

**County of Riverside Continuum of Care
Homeless Management Information System**

HMIS Charter



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1. KEY CHANGES

The County of Riverside Continuum of Care (CoC) Homeless Management Information System (HMIS) Charter has been comprehensively revised to enhance clarity on federal requirements, CoC governance, and data quality and timeliness standards. This revision supersedes all prior versions and reflects current HUD, CoC, and operational expectations.

Purpose of the Revision

The primary purpose of this update is to align the HMIS Charter with [HUD FY 2026 HMIS Data Standards](#) (effective October 1, 2025), clarify roles and responsibilities across the CoC governance structure, and formalize consistent practices related to data collection, sharing, privacy, and user management.

Major Areas of Update

- **Regulatory and Data Standards Alignment:**

Updated definitions, policies, and data requirements throughout the Charter to fully align with [HUD FY 2026 HMIS Data Standards](#), including Universal Data Elements, Program-Specific Data Elements, Federal Partner requirements, and Victim Service Provider (VSP) provisions.

- **Governance Structure Clarification**

Clarified the governance framework by:

- Reaffirming the roles of the CoC Membership and CoC Board of Governance;
- Identifying the HMIS Lead Agency's responsibilities; and
- Removing the former HMIS Administrator Council to streamline decision-making and accountability.

- **Updated Data Quality and Timeliness Requirements**

Updated data quality standards, benchmarks, and agency responsibilities to improve accuracy, completeness, timeliness from 7 calendar days to 3 calendar days, and reduction of duplicate client records.

- **Expanded Privacy, Security, and Client Rights Protections**

Updated and clarified policies related to privacy notices, Release of Information (ROI), verbal consent, workstation security, data sharing permissions, client access to records, grievance procedures, and system-level security controls, consistent with HUD, HIPAA, and VAWA requirements.

- **HMIS/CES User Account Management and Enforcement**

Revised HMIS/CES user policies to strengthen system security and accountability, including:

- Clearer procedures for user onboarding, termination, inactivity, and reinstatement;
- Expanded language regarding data breaches, conflicts of interest, violations, and enforcement consequences;
- Updated licensing structure, including options for agencies to purchase additional HMIS/CES user licenses and Looker upgrades beyond complimentary allocations.

- **Training, Technical Assistance, and Continued Learning Requirements**

Formalized ongoing HMIS/CES capacity-building expectations, including required participation in:

- Monthly Technical Assistance sessions;
- Monthly HMIS/CES Office Hours;
- Annual HMIS/CES refresher training for continued system access.

- **Updated Forms and Appendices**

All forms and templates in Appendices A-K have been reviewed and updated to reflect current policies, data standards, and operational practices, including client consent forms, agency agreements, data sharing agreements, data quality plans, and intake/assessment forms.

Effective Date

All updates contained in this revision are effective upon approval by the CoC Membership at the **CoC Meeting on March 18, 2026**, unless otherwise specified within individual sections of the Charter. Appendix C, HMIS/CES User Account Request Form/Invoice, has been updated to allow HMIS participating agencies to purchase additional Looker Upgrade beyond the allotted number of complimentary upgrades per agency.

Governance and System Impact

Adoption of this revised HMIS Charter strengthens system integrity, improves compliance readiness for HUD monitoring and audits, enhances data reliability and transparency, and supports more coordinated, secure, and effective service delivery across the Riverside County Continuum of Care.

2. VISION FOR RIVERSIDE COUNTY CONTINUUM OF CARE (COC) HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

2.1 The Purpose of HMIS

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless, housing and supportive services and about persons who receive assistance for persons at risk of homelessness over time, to produce an unduplicated count of homeless persons for each Continuum of Care (CoC), to understand the extent and nature of homelessness locally, regionally and nationally, and to understand services use and measure the effectiveness of programs.

2.2 Benefits of a Local HMIS

The development of a local HMIS is about bringing the power of computer technology to the day-to-day operations of individual homeless assistance providers, knitting together providers within a local community in a more coordinated and effective housing and services delivery system for the benefit of homeless clients and obtaining and reporting critical aggregated information about the characteristics and needs of homeless persons.

An HMIS provides significant opportunities to improve access to and delivery of housing and services for people experiencing homelessness. An HMIS can accurately describe the scope of homelessness and the effectiveness of the efforts to ameliorate it. An HMIS can strengthen community planning, program design, and resource allocation.

3. HMIS DEFINITIONS

Annual Homeless Assessment Report (AHAR): An annual report from the U.S. Department of Housing and Urban Development (HUD) to the U.S. Congress that provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based on HMIS data about persons who experience homelessness during a 12-month period, point-in-time counts of people experiencing homelessness on one day in January, and data about the inventory of shelter and housing available in a community.

Annual Performance Report (APR): A reporting tool, formerly known as the Annual Progress Report, that HUD uses to track progress and accomplishments of projects funded by HUD on an annual basis.

Client: A living individual about whom a HMIS Participating Agency collects or maintains personal and service information including protected personally identifiable information (PII): (1) because the individual is receiving, has received, may receive, or has inquired about services from the agency; or (2) in order to identify service needs, or to plan or develop appropriate services within the CoC.

Continuum of Care (CoC): The group organized to carry out the responsibilities required under the CoC Program Interim Rule ([24 CFR Part 578](#)) and comprises representatives of organizations, including nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve people who have previously and are currently experiencing homelessness to the extent that these groups are represented within the geographic area and are available to participate. (Source: [FY 2026 HMIS data standards](#)).

CoC Program: Refers to the HUD funding source which provides housing and/or service grant dollars. It is a program identified by the CoC as part of its services system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis. The CoC Program may include Homeless Assistance Programs and Homelessness Prevention Programs.

Continuum Project: Refers to a distinct unit of an organization, which may or may not be funded by HUD or the Federal partners, whose primary purpose is to provide services and/or lodging for individuals and families experiencing homelessness or at-risk of experiencing homelessness and is identified by the Continuum as part of its service system. For example, a project funded by the HUD's CoC Program may be referred to as a "CoC Program-funded continuum project".

Chronically Homeless:

Per CoC Program Interim Rule ([24 CFR Part 578](#)):

- A homeless individual with a disability, who:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
 - Has been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above.
- An individual who has been residing in an institutional care facility (including jail, substance abuse or mental health treatment facility, hospital, or other similar facility) for less than 90 days and met all of the criteria above before entering that facility. OR
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria above including a family whose composition has fluctuated while the head of household has been homeless.

Data Recipient: A person who obtains PII from an HMIS Lead Agency or from a HMIS Participating Agency for research or other purposes not directly related to the operation of the HMIS, CoC, HMIS Lead Agency, or HMIS Participating Agency.

Fleeing/Attempting to Flee DV:

CoC Program Interim Rule ([24 CFR Part 578](#)), any individual or family who:

- 1- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, or stalking;
- 2- Has no other residence; and
- 3- Lacks the resources or support networks to obtain other permanent housing

Note: For the purposes of this definition, “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

HMIS Lead Agency: An organization designated by a CoC to operate the CoC’s HMIS on its behalf.

HMIS Participating Agency: An agency where all persons residing in or being served by their project(s) have at least their Universal Data Elements recorded in the CoC’s HMIS for their respective project(s). This includes projects whose data is imported into the HMIS implementation. For projects that began participating in HMIS prior to October 1, 2012, the start date may be estimated if it is not known. (Source: [HUD FY 2026 HMIS Data Standards](#))

HMIS Participating Bed: For any residential homeless program, a bed is considered a “participating HMIS bed” if the program makes a reasonable effort to record all universal data elements on all clients served in that bed and discloses that information through agreed upon means to the HMIS Lead Agency.

HMIS Software Solution Provider: An organization that sells, licenses, donates, builds or otherwise supplies the HMIS user interface, application functionality and database.

HMIS User: Is any individual affiliated with a participating or lead HMIS agency who provides housing services or directly connects clients to housing services and enters data into the HMIS or a related database that uploads to the HMIS.

HMIS Vendor: A contractor who is paid to provide materials and/or services for the operation of a CoC’s HMIS. An HMIS vendor includes an HMIS software solution provider, web server host, and data warehouse provider, as well as a provider of other contracted information technology or support.

Homeless Assistance Program: A program whose primary purpose is to meet the specific needs of people who are literally homeless. Homeless assistance programs include outreach, emergency shelter, transitional housing, rapid re-housing, permanent housing, and permanent supportive housing.

Homeless Management Information System (HMIS): HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards. HUD and federal partners, along

with other planners and policymakers, use aggregate HMIS data to better inform homeless policy and decision making at the federal, state, and local levels.

Homelessness Prevention: A project that offers services and/or financial assistance necessary to prevent a person from entering an emergency shelter or place not meant for human habitation. (Source: [HUD FY 2026 HMIS Data Standards](#))

Homeless Under Other Federal Statutes*: Unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless under this definition but who:

- Are defined as homeless under another federal statute
- Have not had a lease or ownership interest in permanent housing during the 60 days prior to the homeless assistance application,
- Have experienced persistent instability as measured by two moves or more during the preceding 60 days, and
- Can be expected to continue in such status for an extended period due to special needs or barriers.

*HUD has not authorized any CoC to serve the homeless under this definition of homelessness. HUD determines and approves the use of CoC Program funds to serve this population based on each CoC's Consolidated Application. See [24 CFR 578.89](#). Individuals and families that qualify as homeless under this definition of homelessness may be served by the ESG program if they meet required eligibility criteria for certain ESG components.

Imminent Risk of Homelessness: An individual or family who will imminently lose (within 14 days of the date of application for homeless assistance) their primary nighttime residence provided that no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing.

Literally Homeless: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements. The category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.

Personally Identifiable Information (PII): Information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. Set forth below is a non-exclusive list of information that may constitute PII on its own or in combination with other information:

- Full Name
- Home Address
- Business Contact Information
- Personal e-mail address
- Social security number
- Passport number
- Driver's license number
- Certificate number
- Personnel number
- Vehicle identifier or serial number
- Photograph or video identifiable to an individual
- Biometric information
- Medical information
- Criminal history
- Other information related to an

- Credit card numbers
 - Date of birth
 - Telephone number
 - Log in details
- individual that may directly or indirectly identify that individual (e.g. salary, performance rating, purchase history, call history, etc.)

(Source: <https://www.hud.gov/sites/dfiles/OCHCO/documents/PrivacyPolicy.pdf>)

Processing: An operation or set of operations performed on PII, whether by automated means, including but not limited to collection, maintenance, use, disclosure, transmission and destruction of the PII.

Verbal Consent: In an effort to efficiently serve clients and avoid delays in access to services, the HMIS Lead Agency may authorize the use of verbal consent to complete the Release of Information (ROI) when written consent is not possible at the time. Clients may not proceed in HMIS without an ROI.

- When verbal consent is used, agency staff must read the approved ROI or consent language to the client, review and explain the use and disclosure of information to the best of their ability to ensure the client’s understanding, obtain the client’s verbal agreement, and document the consent in HMIS.
- Verbal consent may be used only when it is not possible to obtain written consent at the time.
- Agencies must ensure required client identifiers are collected to support accurate client identification and proper documentation of consent.
- The use of verbal consent shall be monitored by the HMIS Lead Agency and used only as an exception. Participating Agencies must certify in HMIS that they have spoken directly with the client and documented the verbal consent.

Research: A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to general knowledge.

Unduplicated Accounting of Homelessness: An unduplicated accounting of homelessness includes measuring the extent and nature of homelessness (including an unduplicated count of homeless persons), utilization of homelessness programs over time, and the effectiveness of homelessness programs.

Unduplicated Count of Homeless Persons: An enumeration of homeless persons where each person is counted only once during a defined period.

Victim Services Provider: A private nonprofit organization whose primary mission is to provide services to survivors of domestic violence, dating violence, sexual assault, or stalking. Victim Service Providers include rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs. (Source: [HUD FY 2026 HMIS Data Standards](#))

4. CONTINUUM OF CARE STRUCTURE

The County of Riverside Continuum of Care (CoC) is comprised of public and private agencies, along with community residents, including homeless and formerly homeless individuals. The CoC was designed to assess the need for homeless and affordable housing services and to develop and recommend a Continuum of Care Plan for the region on behalf of at-risk and homeless individuals and families.

5. STANDARDS FOR HMIS GOVERNANCE

The Riverside County CoC HMIS is governed by the CoC Board of Governance and the CoC Membership.

5.1 CoC Board of Governance (BoG)

A member of the Riverside County HMIS Lead Agency will attend the scheduled CoC Board of Governance meetings and provide any HMIS updates as needed.

5.2 CoC Membership

A member of the Riverside County HMIS Lead Agency will attend the scheduled CoC Membership meetings and provide any HMIS updates as needed.

5.3 Requests for Policy Addition, Deletion, or Change

<p>Policy: All requests for changes to the Charter will be made in writing and tracked by the HMIS Lead Agency staff. Requests will be received and voted on by the CoC Membership prior to incorporation into the HMIS Charter.</p>

Description:

All requests for changes, additions, or deletions to the HMIS Charter must be submitted in writing to be considered. All Riverside County CoC members are welcome to submit requests. Submitting a request does not guarantee approval of the request. It is recommended that members who wish to submit a request attend the CoC meeting at which the request will be presented to the CoC Membership for approval.

Procedures:

- 5.3.1 Complete an [HMIS Request for Policy Addition, Deletion, or Change form](#) and submit it to HMIS Support by e-mail: HMISsupport@rivco.org
- 5.3.2 Approved requests will be included in the next revision of the HMIS Charter and uploaded to the HMIS website: <https://rivcohws.org/coc-homeless-management-information-system>

6 HMIS DATA QUALITY STANDARDS

6.1 Applicability, Purpose, and Goals

The Data Quality Standards provide a framework for ensuring that our community implements procedures that result in good quality HMIS data. These standards apply to the HMIS Lead Agency, CoC membership and HMIS Participating Agencies. The Data Quality Standard is intended to comply with HUD's vision for data quality. The document can be accessed at:

<https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

6.1.1 Data Quality Plan

Policy: The HMIS Lead Agency will develop and implement a data quality plan to ensure consistent data collection and data quality across all [HMIS Participating Agencies](#).

Description:

6.1.1.1 At a minimum, the data quality plan will include the following elements:

Identify the responsibilities of all parties in the CoC (CoC primary decision-making entity, HMIS Lead Agency, HMIS Participating Agencies, HMIS Users) with respect to achieving good-quality HMIS data.

6.1.1.2 Benchmarks for data timeliness, data accuracy, and data completeness, which are consistent with the **HUD FY 2026 HMIS Data Standards Manual effective October 1, 2025**. For the most recent version, click [HERE](#).

6.2 Reduce Duplications in HMIS for Every HMIS Participating Agency

Policy: To reduce the duplication of client records, HMIS Users should always search for the client in HMIS before creating a new client record.

Description:

The burden of *not* creating duplicate records falls on each participating agency. The HMIS application does not prevent duplicate client records from entering the database. Therefore, each user must search the database for every new client. If the client is not found, then the user adds the new client record. If matches are found, the user must determine if any of the records found match their client. Having duplicated records in the database for a single client creates confusion and the storage of inaccurate information.

Procedures:

1. When an HMIS user is collecting data from a client, the HMIS user will first attempt to locate that client in the system by searching (Find Client button) for them by either name (first, last, and middle), date of birth (DOB), or social security number (SSN).
2. If no matches are found on the database for this client, the HMIS user will continue to add the basic Universal Data elements for the client's intake.

Best Practices:

1. Perform more than one type of search when attempting to find an existing record. Clients often do not use the exact same name that was previously entered.
2. Using a field other than name tends to be more accurate, and not open for much interpretation (date of birth, social security number).

7 PRIVACY STANDARDS

7.1 Policies and Applications

HMIS Lead Agency will provide to all HMIS Participating Agencies, and make otherwise publicly available to anyone upon request, Privacy Notice that:

1. Describes its role in the processing of Personally Identifiable Information (PII) obtained from HMIS Participating Agencies.
2. Describes accountability measures for meeting applicable privacy and security obligations.
3. Informs clients how to pursue their privacy rights with HMIS Participating Agencies, including standards and procedures for projects that are covered by HIPAA or other privacy rules.

7.1.1 Privacy Policy Notice (Posted Sign)

Policy: All HMIS users who enter data in the HMIS must have a sign posted at their workstation or wherever data is entered which describes how information about the client may be used and disclosed and how the client can get access to their information.

Description:

The HIMS Privacy Policy Notice is a brief document describing a client's data rights in relation to HMIS.

Procedures:

- 7.1.1.1** Each workstation, desk, or area used for HMIS data collection must post the [HMIS Privacy Policy Notice in English \(Appendix D\)](#) and [in Spanish \(Appendix E\)](#).
- 7.1.1.2** If an agency serves Spanish-speaking clients, or clients whose primary language is not English, the agency must also provide the translated Spanish (or other) version of the HMIS Privacy Policy Notice.
- 7.1.1.3** If an agency has a website, the HMIS Privacy Policy Notice must be posted on that website as well.

Best Practice:

An agency should also post the HMIS Privacy Policy Notice in a waiting room, an intake line, or another area where clients congregate before intake occurs.

This will give clients another opportunity to read the notice before receiving services.

7.1.2 Release of Information (ROI)

Policy: All **client** Informed Consent forms must be stored securely for a minimum of seven years after the date client signed Consent for Release of Information (ROI) Form in English (**Appendix A**) or in Spanish (**Appendix B**).

Procedures:

- 7.1.2.1 The Informed Consent form is valid for seven (7) years after the date the client signed Consent for Release of Information form unless the client revokes consent in writing. Therefore, for auditing purposes it is important to keep the informed consent form collected for at least that length of time.
- 7.1.2.2 Informed Consent forms must be kept securely in accordance with standard confidentiality and privacy practices (e.g., locked away in a file cabinet and not accessible without authorization).
- 7.1.2.3 If an agency does not currently keep client files, they must. It will be important to set up a file system to keep track of these forms.

Best Practice:

It is recommended that agencies keep the Informed Consent form in their current client file with the other information being collected and maintained. It will be easier to locate their information in this manner rather than creating a separate file just for HMIS. It is recommended that Informed Consent forms be renewed annually during annual assessment.

Policy: Agencies will give each client a copy of the signed Consent for Release of Information (ROI) Form in English (**Appendix A**) or in Spanish (**Appendix B**).

Procedures:

1. The ROI form details the client's rights in HMIS data collection and sharing. This information is particularly important to those individuals that agree to participate in HMIS.
2. The HMIS User who is the agency witness on the ROI form should provide the client with a copy of the signed document and file the original.

Best Practice:

Some agencies may wish to also provide clients with a photocopy of the signature page, so that they have a record of their HMIS participation decision.

Policy: Unless a court order claiming incompetence is known or provided, clients are presumed competent.

Procedures:

1. The industry-wide best practice is to presume that all clients are competent, unless there is a known court order stating otherwise or obvious assessment to the contrary can be made.
2. If there is a known court order stating the individual is not competent, then it is not possible to obtain an ROI for HMIS. In this case, the HMIS user should mark down “**DO NOT ENTER MY INFORMATION**” and sign as the Agency witness.
3. HMIS Users should do their best in attempting to obtain informed consent from individuals that may not appear to be fully competent during intake when there is no court order. If it is not possible to obtain a truly informed decision regarding HMIS participation, the individual should be dealt with as a non- participant in HMIS.

Best Practice:

Often individuals may be temporarily incompetent because they are under the influence of a particular substance which affects their ability to decide. If possible, delay the ROI process and HMIS data collection, until the client is no longer under the influence and can make decisions.

Policy: Clients do not have to participate in HMIS to be served by the program.

Procedures:

1. Some clients will either choose not to participate in HMIS or are not capable of signing the ROI form for a variety of reasons. However, it is important for reporting purposes that these individuals are still counted.
2. To account for the overall services rendered by an agency, each agency must keep track of how many clients did not participate in HMIS.
3. Agencies are responsible for collecting accurate information to meet program reporting requirements.

Policy: Agencies cannot deny services to an individual solely based on the individual deciding not to participate in HMIS.

Procedures:

1. When a client decides not to participate in HMIS, an agency cannot deny them services because of that decision.
2. Agencies are not required to guarantee services to an individual as they may fail other eligibility criteria, lack of openings, and/or lack of funding.
3. Agencies who encounter clients that refuse to sign the ROI will capture client information on the manual paper intake form.

Best Practice:

Agencies may determine if an individual will or will not receive services before the individual goes through the Informed Consent process. This will eliminate a perceived relationship between HMIS participation and service delivery.

