1) Will either collection have to be amended after the promulgation of upcoming HEARTH Act final rules?

HUD does not expect that either package will have to be amended immediately following promulgation of HEARTH Act final rules because we expect that the new programs will still be required to collect program level performance data on persons served. Additionally, HUD will still have several grantees that will be operating under the current McKinney-Vento until their grants expire and come in for renewal. These grantees will need a space to report their performance data

2) For the AHAR, What is the estimated response rate? It does not seem that this is addressed in the supporting statement Part B.

The estimated response rate for AHAR data can be found on page 17 of the Supporting Statement. We expect that all 448 CoCs will be submitting data to AHAR. HUD expects that all 448 CoCs will also be entering quarterly AHAR data during this collection. Therefore, the burden for AHAR includes the annual report and the 4 quarterly reports (which ask the same information as the annual report, but on a more frequent basis and to cover a shorter time period). We estimate that 425 CoCs will have automated software report (a burden of 48 hours annually per CoC) and 63 CoCs will have manual software report (a burden of 88 hours annually per CoC).

3) What is the utility of including Islip Town in the 18 certainty sites?

Previous research found that the number of homeless persons relative to the population varied by geographic area. Hence, the study team divided the CDBG jurisdictions into four groups based on their classification for the allocation of CDBG funds: principal cities, other cities larger than 50,000, urban counties, and rural areas (i.e., counties that are part of non-entitlement areas). Such stratification increases the precision of estimates.

Given that the size of the population across CDBG jurisdictions is skewed by a few very large jurisdictions, a useful strategy for reducing sampling variability in the estimated number and characteristics of homeless persons is to select very large jurisdictions in the sample with certainty.

For selecting the certainty sites, the study team divided the CDBG jurisdictions into the four geographic-type strata (i.e., principal cities, other cities larger than 50,000, urban counties, and counties that are part of non-entitlement areas – mostly rural areas). Assuming the rate of homelessness was the same in each area within each stratum, the study team calculated the standard deviation (square root of the variance) of the number of homeless persons for the entire stratum. The team then recalculated the standard deviation by excluding the largest site (as if that site were taken with certainty) to obtain a relative estimate of the reduction in the variance of the estimates that would occur if that site were selected with certainty. In the event of substantial reduction in the variance due to the selection of the certainty unit, the overall variance of the sample estimates will be smaller as the variance contribution to the estimate from the certainty sites is zero. The process of selecting the next-largest site as a certainty site continued until the reduction of the variance or standard deviation was small or marginal. The process resulted in the selection of one site (Islip Town) from the stratum of other cities with a population greater 50,000. Selection of additional certainty sites from this stratum did not reduce the standard deviation enough to justify additional certainty sites.

4) Page 17 of the HMIS Data Standards uses a statement that also appears in the supporting statement A that says the "… HMIS is the central repository of information about homelessness in the CoC, including information about programs and clients. With respect to homeless clients, HUD should be aware that since the questions it is using to define various disabilities and the larger "disabling condition" are different from those used by the Census Bureau and the

National Center for Health Statistics, it will not be possible to compare the percentage of homeless disabled to non-homeless disabled. We raised this concern when the package was at OMB for emergency clearance last summer, however at the time HUD insisted that the construction of the questions was necessary given that they were really geared toward tracking referrals – counting whether people were being referred properly. Can you reassure that this is still the purpose of asking these questions and you will add language to the supporting statement that documents that assures such conclusions cannot be drawn?

Our definition of disability is statutory (Section 11382 of the McKinney-vento Act). It uses the definition of disabling condition as provided in section 223 of the Social Security Act. After reviewing the definition provided on the Census Bureau's website, it appears that the question that we ask that Census Bureau does not, is the continuing and long duration question. (I looked, but I could not find a single definition used by the National Center for Health Statistics on their webpage so I cannot respond to the difference there.) Since the Census Bureau does not use the McKinney-Vento definition of homeless, HUD would never be able to compare or contrast the number of disabled homeless persons with any number reported by the Census Bureau. The disabling condition question is not only used for referral and/or service appropriateness purposes, it is also used as a factor in determining chronic homeless status. When information is collected in HMIS on disabling condition on all persons served in programs that use HMIS, it is possible for us to compare persons served with a disability vs. persons served without a disability because the definition is consistent across all reporting in HMIS.

The definition used by the Census Bureau is also used by the National Center for Health Statistics, the Bureau of Justice Statistics, and the Bureau of Labor (for unemployment rates by disability status). As you state you are limited to the definition that you can use, we will add to the terms of clearance that it would not be appropriate to draw comparisons between the percent of disabled in the general population and the percent of disabled in the homeless population using these data.

