homeless in the last 3 years (days must add up to 365)

Applicant is not Chronically Homeless

Case Manager’s Signature: _____ Date: _____

Please complete this form in its ENTIRETY and upload into the FILES section of the participant’s HMIS record. Email Danette Nagle (danette.nagle@frontlineservice.org) and Nicole Eggert (nicole.eggert@frontlineservice.org) once uploaded.

Appendix C – Profile Screen Data Elements & Definitions

Field Display Name	Field Data Name	Field Type	Picklist/Multi-Select Response Code	Picklist/Multi-Select Label	Definitions
By-Name-List Status	c_list_status	Picklist	1	Active (Unsheltered)	Currently literally homeless and residing in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. This should include persons in an institutional care facility (jail, substance abuse or mental health treatment facility, hospital, etc.) for fewer than 90 days and who were unsheltered just prior to entering the institutional care facility.
			2	Active (ES/TH)	Currently literally homeless residing in an emergency shelter, safe haven, or transitional housing program. This should include persons in an institutional care facility (jail, substance abuse or mental health treatment facility, hospital, etc.) for fewer than 90 days and who were in emergency shelter just prior to entering the institutional care facility.
			3	Inactive (Unknown/Missing)	Current whereabouts are unknown. Recommend changing a person's status to 'unknown/missing' when a person cannot be located by outreach staff after repeated attempts for 90 days or more. At that point, if the person is located at a later date and is identified as experiencing literal homelessness, a new BNL assessment should be started for the person with a new date of identification reflecting the most recent contact.
			4	Inactive (Permanently Housed)	Currently no longer literally homeless; residing in permanent housing.
			5	Inactive (Non-Permanent Housing)	Currently no longer literally homeless; residing in other non-permanent housing situation (e.g., friends/family-temporary tenure, residential treatment for more than 90 days, etc.).
			99	Data not collected	DO NOT USE
By-Name-List Status Change Date	c_list_status_change_date	Date	-	-	Date on which the list status information was collected or changed. If unknown, enter today's date. If inactivating due to no contact for 90+ days, back date this date to the 90th day of no contact.

Appendix D – BNL Assessment Data Elements & Definitions

Field Display Name	Field Data Name	Field Type	Picklist/Multi-Select Response Code	Picklist/Multi-Select Label	Definitions
Assessment Date		Date	-	-	Date assessment was completed in HMIS
Age	age	Live Marker	-	-	NOT ENTERED - age is based off of DOB present on the PROFILE screen.
Veteran Status (Live Marker)	veteran	Live Marker	-	-	NOT ENTERED - vet status is based off of VETERAN STATUS present on the PROFILE screen.
Date Identified	c_date_identified	Date	-	-	Date of initial contact with a person experiencing homelessness in any program or at any other point of homeless system entry.
Confirmed Veteran	c_confirmed_vet	Picklist	1	Confirmed Veteran	Person has been confirmed as a veteran.
			2	Confirmed Non-Veteran	Person has been confirmed as a non-veteran. If so, VETERAN STATUS must be changed to NO on the PROFILE screen.
			3	Veteran Status Not Confirmed	Person has self-reported as a veteran, but the VETERAN STATUS has not been verified yet.
Verified Chronic	c_verified_chronic	Picklist	1	Verified Chronic (documentation uploaded)	Person has been confirmed as chronically homeless. Homeless/shelter letters to verify have been uploaded in the FILES section of the person's HMIS record.
			2	Presumed Chronic (documentation not uploaded)	Person has self-reported or case managers report that person is

					chronically homeless, but chronic status has not been verified yet.
			3	Chronicity Not Verified/Non-Chronic	Person is confirmed non-chronically homeless.
Number of homeless days from the past 3 years not captured by HMIS program enrollments	c_homeless_days_nonhmis	Number	-	-	<p>The number of days in the last 3 years that someone has been homeless that cannot be accounted for through HMIS shelter, encampment, or safe haven enrollments.</p> <p>This number should not exceed 1095 days.</p> <p>A Homeless Verification form must be completed and uploaded into the FILES section of the person's HMIS record <i>and</i> verified by CE in order to have this number counted.</p>
Disabling Condition	disabled	Picklist	0	No	Person does not have a disabling condition.
			1	Yes	Person has a disabling condition. A disability type must be marked as YES to avoid data error.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Physical Disability	health_phys_disability	Picklist	0	No	Person does not have a physical disability.
			1	Yes	Person has a physical disability (e.g., loss of limb, loss of vision, loss of sight, broken bones, etc.)
			8	Client doesn't know	Person does not know the answer to this question.

