

Instructions:

This information is being collected to inform the evaluation of the Family Unification Program (FUP) being conducted by a research team at the Urban Institute, Chapin Hall at the University of Chicago and Child Trends. This information will be used to inform the US Department of Health and Human Services Administration for Children and Families (HHS ACF) and the US Department of Housing and Urban Development to improve the administration of the FUP program. All the information you provide will be kept private to the extent permitted by law.

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to evaluate the effectiveness of the Family Unification Program.^[3] Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Pergamit at mpergamit@urban.org.

To conduct the evaluation, we would like to collect the following administrative data for families involved in the evaluation from [SITE]: public child welfare agency data, public housing authority data, and homeless management information system data. We understand that not all items may be available in the formats described below. The data may be delivered in any format.

Specifically, we would like to collect the following data elements:

Public Child Welfare Agency	
Sample	Every member of the household for families that are involved in the study
Years	[3 YEARS BEFORE THE FIRST FAMILY IS RANDOMIZED] - [2 YEARS AFTER THE LAST FAMILY IS RANDOMIZED]
Data Element	Notes
<i>Demographics</i>	<i>For each member of the family:</i>
Child Welfare ID	For linking
Research ID	For linking
Date of Birth	
Race/Ethnicity	
Sex	
County Code	i.e. County FIPS Code or County Name
<i>Out of home placement data</i>	<i>For each out-of-home placement:</i>
Out of home placement start date	Date out-of-home placement started for each out-of-home placement episode
Removal start date	Date first removed

Removal reason	e.g. abuse, neglect, etc.
Placement setting	e.g. foster care, group home, etc.
Out of home placement end date	End date for each out-of-home placement episode
Date of discharge from foster care	Date removal ended
Discharge reason	e.g. reunification, guardianship, etc.
<i>Case data</i>	<i>For each case:</i>
Case open date	Date case opened
Case open reason	e.g. abuse, neglect, etc.
Case close date	Date case closed
Case close reason	e.g. reunification, guardianship, adoption etc.
<i>Investigations and Reports data</i>	<i>For each report:</i>
Report date	Date report was received
Report type	e.g. abuse, neglect, etc.
Report disposition	e.g. substantiated, founded, unsubstantiated, unfounded, etc.
Investigation start date	Date investigation was started
Investigation end date	Date investigation was ended
<i>Other</i>	
TPR Date	Date of the Termination of Parental Rights (TPR)
TPR Parent/Child	Which parent and child the TPR was for
Ever TPR	For each parent, whether the parent has ever had a TPR
Age at first removal	For each child, age at first removal

Public Housing Authority	
Sample	Every member of the household for families that are involved in the study
Years	[DATE FIRST FAMILY IS RANDOMIZED] - [2 YEARS AFTER THE LAST FAMILY IS RANDOMIZED]
Data Element	Notes
<i>Demographics</i>	<i>For each member of the family:</i>
Child Welfare ID	For linking
Research ID	For linking
Date of Birth	
Relationship to the Head of the Household	(e.g. Head, Spouse, Youth)
Disability	Whether they have a disability
Race/Ethnicity	
Sex	
<i>Rental Assistance Data</i>	<i>For each certification:</i>
Effective start date	Date the certification period starts
Effective end date	Date the certification period ends

Type of assistance	e.g. Tenant-based voucher, project-based voucher, rental assistance, public housing, shelter plus care
Number of bedrooms	Number of bedrooms in the unit
Number of bathroom	Number of bathrooms in the unit
Square feet	Square feet of the unit
Year build	Year the unit was build
Zipcode	Zipcode of the Unit
Census tract	Census tract of the unit
Poverty level	Poverty level of the area the unit is in
UAP	Utility allowance the family receives
Family rent	The rent that the family pays the housing authority
HAP	Housing Choice Voucher Payment
Actual rent	Rent on the lease
Income type	e.g. Income, Asset
Income group	e.g. Welfare, Wages, Other
Income type description	e.g. TANF Assistance, Child Support, Unemployment
Income	Income Amount
Income excluded	Income NOT counted towards rent calculation
Income towards rent	Income counted towards rent calculation
<i>Voucher Data</i>	<i>For each voucher</i>
Date application received	Date application was received
Date voucher denied	Date the voucher was denied
Voucher denial reason	e.g. No show, sex offender in household, etc.
Date of voucher loss	Date the voucher was lost
Voucher loss reason	e.g. Port Out, Expired Voucher, Eviction, Over Income, etc.
<i>Lease Up and Exit Data</i>	<i>For each lease up</i>
Date of lease up	Date family signed a lease
Date exited housing	Date family gave up, lost, or broke the lease
Housing exit reason	e.g. Evicted, Lease Violation, Voluntary
<i>Other Data</i>	
FSS program start date	Date family started the Family Self-Sufficiency Program
FSS progress	Progress on family's plan
Escrow balance	Amount in family's escrow account
FSS program end date	Date family ended the Family Self-Sufficiency Program

Homeless Management Information System	
Sample	Every member of the household for families that are involved in the study
Years	[3 YEARS BEFORE THE FIRST FAMILY IS RANDOMIZED] - [2 YEARS AFTER THE LAST FAMILY

	IS RANDOMIZED]
Data Element	Notes
<i>Demographics</i>	<i>For each member of the family:</i>
Child Welfare ID	For linking
Research ID	For linking
Date of Birth	
Disability	Whether they have a disability
Race/Ethnicity	
Sex	
<i>Program Data</i>	<i>For each homeless spell</i>
Program entry date	Date individual entered the program
Program exit date	Date individual exited the program
Program type	e.g. emergency shelter, transitional housing, etc.
Housing status at entry	e.g. literally homeless, unstably housed, imminently losing their housing, etc.
Prior night's residence	e.g. rental by client, staying or living with family member, substance abuse treatment facility or detox center, etc.
Zipcode	Zipcode of last permanent address where client lived for at least 90 days
Assistance Provided	Types of assistance provided (e.g. back rent, move-in/security deposit)
Assistance Amount	Dollar amount of assistance provided
Exit Destination	e.g. rental by client, permanent supportive housing, emergency shelter