7.2 Workstation Security Procedures

Most security breaches are due to human error rather than systematic issues. In order to keep the application and data secure, HMIS Users must also implement some additional security measures.

Policy: HMIS User's computer screens should be placed in a manner where it is difficult for others in the room to see the contents of the screen.

Description:

The placement of the monitor can play a role in establishing security at the agency. HMIS users should consider placing the monitor in a way that it is difficult for others to see the screen without you knowing it.

Good placement: When someone walks into the room where the computer is, all they should be able to see should be the back of it.

Bad placement: When someone walks into the room, they can look over your shoulder without you knowing it and read material off the screen.

Policy: Do not write down your username and password or store it in an unsecured manner.

Description:

Do not post your HMIS username or password information under your keyboard, on your monitor, or laying out for others to see. This type of behavior can lead to large security breaches. Passwords and usernames that are written down must be secured in a locked drawer.

Policy: DO NOT share your login information with anybody (including Site or Project Managers).

Description:

If someone is having trouble accessing HMIS, direct them to contact your Agency Administrator, call or send an e-mail to the HMIS Support Desk. Sharing usernames and passwords, or logging onto a system for someone else is a serious security violation of the user agreement. HMIS users are responsible for all actions taken in the system utilizing their log-ins. With the auditing and logging mechanisms within HMIS, any changes anyone makes or actions that are taken will be tracked back to your login.

Policy: When you are away from your computer, log out of HMIS or lock down your workstation.

Description:

Stepping away from your computer while you are logged into HMIS can also lead to a serious security breach. Although there are timeouts in place to catch inactivity built into the software, it does not take effect immediately. Therefore, anytime when you leave the room and are no longer in control of the computer, you must do one of two things. First, you can lock down your workstation. Most Windows-based operating systems allow users to lock their workstation by simply pressing CTRL-ALT-DELETE keys and choosing "Lock Workstation". This will require users to enter in their Windows password when returning. Secondly, if this is not an option for you, log out of HMIS.

7.3 Sharing Client Data

Policy: Basic Client profile data entered into HMIS (with consent) is viewable by all HMIS Participating Agencies in an effort to reduce client duplications.

Description:

Per [HUD FY 2026 HMIS Data Standards Manual](#): *“The client always has a right to privacy and can refuse to provide their information without being denied service. Client consent is not needed to ask for the information or enter it into the HMIS. Projects are required by their funder to ask the client for specific information and to enter it into HMIS. Please note, however, that collecting the data and using or disclosing the data are two different things, and that uses and disclosures not listed in the CoC’s privacy notice require the client’s consent.”* In Riverside County, all clients receiving or inquiring about homeless services, except those designed to serve people affected by domestic violence, are asked to sign a release of information that allows HMIS participating agencies to share their personal information in HMIS to facilitate service planning and delivery. Any client has the right to decline the release of information without being denied service. HMIS participating agencies are NOT authorized to share client-level data with an agency that is outside of the HMIS unless appropriate consent has been obtained. Although the CoC HMIS helps us keep track of client information, individual and identifiable information is considered Personally Identifiable Information (PII). We are required to protect the privacy of identifying information and follow the privacy practices described in the HMIS Notice of Privacy Practices. We are required to protect the privacy of identifying information and follow the privacy practices described in the HMIS Notice of Privacy Practices. Client information may be used or disclosed without authorization under the following circumstances:

Research: Under certain circumstances, we may use and disclose information about you for research purposes. All research projects are subject to a special approval process. As Required by Law: We will use and disclose information when required to do so by federal or state law or regulation.

To Avert a Serious Threat to Health or Safety: We may use or disclose your information when necessary to prevent a serious threat to your health and safety of the public or another person.

Public Health Activities: We may disclose your information when notifying the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree OR when required or authorized by law.

Oversight Activities: We may disclose your information to a federal oversight agency, such as the Department of Housing and Urban Development, for activities authorized by law.

Court Order and Subpoenas: If you are involved in a lawsuit or a dispute, we may

disclose your information in response to a court or administrative order. We may also disclose your information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

Law Enforcement: We may disclose your information if asked to do so by law enforcement officials in any of the following circumstances:

- In response to a court order, subpoena, warrant, summons or similar process
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities; or
- In emergency to report a crime; the location of the crime, the victim(s); or identity, description or location of the person who committed the crime.

Clients may receive services even if they choose not to share their PII, unless program eligibility requirements apply.

Basic Client profile data entered in HMIS (with consent), which includes Client demographic data will be shared with all Agencies in the HMIS system in an effort to reduce the event of duplicative Client records and/ or intakes. This includes the following data elements:

- | | |
|-----------------------------|---------------------------------|
| 3.01 Name | 3.04 Race and Ethnicity |
| 3.02 Social Security Number | 3.06 Gender (Local Requirement) |
| 3.03 Date of Birth | 3.07 Veteran Status |

Procedures:

HMIS users will always keep client data confidential and will obtain client permission to disclose Personally Identifiable Information (PII) only when necessary.

Policy: Client's project level data (with consent) will only be shared among agencies that have signed an Inter-Agency Data Sharing Agreement. **(Appendix H)**

Description:

Client's project-level data will only be shared with agencies that have signed an **Interagency Data Sharing Agreement**. Agencies are responsible for ensuring they have signed the most recent Interagency Data Sharing Agreement and for honoring client consent choices, including revocation. This includes the following data elements:

- | | |
|--|--|
| 3.08 Disabling Condition | 3.04 Race and Ethnicity |
| 3.10 Project Start Date | 3.06 Gender (Local Requirement) |
| 3.11 Project Exit Date | 3.07 Veteran Status |
| 3.12 Destination | 4.07 Chronic Health Conditions |
| 3.15 Relationship to Head of Household | 4.08 HIV/AIDS |
| 3.16 Client Location | 4.09 Mental Health Problem |
| 3.20 Housing Move-in Date | 4.10 Substance Use Disorder |
| 3.917 Living Situation | 4.11 Domestic Violence |
| 4.2 Income and Sources | 4.12 Current Living Situation |
| 4.3 Non-Cash Benefits | 4.13 Date of Engagement |
| 4.4 Health Insurance | 4.14 Bed-Night Date |
| 4.5 Physical Disability | 4.19 Coordinated Entry Assessment |
| 4.6 Developmental Disability | 4.20 Coordinated Entry Event |
| | 4.21 Sex |
| | Enrollment History (Project and Organization name) |

Procedures:

1. Informed consent must be given by clients in order for their information to be shared among participating agencies in the data sharing network.
2. At time of informed consent, and at any point after, the client has a right to see a current list of participating agencies.
3. HMIS Lead will keep an updated list of participating agencies in the data sharing network and will post it on the HMIS Homeless Programs Unit website at: <https://rivcohws.org/sites/g/files/aldnop131/files/users/user381/HMIS%20Participating%20Agencies.pdf>
4. Additional agencies may join the County of Riverside HMIS and will be added to the list of participating agencies in the data sharing network.
5. HMIS users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals, or entities.

Shared HMIS data may be used for purposes including, but not limited to, coordinating housing and services for individuals and families experiencing or at risk of homelessness, system planning and evaluation, performance measurement, reducing duplication of services, improving access to care, targeting resources to those most in need, pursuing funding and resources to address homelessness, and supporting community-wide efforts to prevent and end homelessness, consistent with the HMIS Charter, Privacy Notice, Inter-Agency Data Sharing Agreement, and applicable law.

7.4 Client's Access to Their Information

Policy: Clients have the right to a copy of their Universal and Program-Specific data contained within County of Riverside HMIS.

Procedures:

1. Clients may request a copy of their information contained within County of Riverside HMIS.
2. Agencies are required to provide them a printout from the County of Riverside HMIS of the Universal and Program-Specific data elements.
3. Agencies are not required to print out any additional information, although it is optional and allowed.

Best Practices:

1. Case management notes are typically not shared with the client. However, consider providing the client-related information, such as their goals, outcomes, referrals, and services provided.
2. If utilizing paper forms, with data entry into County of Riverside HMIS occurring later, consider making a photocopy of the paper forms for the client if they request a copy.
3. If entering data directly into County of Riverside HMIS without utilizing paper forms, consider automatically printing a copy of the information for the client.

7.5 Client Grievance Process

Policy: Clients have the right to file a Grievance form regarding potential violations of their privacy rights regarding HMIS participation.

Procedures:

1. A client may request and complete the Grievance form from the agency.
2. The client may choose to turn the form into an agency manager, or another person of authority not related to the grievance **OR** may mail the form directly to:

**County of Riverside
Department of Housing and Workforce Solutions (HWS):
3403 Tenth Street, 3rd Floor
Riverside, CA 92501**

3. If the agency receives a completed Grievance form, they must submit it promptly to the HWS Department
4. The HWS Department will review the grievance, research the nature of the complaint, and will respond to the grievant within 30 days.

Policy: No action or punishment will be taken against a client if they choose to file a grievance.

Procedures:

1. The agency named in the grievance, and other participating HMIS agencies, will not refuse or reduce services to the client because of filing a grievance.
2. A thorough investigation by the HWS department will occur if a client reports retaliation due to filing a grievance.

7.6 HMIS Software Application – Level Security

Within the HMIS software application, multiple layers of security are built into the system to protect client data and restrict access to authorized users only. These controls are designed to prevent unauthorized access and ensure appropriate use of HMIS data.

System-level security features include, but are not limited to:

- Encrypted data transmission between end users and the HMIS application;
- Role-based access controls that limit user access based on assigned permissions;
- Automatic session timeouts after periods of inactivity;
- System logging and audit trails that record user activity related to viewing, adding, and editing information.

Access to HMIS is restricted based on assigned user roles and permissions, and user activity within the system is logged for monitoring and audit purposes. The HMIS software vendor is responsible for maintaining industry-standard security measures consistent with applicable federal, state, and local requirements.

8 HMIS PARTICIPATION AND IMPLEMENTATION

8.1 HMIS Software Solution

The HMIS solution for the CoC is a web-based computer software application called Clarity Human Services created by Bitfocus, Inc. located in Salt Lake City, Utah.

8.2 Technology Requirements

Policy: All computers authorized to access County of Riverside HMIS must meet the minimum requirements as established in this charter.

Procedures:

All computers that will access CoC HMIS on behalf of the agency must meet the minimum requirements. This includes agency's on-site desktops, laptops, and hand-held devices. It is critical that HMIS users are abiding by the same privacy, confidentiality, and security procedures on devices in the field as they would in the office. Agency Administrators must ensure that these computers meet the following standards:

1. Internet access: Browser Support - Clarity Human Services supports the most recent version of the following web browsers:
 - [Google Chrome](#)
 - [Microsoft Edge](#)
 - [Mozilla Firefox](#)
 - [Apple Safari](#)
2. Screen resolution: Screen resolution should be at least 1024 x 768 pixels.
3. Firewall: For your computer or network, an active firewall must be present either on that PC or as a part of the network.
4. Virus protection: For your computer or network, virus protection software must be present and active with current virus definitions and regularly scheduled virus updates occurring.
5. Login access: Each computer must utilize and activate a login screen.
6. Screen-saver password: Each computer must activate a screen-saver password which is set to turn on when the computer is unattended or has not been in use during a reasonable amount of time (typically 10 minutes).

Best Practices:

Agencies should also consider these recommendations in preparation for fully utilizing all the capabilities within HMIS as well as incorporating standard industry practices:

Operating system version: Devices should operate on a currently supported version of their operating system (e.g., Windows, macOS, mobile operating systems).

1. Operating system updates: Each computer accessing HMIS should be current in applying all of the available critical security patches. Patches should be installed within 24 hours of notification of availability.
2. Anti-Spyware software: For your computer or network, anti-spyware software should be present, active, and with current definitions.
3. Browser software version: Devices must use a current, supported web browser compatible with the HMIS application (e.g., Chrome, Edge, Firefox, Safari).
4. High-speed connection: Devices accessing HMIS must have a reliable, high-speed internet connection sufficient to support secure and effective use of the HMIS application.
5. Standard office software: In order to use downloaded data from HMIS, you should have software that can interpret comma-delimited files, such as spreadsheet, word processing, or database software (examples like Microsoft's Excel, Word and Access). There are a number of options here. It is not a requirement that you have this software since it is not required that you download HMIS data. There are computers that will download data from HMIS. It will need a compressed file expander to unzip the file's additional options beyond the Microsoft Office software.
6. Compressed file expander for WinZip and Aladdin Expander are of this type of software. It is not a requirement that you have this software unless you intend to download data.

8.3 HMIS Participating Agencies

Policy: Any agencies providing services to individuals or families experiencing or at risk of homelessness in Riverside County that meet initial eligibility and complete all HMIS onboarding, agreements, program setup, user training, and user license request processes are welcome to participate in Riverside County CoC HMIS.

Procedures:

- 8.3.1.1 Any agencies may request to participate in Riverside County CoC HMIS by emailing the HMIS Team at: HMISsupport@rivco.org.
- 8.3.1.2 Requesting agencies must:
 - a) Meet the following initial eligibility criteria:
 - i. Actively providing services to individuals or families experiencing or at risk of homelessness in Riverside County; and
 - ii. Non-government entities must have active status with good standing with the California Secretary of State and Department of Justice (as appropriate).
 - b) Participate in HMIS onboarding session;
 - c) Commit to entering client data in HMIS within 30 days of HMIS/CES access or program/project start date (whichever is later);
 - d) Meet all federal, state, local and program requirements including but not limited to:
 - i. Their respective program's contract and Administrative Handbook,
 - ii. Riverside County HMIS Charter,
 - iii. CES Policy and Procedure, including but not limited to policies on RRH-PSH Prioritization and CoC PSH Prioritization/Transition; and

- e) Submit completed and signed Agency Administrator Designation Letter (see Section 8.8), [HMIS Project and Grant Set-up Form](#) (see Section 8.9), and signed agreements (see Section 8.4) to the HMIS Team at: HMISsupport@rivco.org.

8.4 Agreements

8.4.1 HMIS Participating Agency Agreement

Policy: Participating Agencies shall execute, comply, and enforce the [HMIS Participating Agency Agreement](#). (See Appendix G)

Description:

The [HMIS Participating Agency Agreement](#) is a contract between the agency and the Continuum of Care, with Riverside County Housing and Workforce Solution Department acting on behalf of the CoC's agent regarding participation in HMIS (**using the Clarity Human Services software**.) The agreement outlines specific requirements on confidentiality, data entry, responsibilities, security, reporting, and other items deemed necessary for proper HMIS operation and compliance.

Procedures:

- 8.4.1.1 The agency's CEO/Executive Director will sign one copy of the Agency Agreement, maintain a copy for your files and email the copy to: HMISsupport@rivco.org.
- 8.4.1.2 A copy will be filed at County of Riverside HWS Department.
- 8.4.1.3 Any questions regarding the terms of the Agency Agreement should be directed to CoC HMIS Lead Agency.

County of Riverside
Housing and Workforce Solutions
3403 Tenth Street, 3rd Floor,
Riverside, CA 92501

8.4.2 HMIS Inter-Agency Data Sharing Agreement

Policy: Participating Agencies shall execute, comply, and enforce the [Inter-Agency Data Sharing Agreement](#) in order to share Clients' programmatic level data. **(See Appendix H)**

Description:

The [HMIS Inter-Agency Data Sharing Agreement](#) is a document that creates a data sharing network among participating agencies in the CoC. By sharing client data, agencies are able to coordinate housing services for individuals and families and reduce inefficiencies and duplication of services within the CoC. The agreement outlines agency and end user responsibilities for confidentiality and protection of clients' information.

Procedures:

1. The agency's CEO/Executive Director will sign one copy of [the Inter-Agency Data Sharing Agreement](#), maintain a copy for your files and email the copy to: HMISsupport@rivco.org.
2. A copy will be filed at County of Riverside HWS Department.
3. A list of participating agencies in the data sharing network will be posted on the HMIS Unit website at:
[https://rivcohws.org/sites/g/files/aldnop131/files/users/user381/HMIS Participating Agencies.pdf](https://rivcohws.org/sites/g/files/aldnop131/files/users/user381/HMIS_Participating_Agencies.pdf)
4. Additional agencies may join the data sharing network and will be added to the list of participating agencies.

8.4.3 HMIS User Account Request Form/Invoice

Policy: A [HMIS User Account Request Form/Invoice](#) must be signed and kept for all agency personnel or volunteers that will collect or use HMIS data on behalf of the agency.

Description:

The [HMIS User Account Request Form/Invoice](#) is a document between a HMIS Participating Agency and its employees, contractors, or volunteers who are authorized to collect HMIS data and/or record that data into the system for the purpose of agreeing to abide by the rules in the specified agreement.

Procedures:

1. Before any authorized agency personnel begins collecting data on behalf of HMIS, the individual must sign a [HMIS User Account Request Form/Invoice](#).
2. An agency must store the signed [HMIS User Account Request Form/Invoice](#) for each individual that will collect data for HMIS or will operate the HMIS software.
3. An agency must retain signed [HMIS User Account Request Form/Invoice](#) upon revoking an individual's authorization or in terminating an individual's employment indefinitely.

8.5 Termination of HMIS/CES user accounts/access

Policy: The CoC HMIS System Administrator must be notified immediately, with advance notice if possible, to terminate a HMIS/CES user account/access.

Procedures:

- 8.5.1 The HMIS participating agency must **immediately** send the signed and dated [HMIS User Account Request Form/Invoice](#) with “Delete User” marked and Sections 1 and 2 completed to: HMISsupport@rivco.org **AND** notify the CoC HMIS Support Team by phone: (951) 235-8067 in the event of unforeseen termination of HMIS/CES user accounts.
- 8.5.2 For planned termination of HMIS/CES user accounts, the HMIS participating agency must send the signed and dated [HMIS User Account Request Form/Invoice](#) with “Delete User” marked and Sections 1 and 2 completed to: HMISsupport@rivco.org with an advance notice of three (3) business days.
- 8.5.3 Upon receipt of the ‘Change User Account’ Form, HMIS Support will immediately deactivate and/or delete that individuals' HMIS user account. The individual will not be able to log into HMIS at that time.
- 8.5.4 HWS staff must follow the same procedure.

8.6 Inactive HMIS Users

Policy: HMIS User access will be revoked after a period of inactivity (60 days).

Procedures:

- 8.6.1 HMIS users who have inactivity for 60 days or more will be set to “inactive” status in HMIS.
- 8.6.2 HMIS users who request to continue usage may be required to attend HMIS refresher training and submit an updated HMIS User Account Form.
- 8.6.3 Upon successful completion of HMIS refresher training, the HMIS user will be set back to “active” status.
- 8.6.4 HWS Staff must follow the same procedure.

8.7 HMIS Licensing

Policy:

To participate in HMIS, each agency must obtain a license for every designated HMIS user. Agencies are initially granted two (2) complimentary licenses. Additional complimentary licenses are granted as follows:

- One (1) complimentary license per project to enroll the first 25 active clients who are served by the participating agency.
- One (1) additional complimentary license for every increment of the following 25 active clients served by the participating agency (i.e., the overall total count of clients served by all projects under the agency).
- Participating agencies may purchase additional HMIS licenses beyond their eligible complimentary licenses at the current cost set by HWS Office of Homeless Services (OHS).

Description:

To participate in the Riverside County CoC HMIS, each HMIS Participating Agency must have a minimum of two dedicated HMIS Users, one as an agency administrator and one to be used as a backup.

Procedures:

- 8.7.1 Each agency will email the completed and signed [HMIS User Account Request Form/Invoice](#) (Appendix C) for each designated HMIS/CES user to the HMIS Lead Agency at HMISsupport@rivco.org
- 8.7.2 Agencies requesting to purchase additional HMIS/CES user accounts beyond their complimentary user account quota must follow the instructions on the [HMIS User Account Request Form/Invoice](#) to clearly indicate the purchase options, costs and submit full payment of the additional HMIS user account per cost and instructions stated on the most current [HMIS User Account Request Form/Invoice](#) before any paid additional HMIS user accounts can be issued.
- 8.7.3 Completed [HMIS User Account Request Form/Invoice](#) will act as the official invoice. No separate invoice will be issued.
- 8.7.4 Once approved for HMIS/CES participation, HMIS Lead Agency will work with agency staff to build the agency profiles and schedule training for HMIS users as well as any possible Agency Administrators.
- 8.7.5 After successful completion of HMIS training and licensing process, HMIS Lead Agency will issue the new HMIS license to the new HMIS User who may begin using HMIS immediately.
- 8.7.6 All HMIS Users must adhere to all provisions stated in the [HMIS User Account Request Form/Invoice](#) at all times. Any violation may subject to suspension or termination of HMIS User License, Participating Agency Agreement, and/or MOUs, agreements or contracts with HWS.