			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Long Term	health_phys_disability_longterm	Picklist	0	No	The physical disability identified is not considered to be long-continued and impeding ability to live independently.
			1	Yes	The physical disability identified is considered to be long-continued and impeding ability to live independently.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Developmental Disability	health_dev_disability	Picklist	0	No	Person does not have a developmental disability.
			1	Yes	Person has a developmental disability (e.g., learning disabilities, Down Syndrome, ADHD, Tourette Syndrome, etc.)
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Chronic Health Condition	health_chronic	Picklist	0	No	Person does not have a chronic health disability.
			1	Yes	Person has a chronic health disability (e.g., cancer, COPD, Chrohn's Disease, Diabetes, Heart Disease, etc.)
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.

			99	Data not collected	Agency completing this assessment did not ask this question.
Long Term	health_chronic_longterm	Picklist	0	No	The chronic health condition identified is not considered to be long-continued and impeding ability to live independently.
			1	Yes	The chronic health condition identified is considered to be long-continued and impeding ability to live independently.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
HIV - AIDS	health_hiv	Picklist	0	No	Person does not have HIV/AIDS.
			1	Yes	Person has HIV/AIDS.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Mental Health Disorder	health_mental	Picklist	0	No	Person does not have a mental health disorder.
			1	Yes	Person has a mental health disorder (Bipolar, Schizophrenia, etc.)
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Long Term	health_mental_longterm	Picklist	0	No	The mental health disorder identified is not considered to be long-continued

					and impeding ability to live independently.
			1	Yes	The mental health disorder identified is considered to be long-continued and impeding ability to live independently.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Substance Use Disorder	health_substance_abuse	Picklist	0	No	Person does not have a substance use disorder.
			1	Alcohol Use Disorder	Person has an alcohol use disorder.
			2	Drug Use Disorder	Person has a drug use disorder - not including alcohol.
			3	Both alcohol and drug use disorders	Person has both alcohol and drug use disorders.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Long Term	health_substance_abuse_longterm	Picklist	0	No	The substance use disorder identified is not considered to be long-continued and impeding ability to live independently.
			1	Yes	The substance use disorder identified is considered to be long-continued and impeding ability to live independently.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.

			99	Data not collected	Agency completing this assessment did not ask this question.
Income from Any Source	income_cash_is	Picklist	0	No	Person does not have any cash or non-cash income.
			1	Yes	Person has cash or non-cash income.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Earned Income	income_earned_is	Checkbox	-	-	Person has any type of earned income (competitive employment, seasonal work, under the table jobs, etc.)
Amount	income_earned	Dollar	-	-	Monthly amount of earned income.
Unemployment Insurance	income_unemployment_is	Checkbox	-	-	Person has income through government or private unemployment agencies and strike benefits received from union funds.
Amount	income_unemployment	Dollar	-	-	Monthly amount of unemployment.
Supplemental Security Income (SSI)	income_ssi_is	Checkbox	-	-	Person has income through Social Security due to having limited income, are disabled, are blind, and/or are age 65+.
Amount	income_ssi	Dollar	-	-	Monthly amount of SSI.
Social Security Disability Insurance (SSDI)	income_ssdi_is	Checkbox	-	-	Person has income through Social Security because they met the "insured" requirements. The person worked long and recently enough while paying Social Security taxes on earnings.
Amount	income_ssdi	Dollar	-	-	Monthly amount of SSDI.
VA Service-Connected Disability Compensation	income_vet_disability_is	Checkbox	-	-	Person is a veteran and has income through the VA because they are disabled due to an injury or illness that was incurred/aggravated during active military service.