5) Page 50 of the HMIS Data Standards: re: *special issues* for determining Disabling Condition, second paragraph – this section suggests that one could use software to automatically fill in 'yes' for Disabling Condition from the responses to questions 4.3, 4.6, 4.7, and 4.8. please add a statement saying that the contrary is not true – that is, if negative responses are received from 4.3, 4.6, 4.7, and 4.8, there may still be disabling conditions because the criteria for Disabling Condition are broader.

The intent of allowing grantees to automatically populate 'yes' to the disabling question in the HMIS data standards after an affirmative response to 4.3, 4.6, 4.8, and 4.8 is intended to decrease burden because each of these would define the client as having a disabling condition using the statutory definition. Our statutory definition can be found in the Supporting Statement under disabling condition. A no to any of the questions in 4.3, 4.6, 4.7, and 4.8 would not automatically preclude someone from being disabled under the SSA definition; however, it would require the intake worker to collect more information to see what type of physical, emotional or mental impairment was present, whether it was expected to last for a long duration, and whether it significantly impeded the persons ability to live independently. It is important to note, though, that all programs receiving funds from our office must use the definition of disabling condition provided in the Mc-Kinney-Vento statute.

Please add text to the Standard to make clear the conditions under which an intake worker is required to obtain such documentation.

6) Page 49 (Disabling Condition) and Page 72 (Physical Disability) – what questions do you ask to determine whether the disability substantially impedes an individual's ability to live independently? Since the a, b, and c for these questions must ALL be yes to qualify, how do you determine c: that the nature of such ability could be approved by more suitable housing

conditions? We asked this question last summer as well, though I forgot what HUD was planning to do here.

A grantee determines whether a disability substantially impedes an individual's ability to live independently by obtaining written verification from a state licensed qualified source that the person has such a disability. Qualified professionals include medical service providres, certified substance abuse counselors, physicians or treating health care provider as defined in the SSA. Also, program staff could ask clients to sign a release form so that the staff can request verification of benefits from the Social Security Administration.

Please add text to the Standard to make it clear when documentation is needed, what that documentation should consist of, and who is responsible for obtaining it.

7) Page 75- Developmental Disability – same question re: how one determines if the disability limits the capacity for independent living.

A grantee determines whether a disability substantially impedes an individual's ability to live independently by obtaining written verification from a state licensed qualified source that the person has such a disability. Qualified professionals include medical service providers, certified substance abuse counselors, physicians or treating health care provider as defined in the SSA. Also, program staff could ask clients to sign a release form so that the staff can request verification of benefits from the Social Security Administration.
Please add text to the Standard to make it clear when documentation is needed, what that documentation should consist of, and who is responsible for obtaining it.

8) Page 76 – Chronic Health Condition –unless there is a questionnaire that lists the qualifying conditions, how will the interviewer know what conditions the person has or whether they qualify? Is a drop down menu needed? What if it is an undiagnosed problem (i.e., one that the homeless person is not sufficiently aware of to tell you?)

A grantee would also rely on the qualified medical professional or the Social Security Administration to determine whether a chronic health condition impaired the person's ability to live independently and was expected to be of long and continued duration. We do not know the whole range of chronic health problems that this could incorporate; therefore, we do not publish a list about which would qualify and which would not. We rely on the expertise of the qualified professionals.

Please add text to the Standard to make it clear when documentation is needed, what that documentation should consist of, and who is responsible for obtaining it.

9) Page 70 – Mental Health – same questions/comments as for Chronic Health Condition.

A grantee would also rely on the qualified medical professional or the Social Security Administration to determine whether a mental health condition impaired the person's ability to live independently and was expected to be of long and continued duration. We do not know the whole range of chronic health problems that this could incorporate; therefore, we do not publish a list about which would qualify and which would not. We rely on the expertise of the qualified professionals.

Please add text to the Standard to make it clear when documentation is needed, what that documentation should consist of, and who is responsible for obtaining it.

10) Section 3.3 of HMIS requires date of birth to be entered, but it seems like the reporting for HPRP and the APR require age ranges to be reported. Does HUD get date of birth information for every person assisted? If so, could the data be used to do gather more information on unaccompanied youth, ages 12-24? If and how could this information be made available to researchers other than the AHAR researchers?

HMIS requires that individual, client-level data be collected on all persons served; however, when the aggregate report is generated for HUD we ask for reporting in age ranges. HUD does not get the date of birth information for every person requested because HUD does not receive individual, client-level data in any form. The Runaway and Homeless Youth legislation prohibits collection of individual client-level data in HMIS of persons under the age of 18 unless there is a consenting parent or the youth is emancipated and can provide consent for him/herself. More information could be collected on individuals between 18-24. HUD makes these numbers available for the public in the AHAR.

11) How many CoCs now submit to the AHAR? Is this now a firm requirement under the grant agreement, going forward? What does it mean for HUD to "expect and encourage" CoCs to submit local AHAR reports?

A total of 342 CoCs submitted data to the 2009 AHAR.