8.8 Designate Agency Administrator

Policy: All participating Organizations must designate an Agency Administrator.

Description:

The organization's CEO/Executive Director must designate two individuals to act as the organization's Agency Administrator and alternate/secondary representative. The Agency Administrator and alternate/secondary representative roles possess different responsibilities than a typical HMIS User and should be administrative staff level. The Agency Administrator is accountable for the following activities:

- ✦ Acts as the first tier of support for HMIS End Users.
- ✦ Acts as the main point of contact for the HMIS Lead Agency for HMIS-related issues.
- ✦ Completes the agency's HMIS Program and Grant Set-up forms to be used to set up the organization in HMIS.
- ✦ Ensures client privacy, confidentiality, and security.
- ✦ Maintains compliance with technical requirements for participation.
- ✦ Stores a copy of and enforces HMIS User Agreements.
- ✦ Posts Privacy Notice at agency.
- ✦ Enforces data collection, entry, exit, and quality standards.
- ✦ Assists HMIS staff with technical assistance, HMIS user training, and monitoring.
- ✦ Attends CoC Membership meetings,
- ✦ Maintains the agency's Approved HMIS Users List spreadsheet to reflect all of the authorized individuals.
- ✦ Requests training and/or technical assistance on behalf of the agency's HMIS users.
- ✦ Runs HUD Data Quality Report in Clarity Human Services for each of the agency's programs and responds to the HMIS Lead Agency's request for data clean- up.
- ✦ Runs the Clients in Program report in Clarity Human Services for each of the agency's programs and responds to the HMIS Lead Agency's request for data clean-up.

Procedure:

1. The organization's CEO/Executive Director must submit the signed and dated Agency Administrator Designation Letter to: HMISsupport@rivco.org to designate two individuals to act as the organization's Agency Administrator and alternate/secondary representative.
2. Once the Riverside County CoC HMIS Support Team has received the signed and dated Agency Administrator Designation Letter, HMIS staff will:
 - a. Regard the designated Agency Administrator and alternate/secondary representative as oversight people who have the overall responsibility for meeting all HMIS requirements on behalf of the Agency; and
 - b. Process all HMIS requests and communication authorized by the Agency Administrator including HMIS/CES User Account Request for their staff to access HMIS/CES.

8.9 Agency Profiles in HMIS

Policy: Agencies are not allowed to enter client data into HMIS until their agency profile is set-up in HMIS.

Description:

Within HMIS, each agency will have an organizational profile that contains the programs and services the agency offers. HMIS staff will work with each agency individually to design their profiles.

Procedures:

- 8.9.1 The Agency Administrator will complete the [HMIS Project and Grant Set-up Form](#) (See Appendix J) to define how an agency's profiles will operate in Clarity Human Services, before updating profiles in Clarity Human Services
- 8.9.2 The Agency Administrator will contact the HMIS Lead Agency for the purpose of reviewing the set-up forms.
- 8.9.3 HMIS Lead Agency will work with the Agency Administrator to ensure that the profiles are organized in a way that is useful for the agency, consistent with standard practices, and meet reporting needs.
- 8.9.4 HMIS Lead Agency will complete the agency profile set-up in Clarity Human Services based on the final [HMIS Project and Grant Set-up Form](#).
- 8.9.5 At the request of the Agency Administrator, HMIS Lead Agency will make any necessary changes to the agency profiles.
- 8.9.6 A completed agency profile and project setup include the data elements below:

Agency Profile & Project Setup Data Elements		Data Fields
2.01	Organization Information	<ul style="list-style-type: none"> • Organization ID (system generated) • Organization Name • Victim Service Provider (Yes/No)
2.02	Project Information	<ul style="list-style-type: none"> • Project ID (system generated) • Project Name • Operating Start Date • Operating End Date • Continuum Project • Project Type • Housing Type (residential project types only) • Target Population • HOPWA-Funded Medically Assisted Living Facility (Yes/No)
2.03	Continuum of Care Information	<ul style="list-style-type: none"> • Continuum Code • Geocode • Project address • Geography Type

2.06	Funding Sources	<ul style="list-style-type: none"> • Federal Partner Program and Component • Grant Identifier • Grant Start and End Date
2.07	Bed and Unit Inventory Information	<ul style="list-style-type: none"> • Inventory Start and End Date • CoC Code • Household type • Bed Type • Availability • Beds dedicated to chronically homeless (CH) Veterans • Beds dedicated to youth Veterans • Beds dedicated to any other Veterans • Beds dedicated to CH youth • Beds dedicated to any other youth • Beds dedicated to any other CH • Non-dedicated beds • Total bed inventory • Total unit inventory
2.08	HMIS Participation Status	<ul style="list-style-type: none"> • Participation Type • Participation Status Start and End Date
2.09	Coordinated Entry Participation Status	<ul style="list-style-type: none"> • Project is a Coordinated Entry (CE) Access Point • Provided by CE Project • Project Receives CE Referrals • CE Participation Status Start and End Date

8.10 Designating HMIS End Users

Policy: Any individual working on behalf of the agency (ex: employee, contractor, and/or volunteer), that will collect information for HMIS purposes must be designated a HMIS End User; and therefore, is subject to the Policies and Procedures contained in this Charter.

Description:

Any individual affiliated with a participating or lead HMIS agency who provides services toward clients' housing stability and enters data into the HMIS or a related database that uploads to the HMIS, is subject to the Policies and Procedures contained in this Charter.

Procedures:

8.10.1 After an individual is identified as a HMIS End User, HMIS Lead Agency must follow the User Administration procedures in this document for adding authorized users.

8.10.2 The HMIS End User is required to complete the appropriate user training, as outlined in the "Training Procedures" stated in this document.

9 DATA COLLECTION & REPORTING

9.1 On Whom to Collect Data

Policy: Agencies are required to attempt data collection on individuals who are homeless and/or who are receiving services from the agency.

Procedures:

- 9.1.1 For HMIS purposes, HUD's minimum standards require that individuals who are homeless and receive services from an agency must be approached for HMIS data collection. Therefore, during the intake process, it is important to identify these persons.
- 9.1.2 Once these persons are identified, they must go through the Informed Consent process.
- 9.1.3 Information must be collected separately for each family member, rather than collecting data for the family as a whole.

9.2 Using Paper-based Data Collection Forms

Policy: 9.2.1 While agencies are highly encouraged to enter real-time data directly in HMIS with secured mobile devices, they may choose to collect client data on paper first and enter it into the HMIS software later. **If data is collected by paper first, that information must be entered into the HMIS system within three (3) calendar days.** If Clarity Human Services is unavailable, agencies must use client intake forms that have been approved by the HMIS Lead Agency to collect data on all clients served until HMIS is available (**See Appendix K**).

Description:

Each agency will incorporate HMIS into its own operating processes. Some agencies will prefer to interview clients and simultaneously enter their information directly into the computer. Other agencies will find it easier to collect information on paper first and then have someone enter the data later.

Procedures:

- 9.2.1 While agencies are highly encouraged to enter real-time data directly in HMIS with secured mobile devices, they may choose to collect client data on paper first and enter it into the HMIS software later.
- 9.2.2 HMIS Users will have three (3) calendar days from the point of the event (intake/enrollment), service delivery, or discharge) to record the information into HMIS.
- 9.2.3 Universal and Program-Specific forms will be available to participating agencies.

Best Practices:

1. The HMIS Lead Agency strongly recommends that all agencies that enter data into the HMIS complete the program specific data fields even when the funding sources do not require it. The additional data elements on the client will prove extremely helpful for the agency when reporting on client outcomes measurement/progress, internal accounting for services delivered, and external reporting to funders.
2. Agencies whose intake and assessment forms do not capture all of the desired universal and program specific data should request the customized HMIS Clarity Human Services intake form from the HMIS Lead Agency.

9.3 CoC Programs

Policy: All HUD CoC Program funded projects are required to collect all of the Universal Data Elements and a select number of Program Specific Data Elements as specified in the **HUD FY 2026 HMIS Data Standards Data Manual effective October 1, 2025**. For the latest version, please click [HERE](#).

HUD requires that all CoC Programs, especially those that house homeless individuals and are identified on the HMIS Housing Inventory Count (HIC), collect universal data and program specific information on all clients served by CoC Programs regardless of whether the program participates in the HMIS.

9.3.1 Universal Data Elements

Policy: HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source, per the **HUD FY 2026 HMIS Data Standards Data Manual effective October 1, 2025**. For the latest version, please click [HERE](#).

The following Universal Data Elements must be captured and input into HMIS for each client served including children. In addition, services rendered, case notes, and client documents must be entered/uploaded into HMIS/CES for all clients served.

Universal Identifier Elements (One and Only One per Client Record)		Universal Project Stay Elements (One or More Value(s) Per Client, One Value Per Project Stay)	
3.01	Name	3.08	Disabling Condition
3.02	Social Security Number	3.10	Project Start Date
3.03	Date of Birth	3.11	Project Exit Date
3.04	Race and Ethnicity	3.12	Destination
3.06	Gender (Local Requirement)	3.15	Relationship to Head of Household
3.07	Veteran Status	3.16	Client Location
		3.20	Housing Move-in Date
		3.917	Living Situation

9.3.2 Common Program Specific Data Elements

The Common Program Specific Data Elements to be collected and entered into HMIS are summarized below for projects funded by HUD common programs such as Continuum of Care (CoC), CoC-Youth Homeless Demonstration Program (YHDP), Emergency Solutions Grant (ESG), Housing Opportunities for Persons With AIDS (HOPWA), Projects for Assistance in Transition from Homelessness (PATH) and Runaway and Homeless Youth (RHY), etc. (See [HUD FY 2026 HMIS Data Standards Data Manual](#) and [CoC Program HMIS Manual](#) for full details)

Policy: All projects funded by HUD common programs are required to collect all of the Universal Data Elements and a select number of Common Program Specific Data Elements as specified in the **HUD FY 2026 HMIS Data Standards Data Manual effective October 1, 2025**. For the latest version, please click [HERE](#).

No.	Common Program Specific Data Element	HUD CoC	HUD CoC YHDP	HUD ESG	HUD HOPWA	HHS PATH	HHS RHY	Remarks
4.02	Income and Services	X*	X*	X**	X	X	X***	* Except Supportive Services Only - Coordinated Entry (SSO-CE) ** Except Emergency Shelter-Night-by-Night (ES-NbN) *** Only required for Maternity Group Home (MGH), Transitional Living Program (TLP), and Demo + Required for SSO – Street Outreach, SSO – Coordinated Entry ++ Required for any project type serving clients who meet Category 2 or 3 of the homeless definition +++ Only required for Street Outreach and NbN shelter ! Only required for Street Outreach !! Required for all components providing Coordinated Entry !!! Required only for Homelessness Prevention component
4.03	Non-Cash Benefits	X*	X*	X**	X	X	X***	
4.04	Health Insurance	X*	X*	X**	X	X	X	
4.05	Physical Disability	X*	X*	X	X	X	X	
4.06	Developmental Disability	X*	X*	X	X	X	X	
4.07	Chronic Health Condition	X*	X*	X	X	X	X	
4.08	HIV/AIDS	X*	X*	X	X			
4.09	Mental Health Problem	X*	X*	X	X	X	X	
4.10	Substance Use Disorder	X*	X*	X	X	X	X	
4.11	Domestic Violence	X*	X*	X	X	X		
4.12	Current Living Situation	X+	X++	X+++		X	X!	
4.13	Date of Engagement	X!	X!	X+++		X	X!	
4.14	Bed-Night Date			X**				
4.19	Coordinated Entry Assessment	X!!	X!!	X!!				
4.20	Coordinated Entry Event	X!!	X!!	X!!				
4.21	Sex	X*	X*	X	X	X	X	
W5	Housing Assessment at Exit	X!!!	X!!!		X			

9.3.3 Federal Partner Program Specific Data Elements - CoC

Policy: All projects funded by HUD CoC programs are required to collect all of the Universal Data Elements and a select number of Federal Partner Program Specific Data Elements as specified in the **HUD FY 2026 HMIS Data Standards Data Manual effective October 1, 2025**. For the latest version, please click [HERE](#).

The Federal Partner Program Specific Data Elements for CoC programs to be collected and entered into HMIS are summarized below for projects funded by HUD CoC program, including Youth Homeless Demonstration Program (YHDP) (See [HUD FY 2026 HMIS Data Standards Data Manual](#) and [CoC Program HMIS Manual](#) for full details).

No.	CoC Program Specific Data Element	HUD CoC	HUD CoC YHDP	Remarks
C2	Moving On Assistance Provided	X*	X*	* Required for Permanent Supportive Housing
C3	Youth Education Status		X	

9.3.4 Federal Partner Program Specific Data Elements - HOPWA

Policy: All projects funded by HOPWA programs are required to collect all of the Universal Data Elements and a select number of Federal Partner Program Specific Data Elements as specified in the [HUD FY 2026 HMIS Data Standards Data Manual](#) effective October 1, 2025.

The Federal Partner Program Specific Data Elements for HOPWA to be collected and entered into HMIS are summarized below for Emergency Shelter (ES), Transitional Housing (TH), Permanent Housing – Permanent Supportive Housing (PH-PSH), Services Only (SO), and Homelessness Prevention (HP) (See [HUD FY 2026 HMIS Data Standards Data Manual](#) and [HOPWA Program HMIS Manual](#) for full details).

No.	HOPWA Program Specific Data Element	ES	TH	PH-PSH	SO	HP	Remarks
W1	Services Provided – HOPWA	X	X	X*	X	X	* Disability required for entry ** Required for Permanent Housing Placement (PHP) and Short-Term Rent, Mortgage, and Utilities (STRMU) only
W2	Financial Assistance – HOPWA				X**	X**	
W3	Medical Assistance	X	X	X*	X	X	
W4	T-cell (CD4) and Viral Load	X	X	X*	X	X	
W5	Housing Assessment at Exit	X	X	X*	X	X	
W6	Prescribed Anti-Retroviral	X	X	X*	X	X	

9.3.5 PATH Project Program Specific Data Elements

Policy: All PATH funded projects are required to collect all Universal Data Elements and a select number of Program Specific Data Elements as specified in the [HUD FY 2026 HMIS Data Standards Data Manual](#) effective October 1, 2025.

The Program Specific Data Elements to be collected and input into HMIS for each PATH funded project are summarized below. (See [HUD FY 2026 HMIS Data Standards Data Manual](#) and [PATH Program HMIS Manual](#) for full details)

No.	HMIS Program Specific Data Element	SO	SSO	HP	PH-RRH
P1	Services Provided - PATH Funded	X	X		
P2	Referrals provided - PATH	X	X		
P3	PATH Status	X	X		
P4	Connection with SOAR	X	X	X	X

9.3.6 Runaway & Homeless Youth (RHY) Program Specific Data Elements

Policy: All RHY funded projects are required to collect all Universal Data Elements and a select number of Program Specific Data Elements as specified in the [HUD FY 2026 HMIS Data Standards Data Manual](#) effective October 1, 2025.

The Program Specific Data Elements to be collected and input into HMIS for each RHY funded project are summarized below. (See [HUD FY 2026 HMIS Data Standards Data Manual](#) and [RHY Program HMIS Manual](#) for full details)

No.	HMIS Program Specific Data Element	SO	ES	TH	HP	PH-PSH	PH-RRH	Remarks
R1	Referral Source		X	X	X			* Required for BCP Only ** Except for BCP-Prevention
R2	RHY: BCP Status		X*		X*			
R4	Last Grade Completed		X	X	X	X	X	
R5	School Status		X	X	X	X	X	
R7	General Health Status		X	X	X	X		
R8	Dental Health Status		X	X	X			
R9	Mental Health Status		X	X	X			
R10	Pregnancy Status	X	X	X	X			
R11	Formerly A Ward of Child Welfare/ Foster Care Agency		X	X	X			
R12	Formerly A Ward of Juvenile Justice System		X	X	X			
R13	Family Critical Issues		X	X	X			
R14	RHY Service Connections		X	X	X			
R15	Commercial Sexual Exploitation/ Sex Trafficking	X	X	X	X			
R16	Labor Exploitation/Trafficking	X	X	X	X			
R17	Project Completion Status		X**	X**				
R18	Counseling		X	X	X			
R19	Safe and Appropriate Exit		X	X				
R20	Aftercare Plans		X	X	X			

9.3.7 VA Project Program Specific Data Elements

Policy: All VA funded projects are required to collect all Universal Data Elements and a select number of Program Specific Data Elements as specified in the [HUD FY 2026 HMIS Data Standards Data Manual](#) effective October 1, 2025.

The Program Specific Data Elements to be collected and input into HMIS for each VA funded project are summarized below. (See [HUD FY 2026 HMIS Data Standards Data Manual](#) and [VA Program HMIS Manual](#) for full details)

No.	HMIS Program Specific Data Element	SSVF HP	SSVF RRH	GPD	HUD-VASH	CCS	CR
V1	Veteran's Information	X	X	X	X	X	X
V2	Services Provided - SSVF	X	X				
V3	Financial Assistance - SSVF	X	X				
V4	Percent of AMI (SSVF Eligibility)	X	X				
V5	Last Permanent Address (Local Requirement)	X	X		X		
V6	VAMC Station Number	X	X	X	X	X	X
V7	SSVF HP Targeting Criteria	X					
V8	HUD-VASH Voucher Tracking				X		
V9	HUD-VASH Exit Information				X		
V10	Mental Health Consultation	X	X	X			
P4	Connection with SOAR	X	X				
R4	Last Grade Completed	X	X		X		

9.3.8 Victim Service Providers (VSP)

Policy: Victim Service Providers (VSPs) are prohibited from disclosing survivor information in an HMIS as described in the Violence Against Women’s Act (VAWA). VSPs are required by HUD to use a comparable database as specified in the [HUD FY 2026 HMIS Data Standards Data Manual](#) effective October 1, 2025.

Description:

VSPs are prohibited from entering data directly into a CoC’s HMIS because of privacy and confidentiality considerations. VSPs are prohibited by law to directly enter or provide client-level data to an HMIS, While they may be exempt from direct client-level data entry into HMIS, CoC recipients that are VSPs or legal service providers still must keep required data in a comparable database.

Procedures:

1. Information entered in a comparable database must not be entered directly into or provided to an HMIS (24 CFR part 578.57(a)(3)).
2. A comparable database allows the recipient and the CoC to obtain the needed aggregate data while respecting the sensitive nature of client-level information.
3. The comparable database must collect client-level data over time and generate unduplicated aggregate reports based on those data.
4. The comparable database may not be a database that records only aggregate information.
5. Comparable databases must comply with all HMIS data, technical, and security standards as established in rule or notice.

9.4 Client Intake: Completing Required Fields in HMIS

Policy: During client intake, HMIS Users must complete the Universal and Program-Specific required fields for all clients.

Description:

All participating agencies are required to complete all the Universal Data Element fields regardless of funding sources. Agencies that receive homeless assistance grant funds are required to complete the Program-Specific Data Element fields

Procedures:

1. To complete the Universal Data Element fields for intake, HMIS End users will follow in the HMIS system the workflow that is set-up for their program.
2. To complete the Program-Specific Data Element required fields, HMIS End users will follow in the HMIS system the workflow that is set-up for their program.

Best Practice:

HMIS End Users should be aware of their agency's data requirements and internal standards. Agencies may decide to collect additional pieces of information outside of the Universal and Program-Specific Data Element fields that are needed for its own operations and funding sources. This guide merely establishes the minimum or baseline level of required data.

9.5 Client Discharge: Exiting Clients from Programs

Policy: During discharge or program exit, HMIS End Users must complete the Universal and Program-Specific Data Element required fields for all clients in the HMIS system within three (3) calendar days.

Description:

During client discharge from a program, there are additional data collection requirements. Again, all agencies must complete the Universal and Program-Specific fields.

Procedure:

To complete the Universal and Program-Specific Data Element required fields for discharge, HMIS End users must go to the “Exit the Enrollment” option in HMIS, starting with the Head of Household. Users will be taken through the workflow to collect the required data elements for that particular project type for each family member that is enrolled.

10 TRAINING & TECHNICAL ASSISTANCE

10.1 HMIS/CES User Account and Training

Policy: Approved Riverside County CoC HMIS Participating Agencies must select two individuals, a primary and a secondary HMIS user. New users are required to complete new user account request and training processes before gaining access to the HMIS.