Amount	income_vet_disability	Dollar	-	-	Monthly amount of VA Service-Connected Disability Compensation.
VA Non-Service Connected Disability Pension	income_vet_pension_is	Checkbox	-	-	Person is a veteran and has income through the VA because they have limited income and are no longer able to work.
Amount	income_vet_pension	Dollar	-	-	Monthly amount of VA Non-Service-Connected Disability Pension.
Private Disability Insurance	income_private_disability_is	Checkbox	-	-	Person has disability benefits as a result of a health problem or disability - other than those from Social Security.
Amount	income_private_disability	Dollar	-	-	Monthly amount of Private Disability Insurance.
Worker's Compensation	income_workers_comp_is	Checkbox	-	-	Person receives payments periodically from public or private insurance companies for injuries received at work.
Amount	income_workers_comp	Dollar	-	-	Monthly amount of Worker's Compensation.
Temporary Assistance for Needy Families (TANF)	income_tanf_is	Checkbox	-	-	Person receives cash public assistance payments because they have low income - specifically named TANF.
Amount	income_tanf	Dollar	-	-	Monthly amount of TANF.
General Assistance (GA)	income_ga_is	Checkbox	-	-	Person receives cash public assistance payments because they have low income - no specific name.
Amount	income_ga	Dollar	-	-	Monthly amount of General Assistance.
Retirement Income from Social Security	income_ss_retirement_is	Checkbox	-	-	Person receives a monthly cash benefit that replaces income when the person reduces their working hours or stops working.
Amount	income_ss_retirement	Dollar	-	-	Monthly amount of Retirement Income from Social Security.
Pension or Retirement Income from a Former Job	income_private_pension_is	Checkbox	-	-	Person receives payments from companies or unions, federal government, military, state or local governments, railroad retirement,

					annuities or insurance policies, IRAs, 401(k)s, or other retirement income.
Amount	income_private_pension	Dollar	-	-	Monthly amount of Pension or Retirement Income from a Former Job.
Child Support	income_childsupport_is	Checkbox	-	-	Person receives periodic payments as a parent from an absent parent for the support of children.
Amount	income_childsupport	Dollar	-	-	Monthly amount of Child Support.
Alimony and Other Spousal Support	income_spousal_support_is	Checkbox	-	-	Person receives alimony payments from ex-spouses.
Amount	income_spousal_support	Dollar	-	-	Monthly amount of Alimony and Other Spousal Support.
Other Income Source	income_other_is	Checkbox	-	-	Person receives income from a source not listed above.
Other Cash Income Source	income_other_source	Text	-	-	Name of other source of income.
Amount	income_other	Dollar	-	-	Monthly amount of other source of income.
Total Monthly Income for Individual	income_individual	Dollar	-	-	NOT ENTERED - total amount of income from sources and amounts listed above.
Housing Plan	c_housing_plan	Picklist	1	SSVF - RRH	Rapid Rehousing paid for through the VA/SSVF.
			2	Other RRH	Rapid Rehousing paid for through any source other than VA/SSVF.
			3	HUD - VASH	Supportive housing paid for by HUD's HCV rental assistance coupled with supportive services from the VA.
			4	Other PSH	Supportive housing for homeless persons. Includes all CoC PSH programming.
			5	Other PH	Other permanent housing that is not supported by the CoC or other federal partner.
			6	Joint Component TH/RRH	YHDP or other CoC-funded joint component program.

			7	Self-Resolve/No Assist	Housing is obtained without any assistance from the CoC partners.
			8	None Currently	There is no current housing plan. This should be the answer if someone has not addressed housing as a need, but is on the list for offers to be made.
CMHA Eligible	c_cmha_eligible	Picklist	0	No	Person is not eligible for CMHA-supported housing.
			1	Yes	Person is eligible for CMHA-supported housing.
			99	Data not collected	Agency completing this assessment did not ask this question.
DCFS Involved	c_dcfs_involved	Picklist	0	No	Person has no history or current involvement with DCFS.
			1	Yes	Person has history or current involvement with DCFS.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
VHA Eligible	c_vha_eligible	Picklist	0	No	Person is not eligible for Veteran Health Administration services.
			1	Yes	Person is eligible for Veteran Health Administration services.
			99	Data not collected	Agency completing this assessment did not ask this question.
SSVF Eligible	c_ssvf_eligible	Picklist	0	No	Person is not eligible for SSVF.
			1	Yes	Person is eligible for SSVF.
			99	Data not collected	Agency completing this assessment did not ask this question.
Sexual Orientation	rhy_sexual_orientation	Picklist	1	Heterosexual	Person identifies as straight/heterosexual.
			2	Gay	Person identifies as gay.
			3	Lesbian	Person identifies as lesbian.

