Data Collection Requirements for FY23-25 Contracts (HMIS and HMIS-Comparable Systems) and EO 23-02

	BAFI-NATO					CSBG⑨	EHA, EHA PET and DRF ①					EO 23-02			ERA (Elderly)			ESG and ESG-CV1/CV2					HSP			H-TBRA		LTRA	NAV CTR		ORE-DAP	ORI	PTK		RAY					SHAP	
DATA ELEMENT or EVENT	SO	ES②	HP	RRH	TH	SSO	SO	ES②	HP	RRH	TH	SO	ES	RRH	HP	RRH	TH	SO	ES	HP	RRH	TH	HP	RRH	TH	HP	RRH	PH	ES	SO	SSO	RRH	ES	TH	SO	ES②	HP	RRH	TH	SO	ES②
Name & Name Data Quality	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Social Security No. & Data Quality	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Date of Birth and DOB Data Quality	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Race & Ethnicity	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Gender	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Veteran Status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Disabling Condition (Y/N)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Project Start & End Dates	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Destination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Relationship to Head of Household	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Enrollment CoC (Client Location)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Housing Move-in Date				X						X				X		X					X			X			X				X			X	X	X	X	X		
Prior Living Situation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Current County of Residence ③	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Percent Of AMI			X	X	X	X			X	X	X			X	X	X	X			X	X	X	X	X	X	X	X	X			X				X	X	X	X	X		
Level of Households Income (FPL)			X	X	X	X			X	X	X			X	X	X	X			X	X	X	X	X	X	X	X	O			X				X	X	X	X	X		
Income & Sources			X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X				X	X	X	X	X		
Non-Cash Benefits			X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X				X	X	X	X	X		
Health Insurance			X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X										
Specific Disabilities			X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Domestic Violence (Y/N)	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X				X	X	X	X	X	X	X
If 'Yes' to DV, currently fleeing?												X	X	X				X	X	X	X	X						X			X									
Current Living Situation	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X
Date of Engagement	X						X					X						X															X	X	X				X	
Bed-Night (Overnight Start/End)		X						X					X						X										X			X			X				X
Coordinated Entry Assessment ④												X	X	X				X	X	X	X	X						X			X									
Coordinated Entry Event ⑤												X	X	X				X	X	X	X	X						X			X									
Youth Education Status						X ⑦																																			
Last Permanent Address																				X	X	X													X	X	X	X	X		
Service Transactions	X		X	X	X	X	X		X	X	X	X		X	X	X	X	X		X	X	X	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X	
LGBTQ+ Community (Y/N) ⑧																																									
Eviction (Y/N) ⑧																																									
Fund Source ⑥	X		X	X	X		X		X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X	X
Program/Fund (Provider Standards)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Bed/Unit Inventory (Prov. Standards)	X		X	X	X		X		X	X	X		X	X		X	X		X		X	X		X	X		X	X	X		X	X	X		X		X	X		X

① **DRF:** Set up as a DRF project or used as a fund in a project funded by another fund in your MGA
② **ES**: May include "Alternative" Shelters and/or Day Access Centers
③ **Currently County of Residence:** Required for CoCs with more than one County in the geo-area
④ **Coordinated Entry Assessment**: May required if the program is participating in the CoC's CE system
⑤ **Coordinated Entry Event**: May be required by the CE project in your area
⑥ **Fund Source**: for Direct Services (example: prescription payment assistance, rent payment assistance, gas voucher)
⑦ **CSBG**: Education Level is reported for youth ages 14 to 24 and Adults in the CSBG Annual Report.
⑧ **New Element** under consideration
⑨ **CSBG** does not required HMIS data entry, but highly recommends
NOTE: If new funds/programs or reporting requirments are adding during the biennium then this chart will be updated.
These data are required regardless of which management information is used (example: HMIS, HMIS comparable, other)

ACRONYMS

BAFI NATO- By and For Initiative, Native American Tribes of Oregon
CSBG- Community Services Block Grant
CoC- Continuum of Care
DRF- Document Recording Fee
EHA- Emergency Housing Account
EO 23-02 Governor's Executive Order 23-02
ERA- Elderly Rent Assistance
ES- Emergency Shelter
ESG- Emergency Solutions Grant
HP- Homeless Prevention
HSP- Housing Stabilization Program
H TBRA- Home Tenant-Based Rental Assist.
LTRA - Long-Term Rental Assistance
ORE DAP- Oregon Eviction, Diversion, and Prevention
ORI - Oregon Re-Housing Initiative
PH- Housing with Services (no disability required)
PTK- Project Turnkey
RAY - Rent Assistance for Youth
RRH- Rapid Rehousing
SHAP- State Homeless Assistance Prog.
SO- Street Outreach
SSO- Supportive Services Only
TH- Transitional Housing