Description:

The HMIS/CES User training will cover the following topics:

- ✦ HMIS Policy
- ✦ Client Privacy and Confidentiality
- ✦ Intake Workflow
- ✦ Annual Assessment Workflow
- ✦ Exit Workflow
- ✦ Program Enrollments
- ✦ Services
- ✦ Housing Check-in (if applicable)
- ✦ Housing Check-out (if applicable)
- ✦ Required Reports

Procedures:

1. The agency staff requesting a new HMIS/CES user account with both HMIS and CES access:
 - a. Submits the completed [HMIS User Account Request Form/Invoice](#) with the proper signatures by email to: HMISsupport@rivco.org and request the link to the HMIS Clarity Human Services: General Training Video.
 - b. Completes the self-paced [Riverside - Clarity Human Services General Training \(video\)](#)
 - c. If purchasing licenses in addition to complimentary Licenses, please mail Check payable to: County of Riverside, Address: HWS-OSH HMIS 3403 Tenth Street, Suite 320, Riverside, CA 92501
 - d. Sends all completed and signed forms and proof of the above stated trainings to HMIS Support at HMISsupport@rivco.org.
2. Once the HMIS Team receives the completed and signed HMIS-CES User Account Request Form/Invoice, HMIS Support staff will review and reach out you if we have any questions.
3. HMIS Support staff will review the available Complimentary licenses available for your agency. If the requested license is within the allotted number of Complimentary licenses, HMIS Support staff will process the request. If the requested license exceeds the allotted number of Complimentary licenses, HMIS Support staff will notify your agency/requestor to discuss license optimization and/or purchasing options.
4. HMIS Support staff will verify HMIS Training Completion by New User for HMIS General Training.
5. Once the form/invoice is complete and general training completion has been verified, HMIS Support staff will create the HMIS User account and sent out log in instructions to new user.
6. CES Access: For requests including CES Access, the completed and signed HMIS-CES User Account Request Form/Invoice from the requesting agency will be sent to the CES Team for CES Training referral. The CES Team will then reach out to the new HMIS user and schedule a training session. Once training is complete, the HMIS Team will grant CES Access to the new HMIS user.

10.2 HMIS/CES User Continued Learning

Policy: All Riverside County CoC HMIS/CES users will actively participate in all HMIS/CES continued learning activities.

Description:

HMIS will evolve over time to include additional new HUD requirements as well as functions that agencies and the community have requested.

Procedures:

All Riverside County CoC HMIS/CES users will actively participate in all HMIS/CES continued learning activities, including but not limited to:

1. Monthly technical assistance meetings as scheduled by Riverside County CoC HMIS Support Team by email from HMISsupport@rivco.org;
2. Monthly HMIS/CES Office Hours as scheduled by Riverside County CoC Programs Team by email from CoC@rivco.org;
3. Annual HMIS/CES refresher trainings as scheduled by Riverside County CoC HMIS Support Team with notice by email from HMISsupport@rivco.org typically five (5) business days prior to Clarity Human Services being upgraded; and
4. Any other continued learning activities as recommended or required by Riverside County CoC.

10.3 Contact Your HMIS Support

Policy: HMIS/CES Users should send all requests for technical assistance and training to the HMIS support email box first before attempting to contact HMIS System Support.

Procedure:

HMIS Support will be the best resource for finding out specific information regarding Clarity Human Services functionality, technical issue, and reporting. But before contacting the HMIS Support, HMIS users should send their request to the HMIS Support E-mail box. If no response has been received within three (3) consecutive business days excluding Friday, HMIS users may contact HMIS Support at HMISsupport@rivco.org. If no response has been received within three (3) consecutive business days excluding Friday, HMIS users may call HMIS Support at (951) 235-8067 for assistance.

E-mail To:

HMISsupport@rivco.org

Appendix A: HMIS Client Consent for Release of Information (ROI) (English)

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

<https://rivcohws.org/sites/g/files/alnop131/files/users/user1081/RivCo%20CoC%20HMIS%20ROI%20-%20English%20-%20clean.pdf>



County of Riverside Continuum of Care

Homeless Management Information System (HMIS)

Consent for Release of Information

The County of Riverside Continuum of Care Homeless Management Information System (HMIS) is an electronic database that securely records information (data) about clients accessing housing and homeless services within Riverside County. This organization participates in the HMIS database and shares information with other organizations that use this database. This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members.

What information is shared in the HMIS Database?

- | | |
|---------------------------------------|---|
| 1. Name | 17. Non-Cash Benefits |
| 2. Social Security Number | 18. Health Insurance |
| 3. Date of Birth | 19. Physical Disability |
| 4. Race | 20. Developmental Disability |
| 5. Ethnicity | 21. Chronic Health Condition |
| 6. Gender | 22. HIV/AIDS |
| 7. Veteran Status | 23. Mental Health Problem |
| 8. Disabling Condition | 24. Substance Abuse |
| 9. Project Start Date | 25. Domestic Violence |
| 10. Project Exit Date | 26. Contact |
| 11. Destination | 27. Date of Engagement |
| 12. Relationship to Head of Household | 28. Enrollment Details |
| 13. Location | 29. Services/Assessments/Events |
| 14. Housing Move-In Date | 30. Notes |
| 15. Living Situation | 31. Files |
| 16. Income and Sources | 32. Enrollment History |
| | 33. CoC Required Client Profile Data Fields |
| | 34. CoC Required Enrollment Data Fields |

Note: Substance use data is collected in HMIS but is not shared with the RivCoONE system

What information is shared in the RivCoONE Database?

First Name	Earned Income	Physical Disability
Middle Name	State Children’s Health Insurance Program (S-CHIP)	If Yes for “Physical Disability” Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
Last Name	Veteran’s Administration (VA) Medical Services	Information Date
Suffix	Employer-Provided Health Insurance	Developmental Disability
Name Data Quality	Health Insurance through COBRA	Information Date
Social Security Number	Private Pay Health Insurance	Chronic Health Condition
Social Security Number Data Quality	State Health Insurance for Adults	If Yes for “Chronic Health Condition” Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
Date of Birth	Unemployment Insurance	Information Date
Date of Birth Data Quality	Supplemental Security Income (SSI)	Mental Health Disorder
Race and Ethnicity	Social Security Disability Insurance (SSDI)	If Yes for “Mental Health Disorder” Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
Additional Race and Ethnicity Detail	VA Service-Connected Disability Compensation	Information Date
Gender	VA Non-Service-Connected Disability Pension	Information Date
Veteran Status	Private Disability Insurance	Current Living Situation
Prior Living Situation	Worker’s Compensation	Rental Subsidy Type
ZIP code	Temporary Assistance for Needy Families (TANF)	Living Situation verified by
geolocation	General Assistance (GA)	Is client going to have to leave their current living situation within 14 days?
insurance information	Retirement Income from Social Security	Has a subsequent residence been identified?
Contact: Phone Number	Pension or Retirement Income from a Former Job	Does individual or family have resources or support networks to obtain other permanent housing?
Contact: Address	Child Support	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
Service Name Provided	Alimony or Other Spousal Support	Has the client moved 2 or more times in the last 60 days?
Service Name Start Date	Other Source of Income	Location details
Service Name End Date	Specify Other Income Source	Date of Engagement
Service Type Provided	Total Monthly Income	Bed-Night Date
Household Composition	Information Date	Coordinated Entry Assessment Date

Types of Income	Non-Cash Benefits from Any Source	Assessment Location
Disabling Condition	SNAP	Assessment Type
Project Name	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Assessment Level
Project Start Date	TANF Child Care Services	Prioritization Status
Project Exit Date	TANF Transportation Services	Coordinated Entry Date of Event
Destination	Other TANF-funded Services	Referrals (from and to other agencies)
Relationship to Head of Household	Other Source of Non-Cash Benefit	Event Type (Referral/Problem Solving/Diversion/Rapid Resolution intervention or service)
Housing Move-in Date	Specify Other Non-Cash Benefit Source	Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative
Type of Residence	Information Date	Referral to post-placement/follow-up case management result - Enrolled in Aftercare project
Rental Subsidy Type	Covered by Health Insurance	Location of Crisis Housing or Permanent Housing Referral [Project name and/or Project ID]
Length of stay in prior living situation	Medicaid	Referral Result
Approximate date this episode of homelessness started	Medicare	Date of Result
Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today	Indian Health Services Program	
Total number of months homeless on the street, in ES, or SH in the past three years	Other Health Insurance	
Information Date	Specify Other Insurance	
Income from Any Source	Information Date	

Who can have access to your information?

COUNTY OF RIVERSIDE CONTINUUM OF CARE - PARTICIPATING AGENCIES

Your information will be shared with other County of Riverside Continuum of Care HMIS participating agencies (both public and private) that agree to maintain the security and confidentiality of the information. These organizations may include homeless service providers, housing groups, healthcare providers and any other appropriate service providers. A list of participating agencies within the County of Riverside Continuum of Care HMIS is available upon request.

COUNTY OF RIVERSIDE – PARTICIPATING DEPARTMENTS

Your information will be shared and transferred to the County of Riverside RivCoONE database to allow county departments to access information to provide available services to county residents. The County agrees to maintain security and confidentiality of the information

CUSTOMER PORTAL PARTICIPATION

Personal information in HMIS may be used to **verify your identity** before sending you a Customer Portal invitation. This information will include:

- Your full name
- Two identifying pieces of information such as:
 - Your date of birth
 - Your social security number
 - Your contact information
 - Your recent program or service history
 - A photograph of you

If you accept an invitation, you may use the secure Customer Portal to **communicate with your provider and upload documents electronically**. Participation in the Customer Portal is **voluntary**, and declining an invitation will not affect your eligibility for services.

How is your personal information protected?

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth of federal, state, and local regulations governing confidentiality of client records. Each person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. HMIS data is secured by passwords and encryption technology.

The information that is transferred to RivCoONE is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth in federal, state and local regulations governing the confidentiality of client records. RivCoONE data is secured by passwords and encryption technology.

BY SIGNING THIS FORM, I UNDERSTAND AND AGREE THAT:

- The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only shared with participating agencies, who have entered into an HMIS Agency Participating Agreement.
- The information shared and transferred to Riverside County RivCoONE database will only be shared with the County departments authorized under Riverside County Board of Supervisors Policy B-23, which governs interdepartmental data sharing for integrated service delivery.
- Shared information will be used only to coordinate services for the benefit of the client and will not be used for punitive purposes.

BY SIGNING THIS FORM, I UNDERSTAND AND AGREE THAT:

- I understand I have the right to receive services, even if I do not sign this consent form.
- I understand that I have the right to receive a copy of this consent form.
- I understand this consent and release is valid for seven (7) years after the date of signature below, unless I revoke my consent in writing.
- I understand I have the right to file a grievance with any HMIS participating agency.
- I understand that I have the right to revoke previous authorization to share at any time by completing the revocation form found at rivcohws.org/ROI and sending it to **HMISsupport@rivco.org** or mailing it to:

Riverside County, HMIS Lead Agency
3403 Tenth St., Riverside, CA 92501.

The revocation will not apply to information that has already been shared or until the provider receives the revocation. Upon receipt of your revocation, we will remove your Personal Protected Information (PPI) from the shared HMIS database.

- I also understand that I have the right to individually revoke my consent to share data with County of Riverside, RivCoONE at any time by personally delivering or mailing a signed written revocation and personally delivering or mailing to:

Riverside County RivCoONE
3901 Lime Street
Riverside, CA 92501

Or if more convenient, you may complete revocation form found at ricohws.org/ROI and send to HMISsupport@rivco.org, and Riverside County HMIS Lead Agency staff will mail or deliver to Riverside County, RivCoONE on your behalf.

The revocation will not apply to information that has already been shared or until the provider receives the revocation. Upon receipt of your revocation, we will remove your Personal Protected Information (PPI) from the RivCoONE database.

Appendix B: HMIS Client Consent for Release of Information (ROI) (Spanish)

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

<https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/RivCo%20CoC%20HMIS%20ROI%20-%20Spanish%20-%20clean.pdf>



Continuo de Atención del Condado de Riverside

(County of Riverside Continuum of Care / CoC)

Sistema de Manejo de información de Personas sin Hogar

(Homeless Management Information System / HMIS)

Consentimiento del Cliente para la Divulgación de Información

Sistema de Manejo de Información de Personas sin Hogar del Continuo de Atención del Condado de Riverside es una base de datos electrónica que registra de forma segura la información (datos) sobre los clientes que acceden a servicios de vivienda y para personas sin hogar dentro del condado de Riverside. Esta organización participa en la base de datos HMIS y comparte información con otras organizaciones que utilizan esta base de datos. Esta base de datos nos ayuda a comprender mejor la falta de vivienda, a mejorar la prestación de servicios a las personas sin hogar y a evaluar la efectividad de los servicios prestados a las personas sin hogar. La información que usted proporciona a la base de datos HMIS nos ayuda a coordinar los servicios más efectivos para usted y los miembros de su hogar.

¿Qué información se comparte en la base de datos?

- | | |
|--|---|
| 1. Nombre | 17. Beneficios no monetarios |
| 2. Número de seguro social | 18. Seguro médico |
| 3. Fecha de nacimiento | 19. Discapacidad física |
| 4. Raza | 20. Discapacidad del desarrollo |
| 5. Origen étnico | 21. Condición de salud crónica |
| 6. Género | 22. VIH/SIDA |
| 7. Condición de veterano/a | 23. Problema de salud mental |
| 8. Condición de inhabilitación | 24. Abuso de sustancias |
| 9. Fecha de inicio del proyecto | 25. Violencia Doméstica |
| 10. Fecha de salida del proyecto | 26. Contacto |
| 11. Destino | 27. Fecha de compromiso |
| 12. Parentesco con la persona de principal del hogar | 28. Detalles de inscripción |
| 13. Ubicación | 29. Servicios/Evaluaciones/Eventos |
| 14. Fecha de mudanza a la vivienda | 30. Notas |
| 15. Situación de Vivienda | 31. Archivos |
| 16. Ingresos y fuentes | 32. Historial de inscripción |
| | 33. Campos de datos obligatorios del perfil del cliente |
| | 34. Campos de datos de inscripción obligatorios |

Nota:: Los datos sobre el consumo de sustancias se recopilan en HMIS, pero no se comparten con el sistema RivCoONE.

¿Qué información se comparte en la base de datos RivCoONE?

Nombre	Ingresos	Discapacidad física
Segundo Nombre	Programa Estatal de Seguro de Médico para Niños (S-CHIP)	Si respondió "Sí" a "Discapacidad física": Se espera que tenga una duración prolongada e indefinida y que afecte sustancialmente la capacidad de vivir de forma independiente.
Apellido	Servicios médicos de la Administración de Veteranos (VA)	Fecha de información.
Sufijo	Seguro médico proporcionado por el empleador	Discapacidad del desarrollo
Calidad de los datos del nombre	Seguro Médico a través de COBRA	Fecha de información.
Número de Seguro Social	Seguro Médico de pago privado	Condición de salud crónica
Calidad de los datos del número de Seguro Social	Seguro de salud estatal para adultos	Si respondió "Sí" a "Condición crónica de salud": Se espera que sea de duración prolongada e indefinida y que limite considerablemente la capacidad de vivir de manera independiente
Fecha de nacimiento	Seguro de Desempleo	Fecha de información.
Calidad de los datos de fecha de nacimiento	Ingreso Suplementario de Seguridad (SSI)	Trastorno de salud mental
Raza y Origen étnico	Seguro de Incapacidad del Seguro Social (SSDI)	Si respondió "Sí" a "Trastorno de salud mental", se espera que tenga una duración prolongada e indefinida y que afecte sustancialmente la capacidad de vivir de forma independiente.
Detalles adicionales sobre Raza y Origen étnico	Compensación por discapacidad relacionada con el servicio del VA	Fecha de información.
Género	Pensión por discapacidad no relacionada con el servicio del VA	Fecha de información.
Estado de veterano/a	Seguro de Discapacidad Privado	Situación de Vivienda
Situación de vivienda anterior	Compensación para trabajadores	Tipo de subsidio de alquiler

Código postal	Asistencia Temporal para Familias Necesitadas (TANF)	Situación de vivienda verificada por
Geolocalización (Geolocation)	Asistencia General (AG)	¿El cliente tendrá que abandonar su situación de vivienda actual dentro de 14 días?
Información de Seguro Medico	Ingreso por jubilación del Seguro Social	¿Se ha identificado una residencia posterior?
Contacto: Número de teléfono	Ingresos de pensión o jubilación de un trabajo anterior	¿Cuenta el individuo o la familia con recursos o redes de apoyo para obtener otra vivienda permanente?
Contacto: Domicilio	Manutención de menores	¿Ha tenido el cliente un contrato de arrendamiento o interés de propiedad en una vivienda permanente en los últimos 60 días?
Nombre del servicio proporcionado	Pensión alimenticia u Otro Manutención Conyugal	¿El cliente se ha mudado 2 o más veces en los últimos 60 días?
Nombre del servicio Fecha de inicio	Otra fuente de ingresos	Detalles de la ubicación
Nombre del servicio Fecha de finalización	Especifique otra fuente de ingresos	Fecha de inicio de participación
Tipo de servicio proporcionado	Ingreso mensual total	Fecha de noche de cama
Composición del hogar	Fecha de información.	Fecha de evaluación de ingreso coordinado
Tipos de ingresos	Beneficios no monetarios de cualquier fuente	Ubicación de la evaluación
Condición Incapacitante	SNAP	Tipo de evaluación
Nombre del proyecto	Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños (WIC)	Nivel de evaluación
Fecha de inicio del proyecto	Servicios de cuidado infantil TANF	Estado de priorización
Fecha de salida del proyecto	Servicios de transporte TANF	Fecha del Evento de Ingreso Coordinado
Destino	Otros servicios financiados por TANF	Referencias (de y hacia otras agencias)

Parentesco con la persona de principal del hogar	Otra fuente de beneficios no monetarios	Tipo de evento (referencia/solución de problemas/desvío/intervención o servicio de resolución rápida)
Fecha de mudanza a la vivienda	Especifique otra fuente de beneficios no monetarios	Resultado de la intervención o servicio de resolución de problemas/desvío/resolución rápida: el cliente es alojado o realojado en una alternativa segura
Tipo de Residencia	Fecha de la Información	Remisión a la gestión de casos posterior a la colocación/seguimiento – Inscrito en el proyecto de seguimiento posterior (Aftercare)
Tipo de Subsidio de Alquiler	Cubierto por el seguro de salud	Ubicación de la remisión a vivienda de emergencia o vivienda permanente [Nombre del proyecto y/o Identificador del proyecto]
Duración de la estancia en la situación de vivienda anterior	Medicaid	Resultado de la remisión
Fecha aproximada en que comenzó este episodio de falta de vivienda	Medicare	Fecha del resultado
Independientemente de dónde haya permanecido la noche pasada, número de veces que el/la cliente ha estado en la calle, en ES o SH durante los últimos tres años, incluido el día de hoy	Servicios de Salud para Indígenas	
Número total de meses sin hogar en la calle, en ES o SH en los últimos tres años	Otro seguro médico	
Fecha de la Información	Especificar otro seguro	
Ingresos de cualquier fuente	Fecha de la Información	

¿Quién puede tener acceso a su información?

CONDADO DE RIVERSIDE, CONTINUO DE ATENCIÓN – AGENCIAS PARTICIPANTES

Su información será compartida con otras agencias participantes del HMIS del Continuo de Atención del Condado de Riverside (tanto públicas como privadas) que acepten mantener la seguridad y confidencialidad de la información. Estas organizaciones pueden incluir proveedores de servicios para personas sin hogar, grupos de vivienda, proveedores de atención médica y cualquier otro proveedor de servicios adecuado. Una lista de las agencias participantes dentro del HMIS del Continuo de Atención del Condado de Riverside está disponible a solicitud.

CONDADO DE RIVERSIDE – DEPARTAMENTOS PARTICIPANTES

Su información será compartida y transferida a la base de datos RivCoONE del Condado de Riverside para permitir que los departamentos del condado accedan a la información y proporcionen los servicios disponibles a los residentes del condado. El Condado se compromete a mantener la seguridad y confidencialidad de la información.

PARTICIPACIÓN EN EL PORTAL DEL CLIENTE

La información personal registrada en el

Sistema de Manejo de Información de Personas sin Hogar

(HMIS) podrá utilizarse para verificar su identidad antes de enviarle una invitación para participar en el Portal del Cliente. Esta información puede incluir:

- Su nombre completo
- Dos (2) datos de identificación, tales como:
 - Fecha de nacimiento
 - Número de Seguro Social
 - Información de contacto
 - Historial reciente de participación en programas o servicios
 - Una fotografía suya

Si usted acepta la invitación, podrá utilizar el Portal del Cliente seguro para comunicarse con su proveedor de servicios y cargar documentos electrónicamente. La participación en el Portal del Cliente es voluntaria y rechazar una invitación no afectará su elegibilidad ni el acceso a servicios, programas o asistencia.