			4	Bisexual	Person identifies as bisexual.
			5	Questioning/Unsure	Person is questioning/unsure of their sexual orientation.
			6	Other	Person identifies as something other than what is listed above.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Other Sexual Orientation	rhy_sexual_orientation_other	Text	-	-	If other is selected, type in the sexual orientation reported by the person.
Survivor of Domestic Violence	health_dv	Picklist	0	No	Person does not have history/current experiences with domestic violence.
			1	Yes	Person has history/current experiences with domestic violence.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Prior Justice Involvement	c_prior_justice_involvement	Multi-select	0	No Prior Justice Involvement	Person has not prior justice involvement at all.
			1	Prior justice involvement that is likely to be a barrier to housing (Meth Production, Arson, Sex Offender Status)	Person has prior justice involvement that would provide a barrier to housing. If one of the barriers is identified, please identify what the barrier is in the NOTES section below.
			2	Other Relevant Justice Involvement	Person has prior justice involvement that might not qualify as a housing barrier, but is important to know for placement reasons.
Other Prior Justice Involvement	c_prior_justice_involvement_other	Text	-	-	If other is selected, type in the issue reported by the person.

Prior Evictions	c_prior_eviction	Picklist	0	No	Person has no evictions on their record.
			1	Yes	Person has evictions on their record. Evictions are those that were completed through the justice system.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Formerly Ward of Child Welfare or Foster Care Agency	previous_foster_care	Picklist	0	No	Person was not previously in foster care.
			1	Yes	Person was previously in foster care.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Aged Out of Foster Care	c_previous_foster_care_aged_out	Picklist	0	No	Person did not age out of foster care.
			1	Yes	Person aged out of foster care.
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data not collected	Agency completing this assessment did not ask this question.
Assigned Agency Staff	c_assigned_staff	Text	-	-	<p>The name of the staff and agency working with the person on the list. Multiple can be listed.</p> <p>Follow this format: Staff Person's Name (Agency Name). Separate by commas if there are multiple.</p>

Notes	c_bnl_notes	Textbox	-	-	Add any and all relevant notes. Follow this format: (DATE) Body of note; (DATE) Body of note; (DATE) Body of note; and so on.
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Appendix E – Housing Offer Assessment Data Elements & Definitions

Field Display Name	Field Data Name	Field Type	Picklist/Multi-Select Response Code	Picklist/Multi-Select Label	Definitions
Assessment Date		Date	-	-	Date assessment was completed in HMIS
Date of Housing Offer	c_housing_offer_date	Date	-	-	Date housing opportunity was offered to the person.
Type of Housing Offered	c_housing_offer_type	Picklist	1	Transitional Housing	Temporary housing with supportive services to individuals and families

				experiencing homelessness. In our CoC, this only applies to GPD programming.
		2	Joint Transitional Housing/Rapid Re-Housing	Temporary housing with supportive services with direct linkage to rapid rehousing. In our CoC, this only applies to the YHDP TH/RRH program.
		3	Rapid Re-Housing	Permanent housing that provides short-term and medium-term tenant-based rental assistance and supportive services to individuals and families experiencing homelessness.
		4	Permanent Supportive Housing (Scattered Site)	Permanent housing in which housing assistance and supportive services are provide to assist households in achieving housing stability. This option is to be

					used for scattered site or community housing.
			5	Permanent Supportive Housing (Building)	Permanent housing in which housing assistance and supportive services are provide to assist households in achieving housing stability. This option is to be used for PSH buildings or sites that are operated by the CoC.
			6	Other Permanent Housing	Any other permanent housing option that is not listed above.
Building Offered	c_housing_offer_building Will only be displayed if PERMANENT SUPPORTIVE HOUSING (BUILDING) is selected above.	Picklist	10	Harper's Point	
			11	North Ridge Commons	
			12	Opportunity House	
			13	1850 Superior - downtown Superior Apartments	
			14	Buckeye Square	
			15	8301 Detroit - Commons at West Village	
			16	Greenbridge Commons I	
			17	Greenbridge Commons II	
			18	Emerald Commons	
			19	Liberty at St. Claire	
			20	Inez Killingsworth	
			21	Southpointe Commons	
			22	Edgewood Park	

			23	Cogswell Hall	
			24	Independence Place	
			25	The Winton onLorain	
			26	St. Joseph's Commons	
			27	The Lotus	
			8	Client doesn't know	Person does not know the answer to this question.
			9	Client prefers not to answer	Person does not want to answer this question.
			99	Data Not Collected	Agency completing this assessment did not ask this question.
Offer Outcome	c_housing_offer_outcome	Picklist	1	Accepted	Person has accepted the offer selected above.
			2	Denied - Provider Rejected	Person was denied the housing opportunity by the provider.
			3	Denied - Client Rejected	Person rejected the housing opportunity offered to them.
Offer Outcome Date	c_housing_offer_outcome_date	Date	-	-	If any of the above answers is selected, enter the date that this outcome occurred. This can be back dated, if needed.
Document Ready for Housing Offer	c_housing_offer_doc_ready	Checkbox	-	-	Person has documents ready and available that