¿CÓMO SE PROTEGE SU INFORMACIÓN PERSONAL?

La información que se recopila en la base de datos del HMIS está protegida mediante la limitación del acceso a la base de datos y la restricción de con quién puede compartirse la información, en cumplimiento con las normas establecidas por las regulaciones federales, estatales y locales que rigen la confidencialidad de los registros de los clientes. Cada persona y agencia autorizada para leer o ingresar información en la base de datos ha firmado un acuerdo para mantener la seguridad y la confidencialidad de la información. Los datos del HMIS están protegidos mediante contraseñas y tecnología de encriptación.

La información transferida a RivCoONE está protegida mediante la limitación del acceso a la base de datos y la limitación de con quién se puede compartir, de cumplimiento con las normas establecidas en las regulaciones federales, estatales y locales que rigen la confidencialidad de los registros de los clientes. Los datos de RivCoONE se protegen con contraseñas y tecnología de encriptación. **AL FIRMAR ESTE FORMULARIO, ENTIENDO Y ACEPTO QUE:**

- La información recopilada y preparada por esta agencia será incluida en una base de datos HMIS de agencias participantes (lista disponible), y solo se compartirá con las agencias participantes que hayan firmado un Acuerdo de Participación de Agencia HMIS.

- La información compartida y transferida a la base de datos RivCoONE del Condado de Riverside solo se compartirá con los departamentos del Condado autorizados según la Política B-23 de la Junta de Supervisores del Condado de Riverside, la cual rige el intercambio de datos interdepartamentales para la prestación integrada de servicios.
- La información compartida se utilizará únicamente para coordinar servicios en beneficio del cliente y no se empleará con fines punitivos.

AL FIRMAR ESTE FORMULARIO, ENTIENDO Y ACEPTO QUE:

- Entiendo que tengo derecho a recibir servicios, incluso si no firmo este formulario de consentimiento.
- Entiendo que tengo derecho a recibir una copia de este formulario de consentimiento.
- Entiendo que este consentimiento y autorización es válido por siete (7) años a partir de la fecha de la firma que aparece a continuación, a menos que revoque mi consentimiento por escrito.
- Entiendo que tengo derecho a presentar una queja ante cualquier agencia participante de HMIS.
- Entiendo que tengo derecho a revocar cualquier autorización previa para compartir información en cualquier momento, completando el formulario de revocación que se encuentra en rivcohws.org/ROI y enviándolo a HMISsupport@rivco.org o por correo a:

Riverside County, HMIS Lead Agency,
3403 Tenth St., Riverside, CA 92501.

La revocación no se aplicará a la información que ya haya sido compartida ni hasta que el proveedor reciba la revocación. Al recibir su revocación, eliminaremos su Información Personal Protegida (PPI) de la base de datos HMIS compartida.

- También entiendo que tengo derecho a revocar de manera individual mi consentimiento para compartir datos con el Condado de Riverside, RivCoONE, en cualquier momento, entregando personalmente o enviando por correo una revocación por escrito firmada a:

Riverside County
RivCoONE
3901 Lime Street
Riverside, CA 92501

O, si le resulta más conveniente, puede completar el formulario de revocación que se encuentra en rivcohws.org/ROI y enviarlo a HMISsupport@rivco.org, y el personal de la Agencia Líder de HMIS del Condado de Riverside enviará o entregará el formulario a RivCoONE del Condado de Riverside en su nombre.

La revocación no se aplicará a la información que ya haya sido compartida ni hasta que el proveedor reciba la revocación. Al recibir su revocación, eliminaremos su Información Personal Protegida (PPI) de la base de datos RivCoONE.

Appendix C: HMIS/CES User Account Request Form/Invoice

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

[https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS-CES User Account Request Form-Invoice%202.18.2026%20-%20draft.pdf](https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS-CES_User_Account_Request_Form-Invoice%202.18.2026%20-%20draft.pdf)



Homeless Management Information System User Account Request Form/Invoice

New User
 HMIS Only
 HMIS and CES Access*
 Today's Date: _____
 Delete User
 CES Only**
 Change User Information
 Other _____

Please complete this form/invoice and email to HMISsupport@rivco.org. For forms that require check payment, please make check **payable to County of Riverside** and mail/deliver with the completed form/invoice to: Riverside County CoC HMIS Office, 3403 Tenth Street, Suite 310, Riverside, CA 92501.

Section 1: Organization Information

Name of Homeless Service Organization: _____

Main Office Address: _____ City: _____ State: _____ Zip Code: _____

Section 2: HMIS/CES User Information

First and Last Name: _____ Position: _____

Office Phone Number:(_____)_____ - _____ Ext: _____ Email: _____

Section 3: HMIS/CES User Account Options

We are requesting this new HMIS/CES user account that is:

- Within our complimentary HMIS user account quota (i.e. 2 per organization plus 1 per project to serve the first 25 clients and 1 to serve the following 25 clients) at no cost to our organization.
- In addition to our complimentary HMIS user account quota at the cost of a one-time \$175 activation fee plus an annual fee of \$480 (i.e. \$655 total for 1st year and \$480 each year for subsequent years)
- This new HMIS/CES user account request requires Looker Upgrade that is:
 - Within our complimentary Looker Upgrade quota (i.e. 2 per organization) at no additional cost to our organization.
 - In addition to our complimentary Looker Upgrade quota with an additional \$130 per year.

Section 4: Payment Statements

Please initial your selection(s):

- _____ We understand that this request of a new HMIS/CES user account with the options stated above is covered by the HMIS user accounts provided by Riverside County CoC at no cost to our organization.
- _____ We are requesting this new HMIS/CES user account with the options stated above and agree to pay the **total cost of \$_____.00** that includes \$_____.00 one-time activation fee and the first annual fee of \$_____.00 for this transferable and non-refundable HMIS/CES user account. See enclosed check **payable to County of Riverside. [For Riverside County Department Use Only]** We agree to pay the **total cost of \$_____.00** that includes \$_____.00 one-time activation fee and the first annual fee of \$_____.00 for this transferable and non-refundable HMIS/CES user account via County journal entry with accounting string: _____

Section 5: Background Check, Authorization and Confidentiality Statements

Please initial:

- _____ The user listed above has successfully passed a criminal background check conducted by the user organization and is eligible to access HMIS.
- _____ Our organization agrees to maintain strict confidentiality of information obtained through HMIS. This information will be used only for the legitimate client services and administration of the above-name organization. We understand that it is the responsibility of our Organization's HMIS Liaison Agency, or Alternate Representative, to notify the Riverside County HMIS Administrator of the user's termination from our organization, placement on disciplinary probation, or upon any change in duties not necessitating access to HMIS information within one business day of the occurrence.

Authorized Signature (CEO/Executive Director)

Printed Name

Date

**If requesting CES Access, this form requires additional signature from CES Administrator.*

***When completed, this form is a valid invoice. No separate invoice will be issued for this purpose.*

****"CES only" access is granted under special circumstances to users from recognized governmental agencies or organizations that do not have access to HMIS through their agency.*

Homeless Management Information System

User Account Request Form/Invoice

Section 6: USER'S RESPONSIBILITY STATEMENT

Your username and password give you access to Riverside County CoC HMIS. Please initial each item below to indicate your understanding of the proper use of your username and password. Then, sign where indicated. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS.

Initial Only

- _____ I understand that my username and password are for my use only.
- _____ I understand that I must take all reasonable means to keep my password physically and digitally secure.
- _____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.
- _____ I understand that I may only view, obtain, disclose, or use information in HMIS that is necessary in performing my job on a "need-to-know" basis.
- _____ I understand that I must ensure no conflict of interest of any kind when accessing or using HMIS data
- _____ I understand that hard copies of HMIS information must be kept in a secure file.
- _____ I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.
- _____ I understand that these rules apply to all users of HMIS, regardless of their work roles or positions.
- _____ I understand that if I notice or suspect any violation of any of the above provisions or any potential security breach, I must immediately notify my direct supervisor **and** HMIS Support at HMISsupport@rivco.org.

_____ HMIS/CES User Signature

_____ Printed Name

_____ Date

Note: This form/invoice must be completed and filed with Riverside County Department of Housing & Workforce Solutions by email to HMIS Support at HMISsupport@rivco.org to request or delete user accounts. For deletion, please select the "Delete user" option on top part of the first page and only complete the HMIS/CES User Information and Organization Information portions. Should you have any questions, please contact HMIS Support at HMISsupport@rivco.org.

For Riverside County HMIS Systems Administrator use

HMIS Clarity General Training Complete CES General Training Complete

Approved By: _____
HMIS Systems Administrator Signature Print Name Date

For CES Administrator Use Only

User has completed necessary CES training and is authorized to be a CES user.

Approved By: _____
CES Administrator Signature Print Name Date

Appendix D: [HMIS Notice of Privacy Practices \(English\)](#)

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

[https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS%20Privacy%20notice%20\(PSS%208.07.25\)%20-%20clean.pdf](https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS%20Privacy%20notice%20(PSS%208.07.25)%20-%20clean.pdf)



**County of Riverside Continuum of Care
Homeless Management Information Systems (HMIS)**

PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE READ IT CAREFULLY.

Effective Date: _____

Our Duty to Safeguard your Protected Information

_____ collects Information about persons who use our services. We will ask for your permission to enter the information we collect about you and your family into a local electronic database called the Riverside City and County Continuum of Care (CoC) Homeless Management Information System (HMIS). Although the CoC HMIS helps us keep track of your information, individual and identifiable information about you is considered "Personal Protected Information" (PPI). We are required to protect the privacy of your identifying information and to give you notice about how, when and why we may use or disclose the information you give us.

We are also required to follow the privacy practices described in this Notice, although **Riverside City and County Continuum of Care reserves the right to change our privacy practices and the terms of this Notice at any time and to apply those changes to our policies and procedures to previously collected information.** You may request a copy of the notice from any participating CoC HMIS Collaborative Agency.

How We May Use and Disclose Your PPI Information

We create a record of your information including the services you receive at our partner agencies. We need this record to provide you with quality services and to comply with certain legal requirements.

We may use and disclose information about you so that you do not have to provide information more than one time. With your permission, information may be shared within HMIS to provide and coordinate services with participating organizations and may also be shared and transferred from HMIS to County of Riverside, RivCoONE database developed to provide integrated service delivery to county residents.

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and the services needed by those who are homeless. Information that could be used to tell who you are will never be used for these reports.

We must have your written consent to use or disclose your information unless the law permits or requires us to make the use of or to disclose without your permission. Please review the Client Informed Consent/Release of information Authorization for details.

Customer Portal

With your consent, you may be invited to create a secure Customer Portal account.

- **The Portal allows you to:**
 - Communicate with your service provider.
 - Upload documents.
 - Review and sign forms electronically (including ROI).
 - View certain program or service information.
- **Who Can Send Invites:** Only trained and authorized staff may send you an invitation, and your identity must be verified before the invite is sent.
- **Voluntary Participation:** Using the Portal is optional. You may decline an invitation and still receive services.
- **Information Shared in the Portal:** If you accept an invitation, certain personal information (such as your name, contact information, and program enrollment details) will be visible in the Portal to support communication and service coordination. Messages and documents shared through the Portal will become part of your HMIS record.

Uses and Disclosures That Do Not Require Your Authorization

As Required by Law: We will use and disclose information when required to do so by federal or state law or regulation.

Research: Under certain circumstances, we may use and disclose information about you for research purposes. All research projects are subject to a special approval process.

To Avert a Serious Threat to Health or Safety: We may use or disclose your information when necessary to prevent a serious threat to your health and safety of the public or another person.

Public Health Activities: We may disclose your information when notifying the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree OR when required or authorized by law.

Oversight Activities: We may disclose your information to a federal oversight agency, such as the Department of Housing and Urban Development, for activities authorized by law.

Court Order and Subpoenas: If you are involved in a lawsuit or a dispute, we may disclose your information in response to a court or administrative order. We may also disclose your information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

Law Enforcement: We may disclose your information if asked to do so by law enforcement officials in any of the following circumstances:

- In response to a court order, subpoena, warrant, summons or similar process
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities; or
- In emergency to report a crime; the location of the crime, the victim(s); or identity, description or location of the person who committed the crime.

OTHER USES OF YOUR INFORMATION

Other uses and disclosures of your information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to disclose your information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization, except that we are unable to take back any disclosure we have already made when the authorization was in effect, and we are required to retain our records of the services that we provided to you.

Individual Rights Regarding Your Information

- You have the right to receive services even if you choose NOT to participate in the CoC HMIS. However, clients may be refused program entry for not meeting other agency eligibility criteria.
- You have the right to ask for information about who has seen your information.
- You have the right to see your information and change it, if it is not correct.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website <https://rivcohws.org/OHS> or by contacting any staff person involved in your services.

If you have any questions about our Notice of Privacy Practices, please contact:

Riverside County HMIS Lead Agency
Housing and Workforce Solutions Department
County of Riverside
3403 Tenth Street,
Riverside, CA 92501
HMISsupport@rivco.org

MANDATORY COLLECTION NOTICE

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information as mandated by law or as requested from organizations that fund this program. Other personal information we collect is necessary to operate programs, improve services and better understand the needs of homelessness. We collect appropriate information only. A Privacy Notice is available upon request.

Appendix E: HMIS Notice of Privacy Practices (Spanish)

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

[https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS%20Privacy%20Notice%20Spanish\(reviewed%2001.12.2026\)%20-%20clean.pdf](https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS%20Privacy%20Notice%20Spanish(reviewed%2001.12.2026)%20-%20clean.pdf)



Continuo de Atención del Condado de Riverside

(County of Riverside Continuum of Care / CoC)

Sistema de Manejo de Información de Personas sin Hogar

(Homeless Management Information System / HMIS)

AVISO DE PRIVACIDAD

ESTE AVISO DESCRIBE CÓMO SU INFORMACIÓN PUEDE SER UTILIZADA Y DIVULGADA Y CÓMO USTED PUEDE OBTENER ACCESO A ESTA INFORMACIÓN.

POR FAVOR LÉELO ATENTAMENTE

Fecha efectiva: _____

Nuestro Deber es Proteger su Información

_____ Se colecciona información sobre las personas que utilizan nuestros servicios. Le pediremos su permiso para ingresar la información que se colecciona sobre usted y su familia en una base de datos electrónica local llamada Continuo de Atención (Continuum of Care / CoC) para el Sistema de Información de Manejo de Personas sin Hogar de la Ciudad y el Condado de Riverside. Aunque el CoC HMIS nos ayuda a mantener un registro de su información, la información individual e identificable sobre usted se considera "Información Personal Protegida" (PPI). Estamos obligados a proteger la privacidad de su información identificable y a informarle sobre cómo, cuándo y por qué podemos usar o divulgar la información que nos proporciona.

También estamos obligados a cumplir con las prácticas de privacidad descritas en este Aviso, **aunque el Continuo de Atención (Continuum of Care / CoC) de la Ciudad y el Condado de Riverside se reserva el derecho de cambiar nuestras prácticas de privacidad y los términos de este Aviso en cualquier momento, y de aplicar esos cambios a nuestra póliza y procedimientos, así como a la información coleccionada previamente.** Usted puede solicitar una copia de este aviso en cualquiera de las agencias colaboradoras participantes del CoC HMIS.

Cómo Podemos Usar y Divulgar su Información Personal Protegida (PPI)

Creamos un expediente con su información, incluyendo los servicios que recibe en nuestras agencias asociadas. Este expediente es necesario para proporcionarle servicios de calidad y para cumplir con ciertos requisitos legales.

Podemos usar y divulgar información sobre usted para que no tenga que proporcionar la misma información más de una vez. Con su permiso, la información puede compartirse dentro del HMIS para proporcionar y coordinar servicios con las organizaciones participantes, y también puede compartirse y transferirse desde el HMIS a la base de datos RivCoONE del Condado de Riverside, desarrollada para ofrecer una prestación de servicios integrada a los residentes del condado.

Usamos y divulgamos información colectiva para una variedad de reportes. Tenemos un derecho limitado para incluir parte de su información en informes sobre personas sin hogar y los servicios que necesitan. La información que podría usarse para identificarlo nunca será utilizada en estos reportes.

Debemos contar con su consentimiento por escrito para usar o divulgar su información, a menos que la ley nos permita o nos obligue a hacerlo sin su permiso. Por favor, revise la Autorización Informada del Cliente para la Divulgación de Información para más detalles.

Portal del Cliente

Con su consentimiento, es posible que se le invite a crear una cuenta segura en el Portal del Cliente.

- **El Portal le permite:**
 - Comunicarse con su proveedor de servicios.
 - Subir documentos.
 - Revisar y firmar formularios electrónicamente (incluyendo autorizaciones para divulgar información [ROI]).
 - Ver cierta información relacionada con programas o servicios.
- **Quién Puede Enviar Invitaciones:**

Solo el personal capacitado y autorizado puede enviarle una invitación, y su identidad debe ser verificada antes de que se envíe dicha invitación.
- **Participación Voluntaria:**

El uso del Portal es opcional. Usted puede rechazar la invitación y aun así continuar recibiendo servicios.
- **Información Compartida en el Portal:**

Si acepta la invitación, cierta información personal (como su nombre, información de contacto y detalles de inscripción en programas) será visible en el Portal para apoyar la comunicación y la coordinación de servicios. Los mensajes y documentos compartidos a través del Portal pasarán a formar parte de su expediente en el Sistema de Información de Gestión para Personas sin Hogar (HMIS).

Usos y Divulgaciones Que No Requieren Su Autorización

Cuando sea requerida por la ley: Usaremos y divulgaremos la información cuando sea requerido por la ley o regulación federal o estatal.

Investigación: Bajo ciertas circunstancias, podremos usar y divulgar información sobre usted con fines de investigación. Todos los proyectos de investigación están sujetos a un proceso especial de aprobación.

Para Prevenir una Amenaza Grave a la Salud o Seguridad: Podemos usar o divulgar su información cuando sea necesario para prevenir una amenaza grave a su salud, a la seguridad pública o a la de otra persona.

Actividades de Salud Pública: Podemos divulgar su información al notificar a la autoridad gubernamental correspondiente si creemos que ha sido víctima de abuso, negligencia o violencia doméstica. Solo haremos esta divulgación si usted está de acuerdo O cuando sea requerido o autorizado por la ley.

Actividades de Supervisión: Podemos divulgar su información a una agencia federal de supervisión, como el Departamento de Vivienda y Desarrollo Urbano, para actividades autorizadas por la ley.

Orden Judicial y Citaciones: Si usted está involucrado en una demanda o disputa, podemos divulgar su información en respuesta a una orden judicial o administrativa. También podemos divulgar su información en respuesta a una citación, solicitud de descubrimiento u otro proceso legal válido solicitado por otra persona involucrada en la disputa.

Aplicación de la ley: Podemos divulgar su información si las autoridades encargadas de hacer cumplir la ley nos lo solicitan en cualquiera de las siguientes circunstancias:

- En respuesta a una orden judicial, citación, orden de arresto, requerimiento u otro procedimiento legal similar;
- Sobre la víctima de un delito, si bajo ciertas circunstancias no podemos obtener el consentimiento de dicha persona;
- Sobre una muerte que creemos puede ser resultado de una conducta criminal ;
- Sobre conducta criminal en cualquiera de nuestras instalaciones; o
- En caso de emergencia para reportar un delito; la ubicación del delito, la(s) víctima(s); o la identidad, descripción o ubicación de la persona que cometió el delito.

OTROS USOS DE SU INFORMACIÓN

Otros usos y divulgaciones de su información que no estén cubiertos por este Aviso o por las leyes que nos aplican se realizarán únicamente con su autorización por escrito. Si usted nos otorga autorización para divulgar su información, puede revocar dicha autorización, por escrito, en cualquier momento. Si revoca su autorización, ya no utilizaremos ni divulgaremos su información por los motivos cubiertos por la autorización, excepto en los casos en que no podríamos recuperar una divulgación que ya se haya realizado mientras la autorización estaba vigente, y estamos obligados a conservar los registros de los servicios que le hemos proporcionado.

Derechos Individuales con Sobre su Información

- Usted tiene derecho a recibir servicios incluso si decide NO participar en el CoC HMIS. Sin embargo, a los clientes se les podría negar la entrada al programa por no cumplir con otros criterios de elegibilidad de la agencia.
- Usted tiene derecho a solicitar información sobre quién ha tenido acceso a su información.
- Usted tiene derecho a ver su información y cambiarla, si no es correcta.

Nuestro Aviso de Prácticas de Privacidad está sujeto a cambios. Si modificamos nuestro aviso, usted puede obtener una copia del aviso revisado visitando a nuestro sitio web <https://rivcohws.org/OHS> o contactando a cualquier miembro del personal involucrado en sus servicios.

Si tiene alguna pregunta sobre nuestro Aviso de Prácticas de Privacidad, comuníquese con:

Agencia Principal del HMIS del Condado de Riverside
Departamento de Soluciones de Vivienda y Fuerza Laboral
3403 Tenth Street,
Riverside, CA 92501
HMISsupport@rivco.org

AVISO DE COLECCIÓN OBLIGATORIA

Se colecta información personal directamente de usted por razones que se explican en nuestra declaración de privacidad. Es posible que debamos coleccionar cierta información personal según lo exija la ley o según lo soliciten las organizaciones que financian este programa. Otra información personal que es necesaria para operar los programas y es coleccionada para mejorar los servicios y comprender mejor las necesidades de las personas sin hogar. Solo se colecta la información adecuada. Un Aviso de Privacidad está disponible si lo solicita.

Appendix F: HMIS Request for Policy Addition, Deletion, or Change

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

[https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS%20Request%20for%20Policy%20Addition.
pdf](https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS%20Request%20for%20Policy%20Addition.pdf)



HMIS Request for Policy Addition, Deletion, or Change

Organization Name: _____

Requestor Name & Position: _____ Date: _____

Requestor Email & Phone No: _____

I request that the following change(s) be made to the HMIS Policy & Procedure Manual: Change the following existing policy: _____

Delete the following existing policy: _____

Add the following: _____

Provide in **clear** and **concise** language the **policy** to be considered by the HMIS Administrators Council to be inserted/deleted in or from the current Policy and Procedure manual. Please be clear and specific.

Policy: _____

Provide a brief **description** of the policy or process. Please be clear and specific.

Description: _____

Provide in detail the **procedure** for the policy identified above. Please be clear and specific.

Procedures: _____

Appendix G: HMIS Participating Agency Agreement

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

https://rivcohws.org/sites/g/files/aldnop131/files/users/user1041/Appendix%20G%20-%20HMIS%20Inter-Agency%20Data%20Sharing%20Agreement_0.pdf



County of Riverside Continuum of Care (CoC) Homeless Management Information System (HMIS)

Participation Agency Agreement

By signing this HMIS Agency Participation Agreement, _____ (“AGENCY”) has elected to participate in the County of Riverside Continuum of Care *Homeless Management Information System* (“HMIS”) and therefore is entering into this HMIS Participating Agency Agreement (this “Agreement”). The AGENCY and its personnel are permitted to use HMIS and security services on their computer systems through an Internet connection. The HMIS is a database and case management system that collects and maintains information on the characteristics and service needs of clients. The system collects and stores client –level data, which can be used to generate unduplicated and aggregate reports to determine the use and effectiveness of the services being provided to the homeless and at risk populations.

The Riverside County Housing, and Workforce Solutions (HWS) (“HMIS LEAD”) is the HUD grantee responsible for administering the HMIS grant. HMIS LEAD is the system host and provides the personnel and administrative support to operate the County of Riverside CoC HMIS. HMIS LEAD is responsible for ordering, installing and maintaining the computer and network system, implementing the software solution, providing secured access for participating agencies, troubleshooting problems, and offering training and on-going technical support.

AGENCY agrees to abide by all laws, and the County of Riverside CoC HMIS Charter pertaining to client confidentiality, user conduct, security, and the ongoing functionality and stability of services and equipment used to support HMIS.

In consideration of their mutual undertakings and covenants, the AGENCY and HMIS LEAD agree as follows:

1. General Understandings:

- A. Definitions. In this Agreement, the following terms will have the following meanings:
 - i. “AGENCY staff” refers to employees, volunteers, contractors, or any other agents of the AGENCY.

- ii. “Breach” shall mean the acquisition, access, use or disclosure of Identifying Information in a manner not permitted as defined in any Federal or State law, including, but not limited to:
 - a) The Health Insurance Portability and Accountability Act, 45 CFR section 164.502 (“HIPAA”);
 - b) The Health Information Technology for Economic and Clinical Health Act, 42 USC 17921;
- iii. The California Confidentiality of Medical Information Act, Civil Code section 56.10 et seq.; “Client” refers to a person receiving services from the AGENCY.
- iv. “De-Identifying Information” (also referred to as “non-identifying” information) refers to data that has specific Client demographic information removed, to allow use of the data *without identifying* a specific Client.
- v. “Enter” or “entry” refers to the entry of any Client information into the HMIS.
- vi. “HMIS” refers to the Homeless Management Information System.
- vii. “HMIS staff” refers to the employees, contractors, or agents of HMIS LEAD assigned to administer the HMIS, as well as to analyze, review and report on the data contained in HMIS.
- viii. “Identifying Information” (also referred to as “confidential” data or information) refers to information about a Client that can be used to distinguish or trace the Client’s identity, either alone or when combined with other personal or identifying information using methods reasonably likely to be used.
- ix. “Information” refers to both De-Identifying Information and Identifying Information.
- x. “AGENCY” refers generally to any service provider or organization signing this document that is participating or planning to participate in the HMIS.
- xi. “Sharing,” or “information sharing” refers to entering information into HMIS, or providing Identifying Information to other agencies, organizations, individuals, or providers that do not participate in the HMIS.
- xii. “User” refers to AGENCY employees authorized to have, and having, access to the HMIS.

B. Use and Disclosure. Whenever AGENCY enters information into HMIS, such Identifying Information will be available to the HMIS staff who may use it to: administer HMIS, conduct analysis, coordinate services, and prepare reports to be submitted to others in de-identifying form. AGENCY use and disclosure of HMIS Identifying Information may occur only in accordance with HMIS Policies, Standard Operating Procedures.

- C. Access AGENCY agrees to allow HMIS and its subcontractors access to information provided by the AGENCY in accordance with this Agreement and to carry out its duties with respect to the HMIS, which includes without limitation, HMIS administration, testing, problem identification and resolution, management of the HMIS database, and data aggregation and analysis activities, as permitted by applicable state and federal laws and regulations.

2. Confidentiality:

A. AGENCY shall not:

- i. enter information into the HMIS which it is not authorized to enter, or
- ii. share information that AGENCY is not authorized to share.

By entering information into the HMIS, AGENCY represents that it has the authority to enter such information into the HMIS. To the best of AGENCY's knowledge, any information entered into the HMIS does not violate any of the Client's rights, under any relevant federal, state, or local confidentiality laws, regulations or other restrictions applicable to Client information.

B. AGENCY agrees to comply with all federal and state regulations regarding the confidentiality of Identifying Information, including, but not limited to:

- i. The Health Insurance Portability and Accountability Act, 45 CFR Parts 160, 162 and 64 ("HIPAA");
- ii. The Health Information Technology for Economic and Clinical Health Act ("HITECH Act");
- iii. The California Confidentiality of Medical Information Act, Civil Code section 56.10 et seq.;
- iv. California Welfare and Institutions Code section 5328 et seq.;
- v. California Evidence Code section 1010 et seq.;
- vi. Code of Federal Regulations, at 42 CFR Part 2.

C. To the extent that information entered by AGENCY into the HMIS is or becomes subject to additional restrictions, AGENCY will immediately inform HMIS in writing of such restrictions.

3. Display of Notice:

- A. Pursuant to the notice published by the Department of Housing and Urban Development ("HUD") on July 30, 2004, AGENCY will prominently display at each intake desk (or comparable location) the **HMIS Notice of Privacy Practices** approved by HMIS LEAD, that explains the Client rights associated with providing AGENCY staff with Identifying Information. It is AGENCY's responsibility to ensure that each Client understands his or her rights. Additionally, if AGENCY maintains a public web page, the current version of the **HMIS Notice of Privacy Practices**

must be posted on the webpage. The current form of **HMIS Notice of Privacy Practices**, which may be modified from time to time at HMIS's LEAD's discretion, is attached to and incorporated into this Agreement by reference, and is available from HMIS LEAD or on its website [https://rivcohws.org/sites/g/files/aldnop131/files/users/user1041/HMIS Privacy notice \(PSS 8.07.25\)_1.pdf](https://rivcohws.org/sites/g/files/aldnop131/files/users/user1041/HMIS%20Privacy%20notice%20(PSS%208.07.25)_1.pdf)

4. Information Collection, Release and Sharing Consent:

- A. Collection of Identifying Information. AGENCY must collect information by lawful and fair means with the knowledge or consent of the Client. Any Identifying Information collected by the AGENCY must be relevant to the purpose for which it is to be used. To the extent necessary for those purposes, Identifying Information should be accurate, complete and timely. AGENCY must post Mandatory Collection Notice at each intake desk or comparable location. Privacy and Mandatory Collection Notices must be made available in writing at the client's request.
- B. Obtaining Client Consent. AGENCY will obtain the informed consent of the Client by having the Client sign the **Consent** form.
- C. Sharing. Prior to sharing any of a Client's information with an AGENCY or organization outside of the HMIS, except as provided in the **HMIS Notice of Privacy Practices**, approved by HMIS LEAD, that explains the Client rights associated with providing AGENCY staff with Identifying Information, AGENCY will provide the Client with a copy of its client consent and/or release of information form ("Consent"). Following an explanation regarding the entity or individual that the information will be shared with and how it will be used, the AGENCY will obtain the informed consent of the Client by having the Client sign the **Consent** form specific to that other AGENCY or outside organization.
- D. Consent Form. AGENCY shall keep all copies of the signed **Consent** form for a period of seven (7) years after the Client signed the consent form. Such forms shall be available for inspection and copying by HMIS and/or the U.S. Department of Housing and Urban Development, at any time.
- E. Refusal of Services. AGENCY may not refuse or decline services to a Client or potential Client if that person:
 - i. objects to the entry of its information in the HMIS; or
 - ii. refuses to share his or her personal information with the AGENCY or cannot remember certain information; however, some information may be required by the program to determine eligibility for housing or services, to assess needed services, or to fulfill reporting requirements.

5. HMIS Policies and Standard Operating Procedures:

Notwithstanding any other provision of this Agreement, AGENCY's use of and participation in the HMIS, and the use, disclosure, and submission of data to and from the HMIS shall, at all times, be governed by the **HMIS Notice of Privacy Practices** and the **HMIS Charter**, as revised from time to time, at the sole discretion of HMIS. Such **HMIS Charter** is incorporated in this Agreement by reference and is located at https://rivcohws.org/sites/g/files/aldnop131/files/2023-05/county-of-riverside-coc-hmis-charter-rev-12-07-22_0.pdf

In the event of a conflict between this Agreement and the **HMIS Charter**, the latter shall control.

6. Sharing HMIS Data:

AGENCY shall not release any Identifying Information received from the HMIS to any other person or organization without the written informed consent of the Client, unless such disclosure is required by law or in accordance with the **HMIS Notice of Privacy Practices**.

Basic Client profile data entered into HMIS (with consent), which includes Client demographic data will be shared with all Agencies in the HMIS system in an effort to reduce the event of duplicative Client records and/ or intakes. This includes the following data elements: (see Riverside County CoC HMIS Charter for current list)

- | | |
|---------------------------|--|
| 1. Name | 5. Gender (Local Requirement) |
| 2. Social Security Number | 6. Sex |
| 3. Date of Birth | 7. Veteran Status |
| 4. Race and Ethnicity | 8. Relationship to Head of Household |
| | 9. CoC Required Client Profile Data Fields |

Client's project level data will only be shared with agencies that have signed an **Inter-Agency Data Sharing Agreement**. This includes the following data elements:

- | | |
|------------------------------|---|
| 1. Disabling Condition | 15. Mental Health Problem |
| 2. Project Start Date | 16. Substance Abuse |
| 3. Project Exit Date | 17. Domestic Violence |
| 4. Destination | 18. Contact |
| 5. Client Location | 19. Date of Engagement |
| 6. Housing Move-In Date | 20. Enrollment Details |
| 7. Living Situation | 21. Services/Assessments/Events |
| 8. Income and Sources | 22. Notes |
| 9. Non-Cash Benefits | 23. Files |
| 10. Health Insurance | 24. Location |
| 11. Physical Disability | 25. Enrollment History |
| 12. Developmental Disability | 26. CoC Required Enrollment Data Fields |
| 13. Chronic Health Condition | |
| 14. HIV/AIDS | |

7. Client Inspection/Correction:

Upon receipt of a written request from a Client, AGENCY shall allow the Client to inspect and obtain a copy of his or her own information during regular business hours. AGENCY is not required to provide a Client access to information (a) compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; (b) about another individual; (c) obtained under a promise of confidentiality if disclosure would reveal the source of the information; and (d) which, if disclosed, would be reasonably likely to endanger the life or physical safety of any individual. AGENCY must allow a Client to correct information that is inaccurate or incomplete; provided, however, that prior to correcting such information, AGENCY shall consult with HMIS. Such consultation is necessary to ensure proper coordination between the AGENCY's response and the capabilities of the HMIS system, unless the requested correction is a routine correction of a common data element for which a field exists in HMIS (e.g., date of birth, prior residence, social security number, etc.). AGENCY is not required to remove any information as a result of a correction, but may, in the alternative, mark information as inaccurate or incomplete and may supplement it with additional information.

8. Security:

AGENCY shall maintain the security and confidentiality of information in the HMIS and is responsible for the actions of its employees, contractors, volunteers, or agents and their proper training and supervision. AGENCY agrees to follow the **HMIS Policies and Standard Operating Procedures** on security (hereafter "Security Rule"), which by this reference is incorporated herein and which may be modified from time to time at HMIS LEAD's discretion. At its discretion, HMIS LEAD may conduct periodic assessments of AGENCY to monitor its compliance with the Security Rule. The steps AGENCY must take to maintain security and confidentiality include, but are not limited to:

- A. Access. AGENCY will permit password-protected access to the HMIS only to authorized AGENCY staff who need information from the HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). AGENCY will limit the access of such staff to only those records that are immediately relevant to their work assignments.
- B. User Code of Ethics. Prior to permitting any User to access HMIS, AGENCY will require the User to sign an **HMIS User Agreement/Code of Ethics** ("User Code of Ethics"), which is incorporated herein by this reference and which may be amended from time to time at HMIS LEAD's discretion. AGENCY will comply with and enforce the User Code of Ethics and will inform HMIS LEAD immediately in writing of any breaches of the User Code of Ethics.

i. Any staff, volunteer or other person who has been granted a User ID and password and is found to have committed a breach of system security and/or Client confidentiality will have his/her access to the database revoked immediately.

ii. In the event of a breach of system security or Client confidentiality, the Director of the AGENCY shall notify HMIS LEAD within twenty-four (24) hours. Any AGENCY that is found to have had breaches of system security and/or Client confidentiality shall enter a period of probation, during which technical assistance shall be provided to help the AGENCY prevent further breaches.

Probation shall remain in effect until HMIS LEAD has evaluated the AGENCY's security and confidentiality measures and found them compliant with the policies stated in this Agreement and the User Code of Ethics. Subsequent violations of system security may result in suspension from the HMIS.

C. User Authentication. AGENCY will permit access to HMIS only with use of a User authentication system consisting of a username and a password which the User may not share with others. Written information pertaining to User access (e.g., username and password) shall not be stored or displayed in any publicly accessible location. Passwords shall be between eight and twelve characters long and include both letters and numbers. Passwords shall not be, or include the username, the HMIS vendor's name, the HMIS LEAD name, the AGENCY's name, or consist entirely of any word found in the common dictionary or any of the forenamed words spelled backwards. The use of default passwords on initial entry into the HMIS is allowed so long as the User changes the default password on first use. Individual Users must not be able to log on to more than one workstation at a time, or be able to log on to the network at more than one location at a time. Passwords and usernames shall be consistent with guidelines issued from time to time by HUD and HMIS LEAD. Passwords and usernames shall not be exchanged electronically without HMIS LEAD's approval.

D. Hard Copies. The AGENCY must secure any paper or other hard copy containing Identifying Information that is generated either by or for the HMIS LEAD, including, but not limited to reports, data entry forms and signed consent forms. Any paper or other hard copy generated by or for the HMIS LEAD that contains such information must be supervised at all times when it is in a public area. If AGENCY staff is not present, the information must be secured in areas that are not publicly accessible. Agencies wishing to dispose of hard copies containing Identifying Information must do so by shredding the documents or by other equivalent means with approval by HMIS LEAD. Written information specifically pertaining to User access (e.g., username and password) must not be stored or displayed in any publicly accessible location.

E. Training/Assistance. HMIS LEAD will conduct ongoing basic confidentiality training for all persons with access to the HMIS and will train all persons who may receive

information produced from the HMIS on the confidentiality of such information. AGENCY will participate in such training as is provided from time to time by HMIS LEAD. Representatives of HMIS LEAD will be reasonably available during HMIS's defined weekday business hours for technical assistance (e.g., troubleshooting and report generation).

9. Information Entry Standards:

- A. Information entered into HMIS by AGENCY will be truthful, accurate, complete and timely to the best of AGENCY's knowledge.
- B. AGENCY will **not** solicit from Clients or enter information about Clients into the HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.
- C. AGENCY will only enter information into the HMIS database with respect to individuals which it serves or intends to serve, including through referral.
- D. AGENCY will enter information into the HMIS database within three (3) calendar days of data collection.
- E. AGENCY will **not** alter or over-write information entered by another AGENCY.

HMIS LEAD reserves the right to, in its sole discretion, delete or segregate information entered into the HMIS by an AGENCY, or take any other appropriate measures, to maintain the accuracy and integrity of the HMIS or to avoid compromising the HMIS goal of maintaining unduplicated counts of Clients.

AGENCY is responsible for maintaining timely, accurate and complete data in HMIS and remaining in compliance with federal regulations as well as any outside applicable regulations such as the HIPAA standards.

HMIS LEAD will conduct an annual monitoring site visit to ensure compliance with HUD and Riverside County CoC HMIS requirements. HMIS LEAD will provide utilization reports to participating agencies on a regular basis to include data quality and tracking.

10. Use of the HMIS:

- A. AGENCY will not access Identifying Information for any individual for whom services are neither being sought nor provided by the AGENCY. AGENCY may access Identifying Information of the Clients it serves and may request, in writing addressed to HMIS LEAD's authorized officer shown on the signature page of this Agreement, access to statistical, non-identifying information on both the Clients it serves and Clients served by other HMIS Participating Agencies.

- B. AGENCY may report non-identifying information to other entities for funding or planning purposes. Such non-identifying information shall not directly identify individual Clients.
- C. AGENCY and HMIS LEAD will report only non-identifying information in response to requests for information from the HMIS.
- D. AGENCY will use the HMIS for its legitimate business purposes only.
- E. AGENCY will not use the HMIS to defraud federal, state or local governments, individuals or entities, or conduct any illegal activity.
- F. AGENCY shall not use the HMIS to aggregate data to compare the performance of other Participating Agencies, without the express written consent of HMIS LEAD and each of the Participating Agencies being compared.
- G. Notwithstanding any other Section of this Agreement, the parties may use or disclose for any lawful purpose information that: (a) is in the possession of the party prior to the time of the disclosure to the party through the HMIS and was not acquired, directly or indirectly, from the HMIS; or (b) is made available to the party by a third party who has the legal right to do so.

11. Proprietary Rights of the HMIS:

- A. AGENCY or HMIS LEAD staff shall assign passwords and access codes for all AGENCY Staff that meets other privacy, training and conditions contained within this Agreement.
- B. AGENCY or HMIS LEAD staff shall not assign passwords or access codes to any other person not directly connected to or working for their own AGENCY.
- C. AGENCY shall be solely responsible for all acts and omissions of its Users, and all other individuals who access the HMIS either through the AGENCY or by use of any password, identifier or log-on received or obtained, directly or indirectly, lawfully or unlawfully, from the AGENCY or any of the AGENCY's Authorized Users, with respect to the HMIS and/or any confidential and/or other information accessed in connection therewith, and all such acts and omissions shall be deemed to be the acts and omissions of the AGENCY. Each AGENCY shall certify:
 - i. That its Users have received training regarding the confidentiality of HMIS information under all applicable federal, state, and local laws and agree to protect the Information in compliance with such laws and this Agreement;
 - ii. That its Users shall only access the HMIS for purposes approved by the AGENCY and that are consistent with this Agreement;

iii. That its Users have agreed to hold any passwords, or other means for accessing the HMIS, in a confidential manner and to release them to no other individual. AGENCY shall ensure that all Users understand that sharing passwords and other means for accessing the HMIS is expressly prohibited;

iv. That its Users agree and understand that their failure to comply with the terms of this Agreement may result in their exclusion from the HMIS and may constitute cause for disciplinary action by the AGENCY; and

v. That it has restricted access to the HMIS only to the Users that the AGENCY has identified pursuant to this Section.