					are necessary for a full housing application to be completed.
Application Submitted for Housing Offer	c_housing_offer_app_submitted	Checkbox	-	-	Person's application was submitted.
Date Submitted	c_housing_offer_app_submitted_date	Date	-	-	If above is switched on, add date the person's application was submitted.
Offer Interview Completed	c_housing_offer_interview	Checkbox	-	-	Person completed a scheduled interview (if applicable) for the housing opportunity offered.
Interview Date	c_housing_offer_interview_date	Date	-	-	If above is switched on, add date the interview was completed.
Offer Notes	c_housing_offer_notes	Textbox	-	-	Add any and all relevant notes about this specific housing offer. Follow this format: (DATE) Body of note; (DATE) Body of note; (DATE) Body of note; and so on.

Appendix F – Housing Offer Assessment Data Elements & Definitions

BNL Data Field	Collection Screen	Notes/Definition (if not present on previous tabs)
Days since last BNL Assessment update	BNL Assessment	Automatic calculation based on most recent BNL Assessment Date Updated.
First Name	Client Profile	
Last Name	Client Profile	
Alias	Client Profile	
Clarity Unique ID	Client Profile	Copy and paste into search, if needed.
Client ID	Client Profile	Clickable link - redirects to person's record.
Age	Client Profile	
Race & Ethnicity	Client Profile	
Gender	Client Profile	
Sexual Orientation	BNL Assessment	
Confirmed Veteran	BNL Assessment	
HH Type	CE Enrollment	Determines what type of household person is in based on latest CE enrollment.
HH Size	CE Enrollment	Determines how many people are in the household with the person on the list based on the latest CE enrollment.
List Status	Client Profile	
List Status Change Date	Client Profile	
Date Identified	BNL Assessment	
Length of Time on List	BNL Assessment	Automatic calculation based on most recent BNL Assessment Date.
Number of Days Homeless (HMIS Enrollments)	System-Wide Calculation	Automatic calculation based on encampment, emergency shelter, and safe haven enrollments from the past 3 years - not deduplicated.
Number of enrollments in the past 3 years	System-Wide Calculation	Automatic calculation based on encampment, emergency shelter, and safe haven enrollments from the past 3 years - sum of enrollments.

Number of Days Homeless (Outside HMIS Enrollments)	BNL Assessment	
Total Number of Days Homeless	System-Wide Calculation	Automatic calculation - sum of Number of Days Homeless (HMIS Enrollments) and Number of Days Homeless (Outside HMIS Enrollments).
Verified Chronic	BNL Assessment	
VI Score	VI Assessment	Automatic calculation based on the answers given on the VI Assessment.
Disability (y/n)	BNL Assessment	
Disability (list)	BNL Assessment	
Income (y/n)	BNL Assessment	
Income (list)	BNL Assessment	
Client Location (SO)	Client Location	Most recent location based on the Outreach Module or last address/location in the LOCATIONS tab of the person's record. If someone is on the Unsheltered BNL, this data element must be present.
Contact Information	Client Contact	Calculated yes/no indicator if a person has active personal contact information in CONTACTS tab of HMIS record.
Current ES/TH/SH Program Enrollments	System-Wide Enrollments	List of active ES, TH, and SH project enrollments.
Assigned Agency Staff	BNL Assessment	
Housing Plan	BNL Assessment	
CMHA Eligible	BNL Assessment	
DCFS Involved	BNL Assessment	
VHA Eligible	BNL Assessment	
SSVF Eligible	BNL Assessment	
History of DV	BNL Assessment	
Prior justice involvement	BNL Assessment	
Formerly Ward of Child Welfare/Foster Care	BNL Assessment	
Aged Out of Foster Care	BNL Assessment	
Eviction History	BNL Assessment	
Notes	BNL Assessment	

Housing Offer Data Field	Collection Screen	Notes/Definition
Date of Housing Offer	Housing Offer Assessment	Only data from the 3 most recent Housing Offer Assessments completed will be shown.
Type of Housing Offered		

Building Offered		
Offer Outcome		
Offer Outcome Date		
Document Ready for Housing Offer		
Application Submitted for Housing Offer		
Date Application Submitted		
Housing Offer Interview Completed		
Date of Housing Offer Interview		
Housing Inspection Completed		
Inspection Date		
Offer Notes		