D. AGENCY shall terminate the rights of a User immediately upon the User's termination from his or her position. In the alternative, AGENCY must immediately notify HMIS LEAD staff of the User's termination to allow HMIS LEAD staff to terminate the User's access rights. The AGENCY is responsible for removing HMIS Users from the system.

E. AGENCY shall be diligent not to cause in any manner or way, corruption of the HMIS, and AGENCY agrees to be responsible for any damage it may cause.

12. Insurance

HMIS Data sharing participating agencies must maintain insurance as provided in subrecipients contract with HWS.

13. Limitation of Liability and Indemnification:

A. Except as provided in this Section, no party to this Agreement shall assume any additional liability of any kind due to its execution of this Agreement or its participation in the HMIS. It is the intent of the parties that each party shall remain liable, to the extent provided by law, regarding its own acts and omissions; but that no party shall assume additional liability on its own behalf or liability for the acts of any other person or entity through participation in HMIS except for the acts and omissions of its own employees, volunteers, agents or contractors. The parties specifically agree that this Agreement is for the benefit of the parties only and creates no rights in any third party.

B. AGENCY agrees to indemnify, defend and hold harmless HMIS LEAD, including its directors, officers, employees, representatives, and agents from and against any and all claims and liabilities (including, without limitation, all damages, costs, and expenses, including legal fees and disbursements paid or incurred) arising from the intentional acts or omissions, negligence, or strict liability of AGENCY, its directors, officers, employees, representatives, or agents, or AGENCY's breach of this Agreement, including any breach associated with Identifying information. This Section shall survive the termination of this Agreement.

C. Without limiting any other provision of this Agreement, AGENCY and its Users shall be solely responsible for all decisions and actions taken or not taken involving services, treatment, patient care, utilization management, and quality management for their respective patients and Clients resulting from or in any way related to the use of the HMIS or the Information made available thereby. AGENCY and Users shall have no recourse against, and hereby waive, any claims against HMIS LEAD for any loss, damage, claim or cost relating to or resulting from its own use or misuse of the HMIS.

D. AGENCY acknowledges and agrees that the HMIS is an information management tool only and that it contemplates and requires the involvement of Agencies and Users that are qualified to maintain, collect and enter information into the HMIS. AGENCY further acknowledges and agrees that HMIS LEAD has not represented its services as having the ability to perform any tasks that constitute the practice of medicine or of other professional or academic disciplines. HMIS LEAD shall not be responsible for any errors, misstatements, inaccuracies, or omissions regarding the content of the HMIS, although every effort has been made to ensure its quality and accuracy. AGENCY assumes all risk for selection and use of the content in the HMIS.

E. All data to which access is made through the HMIS originates from Participating Agencies, and not from HMIS LEAD. All such data is subject to change arising from numerous factors, including without limitation, changes to Client information made at the request of the Client, changes in the Client's condition, the passage of time and other factors. HMIS LEAD neither initiates the transmission of any data nor monitors the specific content of data being transmitted. Without limiting any other provision of this Agreement, HMIS LEAD shall have no responsibility for or liability related to the accuracy, content, currency, completeness, content or delivery of any data either provided by AGENCY, or used by AGENCY, pursuant to this Agreement.

F. Access to the HMIS and the information obtained by AGENCY pursuant to the use of those services are provided “as is” and “as available.” AGENCY is solely responsible for any and all acts or omissions taken or made in reliance on the HMIS or the information in the HMIS, including inaccurate or incomplete information. It is expressly agreed that in no event shall HMIS LEAD be liable for any special, indirect, consequential, or exemplary damages, including but not limited to, loss of profits or revenues, loss of use, or loss of information or data, whether a claim for any such liability or damages is premised upon breach of contract, breach of warranty, negligence, strict liability, or any other theories of liability, even if HMIS LEAD has been apprised of the possibility or likelihood of such damages occurring. HMIS LEAD disclaims any and all liability for erroneous transmissions and loss of service resulting from communication failures by telecommunication service providers or the HMIS.

14. Limitation of Liability:

HMIS LEAD shall not be liable for any cessation, delay or interruption of services, nor for any malfunction of hardware, software or equipment.

15. Disclaimer of Warranties:

HMIS LEAD makes no warranties, express or implied, including warranties of merchantability or fitness for a particular purpose, to any AGENCY or any other person or entity as to the services of the HMIS or as to any other matter.

16. Additional Terms and Conditions:

17. AGENCY will abide by such guidelines as are promulgated by HUD and HMIS LEAD from time to time regarding administration of the HMIS.

18. AGENCY and HMIS LEAD intend to abide by applicable State and Federal laws. Should any term of this Agreement be inconsistent with applicable law, or should additional terms be required by applicable law, AGENCY and HMIS LEAD agree to modify the terms of this Agreement so as to comply with applicable law.

19. Neither HMIS LEAD nor AGENCY will transfer or assign any rights or obligations regarding the HMIS without the written consent of the other party.

20. This Agreement will be in force until terminated by either party. Either party may terminate this Agreement with thirty (30) days written notice. Either party may also terminate this Agreement immediately upon a material breach of this Agreement by the other party, including but not limited to a breach of the **HMIS Charter (Policies and Standard Operating Procedures)** by AGENCY. Upon termination of this Agreement, AGENCY shall remain liable for (and nothing in this Agreement shall prevent HMIS LEAD from recovering) any fees, costs, or expenses that have been incurred prior to the termination of this Agreement. HMIS LEAD and the remaining

Participating Agencies will maintain their rights to use all of the information previously entered by AGENCY except to the extent a restriction is imposed by the Client or applicable law.

E. Copies of AGENCY data will be provided to the AGENCY upon termination of this Agreement at the AGENCY's written request to HMIS LEAD made within sixty (60) days after the termination of this Agreement. Information will be provided on CDs or other mutually agreed upon media. Unless otherwise specified in writing, copies of data will be delivered to AGENCY within sixty (60) calendar days of receipt of written requests for data copies. HMIS LEAD reserves the right to charge AGENCY's HMIS actual costs for providing such data to AGENCY.

F. Except as otherwise provided, no action taken by either party, or its officers, employees or agents, pursuant to this Agreement, shall be deemed to constitute an action of the other party, or shall be construed to place the parties in a relationship of partners, joint ventures, principal and agent, or employer and employee, or shall be deemed to confer upon either party any express or implied power, right or authority to enter into any agreement or commitment, express or implied, or to incur any obligation or liability on behalf of the other party except as expressly provided herein. HMIS LEAD and AGENCY intend and agree that they and their respective agents or employees shall serve as independent contractors and not as employees of the other party, and this Agreement shall not be considered a hiring by either party or a contract of employment.

G. This Agreement may be amended or modified, and any of the terms, covenants, representations, warranties or conditions of this Agreement may be waived, only by a written instrument executed by the Parties, or in the case of a waiver, by the party waiving compliance.

H. Any waiver by any party of any condition, or of the breach of any provision, term, covenant, representation or warranty contained in this Agreement, in any one or more instances, shall not be deemed to be or construed as a further or continuing waiver of any such condition or breach of any other condition or the breach of any other provision, term, covenant, representation, or warranty of this Agreement.

I. Neither party shall assign its rights or delegate its duties hereunder without the prior written consent of the other, which consent will not be unreasonably withheld. All of the terms, provisions, covenants, conditions and obligations of this Agreement shall be binding on and inure to the benefit of the successors and assigns of the parties hereto.

J. Any notice required or permitted to be given under this Agreement shall be conclusively deemed to have been received by a party to this Agreement on the day it is delivered to such party at the address indicated in the signature block below, or at such other address as such party shall specify to the other party in writing, or if sent by registered or certified mail, on the third business day after the date on which it is mailed to such party at said address.

K. This Agreement sets forth the entire understanding between the parties with respect to the matters contemplated by this Agreement and supersedes and replaces all prior and contemporaneous agreements and understandings, oral or written, with regard to these matters.

L. If any provision of this Agreement is determined to be invalid or unenforceable, such invalidity or unenforceability shall not affect the validity or enforceability of any other provisions of this Agreement that can be given effect without the invalid or unenforceable provisions, and all unaffected provisions of this Agreement shall remain in full force and effect as if this Agreement had been executed without such invalid or unenforceable provisions.

M. The Parties affirm that this Agreement has been entered into in the State of California and will be governed by and construed in accordance with the laws of the State of California, notwithstanding any state's choice of law rules to the contrary. Any action to enforce, challenge or construe the terms or making of this Agreement or to recover for its breach shall be litigated exclusively in a state or federal court located in the State of California.

This Agreement is executed between (AGENCY) and (HMIS LEAD) and upon execution the AGENCY will be given access to the HMIS with the terms herein set forth. This agreement will be signed by the Executive Director at the Participating AGENCY.

Tanya Torno	<hr/>	
HMIS Lead	Signature	Date

<hr/>		
Agency Name		

Agency CEO/ Director	Signature	Date
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I have read the AGENCY Agreement and understand that this technology is for HMIS purposes only.

Appendix H: HMIS Inter-Agency Data Sharing Agreement

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

https://rivcohws.org/sites/g/files/alnnp131/files/users/user1081/Appendix%20G%20-%20HMIS%20Inter-Agency%20Data%20Sharing%20Agreement_0.pdf



County of Riverside Continuum of Care (CoC) Homeless Management Information System (HMIS)

Inter-Agency Data Sharing Agreement

By signing this Inter-Agency HMIS Data Sharing Agreement, _____ shall be designated a “participating agency” in the County of Riverside Continuum of Care HMIS. This agency agrees to share select HMIS Universal Data Elements and Program of Enrollment (when authorized to do so by the client) using the County of Riverside Continuum of Care HMIS (Homeless Management Information System). This agency’s client data shall be shared with all “participating agencies” that have a signed *Inter-Agency Data Sharing Agreement* on file with the HMIS Lead, Riverside County Housing, Homelessness Workforce Solutions (HWS). In the event of a conflict between this Agreement and the HMIS Charter, the latter shall control.

Each “participating agency” must also complete and comply with the *County of Riverside Continuum of Care HMIS Participating Agency Agreement, and County of Riverside Continuum of Care HMIS Charter (Policies and Procedures)*. Each individual HMIS user must complete and comply with the *HMIS User Agreement*.

Client Data shared in HMIS (see Riverside County CoC HMIS Charter for the most current list):

- | | |
|---------------------------------------|---|
| 1. Name | 17. Non-Cash Benefits |
| 2. Social Security Number | 18. Health Insurance |
| 3. Date of Birth | 19. Physical Disability |
| 4. Race and Ethnicity | 20. Developmental Disability |
| 5. Gender (Local Requirement) | 21. Chronic Health Condition |
| 6. Sex | 22. HIV/AIDS |
| 7. Veteran Status | 23. Mental Health Problem |
| 8. Disabling Condition | 24. Substance Abuse |
| 9. Project Start Date | 25. Domestic Violence |
| 10. Project Exit Date | 26. Contact |
| 11. Destination | 27. Date of Engagement |
| 12. Relationship to Head of Household | 28. Enrollment Details |
| 13. Client Location | 29. Services/Assessments/Events |
| 14. Housing Move-In Date | 30. Notes |
| 15. Living Situation | 31. Files |
| 16. Income and Sources | 32. Location |
| | 33. Enrollment History |
| | 34. CoC Required Client Profile Data Fields |
| | 35. CoC Required Enrollment Data Fields |

Uses of Shared HMIS Data:

- Coordinate housing services for families and individuals experiencing or facing a housing crisis in Riverside County.
- Understand the extent and nature of homelessness in Riverside County.

- Evaluate performance and progress toward community benchmarks.
- Improve the programs and services available to Riverside County residents experiencing homelessness or a housing crisis.
- Improve access to services for all Riverside County homeless and at-risk populations.
- Reduce inefficiencies and duplication of services within our community.
- Ensure that all services are targeted to those most in need, including hard to serve populations.
- Ensure that clients receive the amount and type of services that best fits their needs and preferences.
- Pursue additional resources for ending homelessness.
- Advocate for polices and legislation that will support efforts to end homelessness in Riverside County.

Client Protection:

- Informed consent must be given by clients in order for their information to be shared among participating agencies in the Riverside County Continuum of Care HMIS.
- Informed consent is valid for (7) seven years from the date the client signed Consent for Release of Information form, unless the client revokes the consent in writing.
- Identifying client information will only be shared among agencies that have signed a data sharing agreement. At the time of informed consent, and at any point after, the client has a right to see a current list of participating agencies.
- Additional agencies may join the County of Riverside Continuum of Care HMIS and will be added to the list of participating agencies. As part of the informed consent process, clients must be informed that additional agencies may also have access to the client’s information.
- HMIS users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities.
- Clients may not be denied services based on their choice to withhold their consent.

This agency shall defend, indemnify, and hold all other agencies harmless from any and all claims arising out of participating agency's negligent performance of this agreement. Any loss or liability to third parties or agencies resulting from negligent acts, errors, or omissions of a County of Riverside CoC HMIS “participating agency,” while acting within the scope of their authority under this Agreement, shall be borne by that user exclusively.

Agreed to and signed by the following agency representative:

PRINTED NAME AND TITLE	AGENCY NAME
SIGNATURE	DATE

Appendix I: HMIS Data Quality Plan

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

<https://rivcohws.org/sites/g/files/aldnop131/files/users/user1081/HMIS%20Data%20Quality%20Plan.pdf>



County of Riverside Continuum of Care
Homeless Management Information System (HMIS)
Data Quality Plan

Introduction

To end homelessness, a community must understand the scope of the problem, the characteristics of individuals experiencing homelessness, and what interventions are working. Solid data enables informed decision-making, outcome measurement, and system accountability.

What is a Data Quality Plan?

A Data Quality Plan is a structured approach for the CoC to define and uphold expectations for HMIS data quality. High-quality data is essential for HUD reporting, including the System Performance Measures (SPM), Annual Homelessness Assessment Report (AHAR), Annual Performance Report (APR), Point-In-Time (PIT) Count, and Housing Inventory Count (HIC). HUD also evaluates CoC funding competitiveness based on data quality.

Data Quality Elements

HMIS Data Standards

The most current HMIS Data Standards, as published by HUD define the required Universal and Program Specific Data Elements that all contributing projects must follow. These standards are updated regularly to reflect evolving federal requirements.

A. Universal Data Elements

HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source. The Universal Data Elements establish the baseline data collection requirements for all contributing CoC projects. They are the basis for producing unduplicated estimates for the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homelessness, and patterns of service use, including information on shelter stays and homelessness over time.

Universal Identifier Elements (One and Only One per Client Record)	Universal Project Stay Elements (One Value per Project Stay)
---	---

3.01 Name	3.08 Disabling Condition
3.02 Social Security Number	3.10 Project Start Date
3.03 Date of Birth	3.11 Project Exit Date
3.04 Race and Ethnicity	3.12 Destination
3.06 Gender	3.15 Relationship to Head of Household
3.07 Veteran Status	3.16 Enrollment CoC
	3.20 Housing Move-In Date

B. Program Specific Data Elements

All Program Specific Data Elements are required to be collected in HMIS; however, not every Program Type is required to collect every element. The required Program Specific Data Elements vary based on the funding source, project type, and federal partner requirements. These elements capture deeper information about client needs, housing barriers, service delivery, and coordinated entry participation. They are critical for evaluating client progress, system performance, and compliance with federal and state reporting requirements.

4.2	Income and Sources	4.10	Substance Abuse Disorder
4.3	Non-Cash Benefits	4.11	Domestic Violence
4.4	Health Insurance	4.12	Current Living Situation
4.5	Physical Disability	4.13	Date of Engagement
4.6	Developmental Disability	4.14	Bed-Night Date
4.7	Chronic Health Condition	4.19	Coordinated Entry Assessment
4.8	HIV/AIDS	4.20	Coordinated Entry Event
4.9	Mental Health Disorder		

Data Quality Benchmarks

Policy

In order to qualify as “participating in the HMIS” all HMIS Participating Agencies must meet the data quality benchmarks as described in the County of Riverside Continuum of Care’s HMIS Data Quality Plan. These benchmarks apply to all HMIS Participating Agencies whether or not the agency provides the data directly into the HMIS or submits it to the HMIS Lead Agency for input into HMIS.

HMIS Coverage

Definition

The degree to which all homeless assistance providers within the CoC enter all homeless clients into HMIS.

Rationale

Partial participation across the CoC geography can negatively affect the ability of the CoC to report and analyze community performance. If some providers are not participating in the HMIS, it will be difficult to determine whether the data accurately reflects what is happening within projects or across the system.

Required Benchmarks:

1. 100% of all HUD funded homeless assistance programs (excluding Domestic Violence programs) must participate in HMIS.
2. 100% of all beds in non-funded projects.

Bed Utilization

Definition

The degree to which the total number of homeless beds within the HMIS are recorded as occupied divided by the total number of homeless beds within the CoC.

Rationale

Utilization rate, or the number of beds occupied as a percentage of the entire bed inventory, is an excellent barometer of data quality. It is difficult to measure data quality if the utilization rate is too low (below 65%) or too high (above 105%) without a reasonable explanation.

Required Benchmarks:

Housing Program Type	Target Utilization Rate
Emergency Shelter	85%
Transitional Housing	85%
Permanent Housing	85%

Data Completeness

Definition

The degree to which all required HMIS Universal Data Elements and Program Specific Data Elements are recorded in the HMIS.

Rationale

Partially complete or missing data (e.g. SSN digits, year of birth, disability or veteran status) can negatively affect the ability to provide comprehensive services and could mean participants do not get the help they need to become permanently housed. It also makes it difficult to unduplicate the number of clients served.

Required Benchmarks:

Universal Data Element	All Projects			Street Outreach		
	Target	Acceptable NULL/Missing	Acceptable "Client Don't Know", "Client Refused"	Target	Acceptable NULL/Missing	Acceptable "Client Don't Know", "Client Refused"
Name	100%	0%	5%	100%	0%	10%
Social Security Number	100%	0%	5%	100%	0%	10%
Date of Birth	100%	0%	5%	100%	0%	10%
Race	100%	0%	5%	100%	0%	10%
Ethnicity	100%	0%	5%	100%	0%	10%
Gender	100%	0%	5%	100%	0%	10%
Veteran Status	100%	0%	5%	100%	0%	10%
Disabling Condition	100%	0%	5%	100%	0%	10%
Project Start Date	100%	0%	5%	100%	0%	10%
Project Exit Date	100%	0%	5%	100%	0%	10%
Destination	100%	0%	5%	100%	0%	10%
Relationship to Head of Household	100%	0%	5%	100%	0%	10%
Client Location	100%	0%	5%	100%	0%	10%
Housing Move-in Date	100%	0%	5%	100%	0%	10%
Living Situation	100%	0%	5%	100%	0%	10%

Data Timeliness

Definition

The degree to which the data is collected and recorded into HMIS.

Rationale

Entering data in a timely manner can reduce human error when too much time has elapsed between data collection and date entry. Also, when a user exits a person from one program and enters them into another, this may affect outcomes such as income. Timely data entry assures data is accessible when it is needed (e.g. monitoring purposes, funding reporting, responding to requests for information).

Required Benchmarks:

HMIS data must be entered into HMIS in real time or within **three (3)** calendar days from the point of the event, (intake/ enrollment, service delivery, annual assessments, or exit/ discharge) to record the information into the HMIS software.

Data Accuracy

Definition

The degree to which the data reflects the real-world client or service.

Rationale

To ensure data is collected and entered accurately. Accuracy of data in HMIS can be difficult to access. It depends on the client's ability to provide the correct data and the intake worker's ability to document and enter the data accurately.

Required Benchmarks:

100% of data entered into HMIS must reflect what clients are reporting.

Data Consistency

Definition

The degree to which the data is equivalent in the way it is collected and stored.

Rationale

To ensure that data is understood, collected, and entered consistently across all programs in the HMIS. Consistency directly affects the accuracy of data; in an end user collects all the data, but does not collect it in a consistent manner, and then the date may not be accurate.

Required Benchmarks:

100% of data in the HMIS should be collected and entered in a consistent manner across all programs. Data collection and entry should be conducted in accordance with the most current HUD HMIS Data Standards.

Roles and Responsibilities

HMIS Lead

The HMIS lead will monitor the overall data quality of the HMIS for the CoC at the system level and at the individual provider level.

Responsibilities:

1. Work with the HMIS vendor to ensure access to data quality reports.
2. Utilize the HUD Data Quality Report to monitor data quality and data timeliness for each project in HMIS.
3. Communicate data quality issues /errors and provide technical assistance to HMIS participating agencies and staff on how to improve data quality.
4. Provide training and technical assistance on data quality standards to HMIS end users to ensure data quality benchmarks are met.
5. Monitor the cleaning and updating of client data that has been identified as a data quality error/ issue with the agency.

Agency Administrator

The Agency Administrator will monitor the overall data quality for their agency and respond to the HMIS Lead's request for data clean-up.

Responsibilities:

1. Utilize the HUD Data Quality Report monthly to monitor data quality and data timeliness at the project level.
2. Utilize the APR and Data Quality Detail Export monthly to identify and correct client level data issues/ errors that were identified on the HUD Data Quality Report.
3. Utilize the Clients in Programs Report monthly to ensure all client intakes/ exits are entered into HMIS on a timely basis.
4. Resolve any data quality errors/ issues addressed by the HMIS lead within five (5) business days.
5. Address data quality weaknesses with agency end users to improve data quality and ensure data quality benchmarks are met.

HMIS End User

HMIS end users are responsible for entering accurate and consistent HMIS data in a timely manner.

Responsibilities:

1. Ensure all client level data is entered into HMIS within **three (3)** calendar days of the event.

2. Accurately record into HMIS information that client reports.
3. Always search the HMIS database for an existing client record prior to client intake to avoid duplication of client records.

Monitoring

The purpose of monitoring is to ensure that the agreed upon data quality benchmarks are being met to the greatest extent possible and that data quality issues are identified and corrected in a timely manner. The CoC conducts annual reviews and ongoing monitoring of HMIS data to ensure compliance with data quality standards and timely resolution of issues. Monitoring activities include:

- **Regular data quality reviews** using HUD's Data Quality Report and custom dashboards
- **Monthly program-specific technical assistance** triggered by trends or repeated data issues
- **Verification of source documentation** during on-site visits or virtual audits to support data accuracy
- **Custom reports developed by the HMIS Lead agency** to identify trends, highlight data quality issues, and support compliance monitoring. These reports are tailored to the needs of the CoC and agency-specific requirements and are used to drive technical assistance and training focus areas
- **Collaborative review meetings** held monthly with the HMIS Administrators Council to share findings and reinforce accountability

Monitoring results inform both agency-level and systemwide training, guidance updates, and support planning.

Data Quality Reports

Custom Dashboards and Reports

As part of our Data Quality Reporting strategy, the Riverside CoC provides participating agencies with **custom dashboards and reports** designed to strengthen ongoing data monitoring and support timely error correction. These tools supplement standard reports such as the **HUD Data Quality Report** and **APR**, offering agencies real-time, actionable insights into their data quality performance.

Key features include:

- **Integrated access:** Dashboards are uploaded directly to each agency's homepage within the HMIS portal for ease of use.
- **Dynamic filtering:** Agencies can filter by project, staff, data element, and time period to isolate and address specific issues.
- **Issue targeting:** Dashboards flag common data issues such as missing assessments, invalid responses, overdue exits, and null values.
- **Multi-agency functionality:** For collaborative projects, dashboards are scoped to ensure each agency can only view and correct records tied to their own enrollments—enhancing clarity and accountability.

These tools are routinely updated based on:

- System-wide monitoring outcomes
- Feedback from TA calls and agency check-ins
- Emerging data quality trends
- Enhancements in system functionality

By combining automation, tailored error tracking, and user-level filtering, these dashboards play a central role in helping providers correct issues efficiently and meet CoC-wide data quality benchmarks.

HUD Data Quality Report

As part of HUD's Data Quality Framework, this report analyzes HMIS data collection to meet the requirements defined by HUD in version 5.1 of the Data Dictionary. The report provides aggregated HMIS data within a specific date range. There are within **three (3)** reporting questions in this report.

1. Question 1 is a validation table. Clients are counted in these questions based on the details of the program enrollment (Relationship to HoH, Entry/Exit dates, etc.), client information (date of birth/age/ veteran status), and entry assessment data (chronically homeless).
2. Question 2 - Personally Identifiable Information. This question looks at data entered on the client record for data quality errors or responses that signal potential data issues. Errors look at any records where information is not present because the client didn't know the response, refused to provide a response or the data was not collected.
3. Question 3 – Universal Data Elements. This question looks to entry assessment data to identify missing information, or data entered that signals potential data quality issues. Errors look at any records where information is not present because the client didn't know the response, refused to provide a response or the data was not collected.
4. Question 4 – Income and Housing Data Quality. This question looks for data quality errors on required financial assessments at entry, annual and exit as well as exit destinations. Errors look at any records where information is not present because the client didn't know the response, refused to provide a

response or the data was not collected or where the response of the client has income “yes” or “no” at a data collection stage but is inconsistent with the income source information.

5. Question 5 – Chronic Homelessness. The question identifies the number of clients where data elements #3.917A and #3.917B (Living Situation) is not present because the client didn’t know the response, refused to provide a response or the data was not collected which is essential for calculating chronic homelessness.
6. Question 6 – Timeliness. This question identifies how quickly project entry dates and project exit dates are entered into HMIS after they occur.
7. Question 7 – Inactive Records; Street Outreach & Emergency Shelter. This question identifies clients with enrollments who may need to be exited. The report sets a 90-day limit on inactive records and reports how many records within the report range are inactive (i.e. should have been exited but were not) based on data element #4.12 (Contact) with the client for outreach or bed nights for shelters. This report looks at entry and exit dates of client enrollments.

APR & Data Quality Export

With the increased complexity and requirements of aggregate federal compliance reporting, access to client level data is critical to troubleshooting. To meet the need of client level data for several compliance reports, the APR & Data Quality Export will produce the list of active clients used in aggregate reports (HUD Data Quality Report). This export can be used to identify clients with data quality errors and check aggregate counts.

Clients in Programs Report

The Clients in Programs report shows the count of clients enrolled by program and allows you to dynamically expand each program to show the client’s name, SSN, race, gender, enrollment date, exit date and separate totals for those clients still enrolled and those who have an end date. It also displays the total number of days the client spent enrolled in the program if an end date has been entered or the number of days from the enrollment date to the end date of the reporting period if the enrollment is still active.

Appendix J: HMIS Project and Grant Information Setup Form

For the most current version of this form, please visit our website

<https://rivcohws.org/coc-homeless-management-information-system>

or use the link below:

[https://rivcohws.org/sites/g/files/alnop131/files/users/user381/5.HMIS Project and Grant Setup Form Complete%202026.pdf](https://rivcohws.org/sites/g/files/alnop131/files/users/user381/5.HMIS%20Project%20and%20Grant%20Setup%20Form%20Complete%202026.pdf)

HMIS Project and Grant Setup Form



The Continuum of Care is required to collect and store data in a Homeless Management Information System (HMIS) database. An HMIS software must collect all the data elements within the HMIS Data Standards, support the system logic, and ensure that data elements' visibility is appropriate to the Project Type and Funding Sources for projects. Additional information regarding the HMIS data standard requirements can be found at <https://www.hudexchange.info/programs/hmis/hmis-data-standards/>

To remain in compliance with the data collection requirements, agencies must complete one project and grant setup form for each project.

Note: Missing fields will delay setting your projects up in the HMIS System.

Program and Grant Setup Form

Organization Name: _____

Project Name: _____

Project Grant ID Number: _____ **Grant Amount:** _____

Name of Contact Person: _____

Contact Phone number: _____

Organization Main Address: _____

City _____ **State:** _____ **Zip code:** _____ **Primary Number: ()** _____

Name of Agency Director or Program Manager: _____

Project Start Date: _____ **Project End Date:** _____ **Program Capacity (Max # of Beds):** _____

Other Accessing Organizations: (That will access/enroll clients into this same program):

Agency Name: _____ **Agency Name:** _____

Project is Coordinated Entry Access Point: Yes No

Provided by CE Project (check all that apply):

- Homelessness Prevention Assessment, Screening, and/or Referral
- Crisis Housing Assessment, Screening, and/or Referral
- Housing Assessment, Screening, and/or Referral
- Direct Services (search and/or placement support)

Project Receives CE Referrals: Yes No

CE Participation Status (MM/DD/YYYY)	Start Date:	End Date:
--------------------------------------	-------------	-----------

What is the Housing Type of this project? (Check one):

- | | | |
|-------------------|---|---|
| Emergency Shelter | Transitional Housing Homeless | Permanent Housing (Disability Required) |
| Street Outreach | Services Only Program | Homeless Prevention |
| Rapid Rehousing | Permanent Housing w/ Services
(no disability required for entry) | Voucher Safe Haven |
| Other | | |

If this is a Assistance Services Only Program or RRH: Services Only Program, is this project affiliated with a residential project

Yes No

Residential Project Name(s): _____

Tracking Method (For Emergency Shelters Only): Entry/Exit Date Night-by-night

Housing Type: Site-based – single site Site-based – clustered/multiple sites Tenant-based – scattered site

***If “Site-based – single site” selected, provide Main Site address (DV providers NOT required):**

Address: _____

***If “Site-based – clustered/multiple sites” selected, provide the address for the site where most beds and units are located, including the street address, city, state and zip code (DV providers NOT required):**

Address: _____

***If “Scattered site” selected, provide only the Zip code where most project beds and units are located:**

Zip Code: _____

This section is completed by Victim service provider Only: While DV Providers are exempt from entering address information, enter only the zip code that reflects the location of the project’s principal site, or for multiple site or scattered site projects, the location in which most of the project’s clients are housed.

Zip Code: _____

What is the GEO code? GEO code: _____

Enter the Geocode associated with the geographic location of the principal provider project service site. Scattered-site housing projects should record the Geocode where most of beds are located or where most beds are located as of the inventory update. A list of GEO Codes can be found at: [HUD GEO Code 2024](#)

Is this project HUD McKinney-Vento Funded?

**Note: Only select S+C, SRO, or SHP as the McKinney-Vento funding source if your project still has funding and use requirements associated with that funding. Projects that were originally funded under those programs but are currently being renewed under the CoC Program should only identify CoC as the funding sources.*

Not HUD McKinney-Vento Funded

HUD: ESG - Emergency Shelter

HUD: ESG - Rapid Re-Housing

HUD: ESG - CV- County

HUD: ESG - CV - City

HUD: CoC – Safe Haven

HUD: CoC – Transitional Housing [Use also for legacy SHP-TH]

HUD: CoC – Permanent Supportive Housing [also for legacy SHP-PSH]

HUD: CoC – Rapid Re-Housing

HUD: CoC – Single Room Occupancy

HUD: CoC – Joint Component TH/RRH

HUD: CoC – Youth Homeless Demonstration Program (YHDP)

HUD: HUD/VA Supportive Housing (HUD/VASH)

HUD: Rural Housing Stability Assistance Program

HUD: Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons.

Is this project receiving Health and Human Services Federal Funding Sources? (*Please indicate all funding sources for this project)

HHS: RHY Basic Center Program (BCP)

HHS: RHY Transitional Living Program (TLP)

HHS: RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)

HHS: RHY Demonstration Project

Is this project receiving Homeless Housing, Assistance and Prevention Federal Funding Sources? (*Please indicate all funding sources for this project)

HHAP:

CoC Funding		City Funding		County Funding	
HHAP-1	HHAP-2	HHAP-3	HHAP-4	HHAP-5	

Is this project receiving Encampment Resolution Funding Program Sources? (*Please indicate all funding sources for this project)

ERF:

CoC Funding		City Funding		County Funding	
ERF-1	ERF-2-L	ERF-2-R	ERF-3-L	ERF-3-R	ERF-4-L

Is this project receiving Other Federal Funding Sources? (*Please indicate all funding sources for this project)

CDBG: Community Development Block Grant

EFSP: Emergency Food and Shelter Program

EHAP: Emergency Housing and Assistance Program

HEAP: Homeless Emergency Aid Program

HDAP: Housing and Disability Advocacy Program

CESH: California Emergency Solutions and

Housing County General Funds

HHIP: Housing and Homeless Incentive Program

Private Funding _____

Other (Specify) _____

Is this project receiving Veteran Affairs Federal Funding Sources? (*Please indicate all funding sources for this project)

VA: Supportive Services for Veteran Families Program (SSVF) - Prevention
 VA: Supportive Services for Veteran Families Program (SSVF)-Rapid Re-Housing [Priority 1 (Y/N)]
 VA: Grant and Per Diem Program (GPD) – Bridge Housing
 VA: Grant and Per Diem Program (GPD) – Low Demand
 VA: Grant and Per Diem Program (GPD) – Hospital to Housing
 VA:Funded Transitional Housing
 VA: Health Care for Homeless
 VA: Grant and Per Diem Program (GPD) – Clinical Treatment
 VA: Grant and Per Diem Program (GPD) – Service Intensive Transitional Housing
 VA: Grant and Per Diem Program (GPD) – Transition in Place
 VA: VA Funded Transitional Housing - Compensated Work Therapy Transitional Residence
 VA: Grant and Per Diem Program (GPD) – Case Management/Housing Retention
 VA: CRS Contract Residential Services
 VA: Community Contract Safe Haven Program (HCHV/SH)

Is this project receiving HUD: HOPWA Federal Funding Sources? (*Please indicate all funding sources for this project)

HUD: HOPWA - Hotel/Motel Vouchers
 HUD: HOPWA - Housing Information
 HUD: HOPWA - Permanent Housing (Facility Based or TBRA)
 HUD: HOPWA - Permanent Housing Placement
 HUD: HOPWA - Short-Term Rent, Mortgage, Utility Assistance
 HUD: HOPWA - Short-Term Supportive Facility
 HUD: HOPWA - Transitional Housing (facility-based or TBRA)
 HUD Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons.

Funding Recipient Type (Check One):

Direct Recipient
 Subrecipient (If sub-recipient provides direct recipient agency name _____)
 Sub-contracted Agency (provide direct recipient agency name _____)

***Note: Agencies entering data into HMIS are responsible for generating and sending program specific HMIS reports to their funders. If you are a funder (direct recipient) who have contracted out client services to another agency (sub-recipient or subcontracted agency), please contact your sub-recipient or sub-sub-recipient for reporting needs.**

Target Population - Please select one option (if at least 75% of clients fall into the population category):

DV: People who are Survivors of Domestic Violence
 HIV: Persons with HIV/AIDS
 N/A: Not Applicable

Authorized Signature (Supervisor or HMIS Agency Admin)	Date
Printed Name	Title

BED AND UNIT INVENTORY

(Required for Emergency Shelter, Permanent Supportive Housing, Rapid Rehousing, and Transitional Housing Projects Only)

Bed Type of All beds is:

- Facility-based
 Voucher
 Other
 N/A

How many beds and units does your project have? (Complete the tables listed below)

Total number of Beds (Year-Round + Overflow beds)

Number of Beds intended for <i>Households With (at least) one Adult and one Child</i>	# of beds: _____
- How many units designated for Households with (at least) one adult and one child?	# of units: _____
Number of Beds intended for <i>Households Without Children (Adults only)</i>	# of beds: _____
Number of Beds intended for <i>Households with Only Children (Under the age of 18)</i>	# of beds: _____
Total # of Year-Round beds	Total # of YR beds: _____
Total # of Units	Total # of Units: _____
Total number of beds	Total: _____

Of your *Total beds* listed above, do you have any beds that are dedicated for:
 (The number of dedicated beds is a subset of the *total beds* and *must be equal to or less than total beds* and from those beds who are *chronically homeless*.)

Veterans

Number of beds intended for <i>Households With (at least) one Adult and one Child</i> :	Chronically Homeless:
Number of beds intended for <i>Households Without Children (Adults only)</i> :	Chronically Homeless:
Any other veteran beds:	Chronically Homeless:

Youth under age 18 only

Number of Beds intended for <i>Households with Only Children</i> :	Chronically Homeless:
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Youth aged 18 to 24 only

Number of Youth beds intended for <i>Households Without Children</i> :	Chronically Homeless:
Number of Youth beds intended for <i>Parenting Youth Households</i> :	Chronically Homeless:
How many Units are intended for <i>Parenting Youth Households</i> ?	Chronically Homeless:

Total number of Seasonal Beds

Total #:

What are the start date and end date when Seasonal beds are available?

Start Date: _____ **End Date:** _____

Authorized Signature (Supervisor or HMIS Agency Admin)	Date
Printed Name	Title

Key Terms

Adults: Persons age 18 and older

Child: Persons under age 18

Youth: Persons under age 24. HUD collects and reports youth data based on persons under 18 and persons between ages 18 and persons between ages 18 and 24.

Parenting Youth: A youth who identifies as the parent or legal guardian of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

Bed Type (Emergency Shelter Only):

Facility-based: Beds (including cots or mats) located in a residential homeless assistance facility dedicated for persons who are homeless.

Voucher: Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payments.

Other: Beds located in a church or other facility not dedicated for use by persons who are homeless

Overflow Beds (Emergency Shelter Only):

Beds that are available on an ad hoc or temporary basis in response to demand that exceeds planned bed capacity. For the HIC, identify the number of overflow beds that are only used when the "regular" beds are full on the night of the count if there is no fixed number of overflow beds.

Seasonal Beds:

Beds that are NOT available year-round, but instead are available on a planned basis, with set start and end dates.

Beds dedicated to Veterans:

Beds that are reserved for homeless veterans and their household members (if applicable). These beds must be filled by veterans and their households who qualify for the project unless there are no homeless veterans and their families located within the geographic area who qualify.

Beds dedicated to Youth:

Beds that are reserved for homeless youth, including parenting youth and unaccompanied youth and their household members (if applicable). Those beds must be filled by a homeless youth (or member of their household) who qualifies for the project unless there are no homeless youth within the geographic area who qualify. For the HIC, the project must indicate if the dedicated beds are reserved only for youth under age 18, only for youth ages 18-24, or for all youth up to age 24.

Beds dedicated to Chronic Homeless (Permanent Supportive Housing Only):

The PSH beds that are dedicated to house chronically homeless persons and their household members (if applicable). Those beds must be filled by chronically homeless persons (or member of their households) who qualify for the project unless there are no chronically homeless persons located within the geographic area who qualify.

Appendix K: HMIS Intake, Annual Assessment, and Exit Forms

The following forms can be found on the Riverside County CoC HMIS website at:
<https://rivcohws.org/coc-homeless-management-information-system>

All Projects

- [HMIS-Enrollment and Client Profile Intake Form 2026-General Programs-ES, RRH, PSH \(PDF\)](#)
- [HMIS-Client Profile Form 2026 \(PDF\)](#)
- [HMIS- Project Enrollment Form 2026 \(PDF\)](#)
- [HMIS-Project Enrollment Form Street Outreach \(PDF\)](#)

- [HMIS Project Status/Assessment Form2026 \(PDF\)](#)
- [HMIS-Project-Exit-2026 \(PDF\)](#)
- [HMIS-Project Post-Exit Form \(PDF\)](#)

PATH Program

- [HMIS-PATH-Project-Intake-2026 \(PDF\)](#)
- [HMIS-PATH Project Enrollment 2026 \(PDF\)](#)
- [HMIS-PATH Project Status Form 2026 \(PDF\)](#)
- [HMIS-PATH-Project-Exit-2026 \(PDF\)](#)

Runaway & Homeless Youth Program (RHY)

- [RHY-HMIS-Project-Intake 2026 \(PDF\)](#)
- [RHY-HMIS-Project-Exit-2026\(PDF\)](#)
- [RHY-HMIS-Project-Post-Exit-2026 \(PDF\)](#)

VA Combined HUD VASH, SSVF, and GPD

- [HMIS-VA-Combined-Project-Intake-2026 \(PDF\)](#)
- [HMIS-VA-Combined- Project Enrollment Form 2026 \(PDF\)](#)
- [HMIS-VA-Combined Project Exit-2026 \(PDF\)](#)
- [HMIS-VA-Combined Project Status/Assessment Form\(PDF\)](#)

YHDP

- [HMIS-YHDP- Project Enrollment Form 2026](#)
- [HMIS-YHDP-Project Intake Form 2026](#)
- [HMIS-YHDP-Project Status/Assessment Form 2026](#)
- [HMIS-YHDP-Project Exit Form 2026](#)