

**Instructions:**

This information is being collected to inform a study being conducted by a team of researchers from the Urban Institute and Chapin Hall at the University of Chicago in partnership with the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) to identify programs for transition age foster youth that could potentially be included in a federally funded evaluation. The purpose of this collection is not to evaluate your agency or programs, but rather to learn about how communities are using the Family Unification Program (FUP) to serve youth in practice. All the information you provide will be kept private to the extent permitted by law. This evaluation activity has been approved by the U.S. Department of Housing and Urban Development.

*The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to evaluate the effectiveness of the Family Unification Program.<sup>[3]</sup> 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](mailto:mpergamit@urban.org)*

We would like to receive a copy of each referral form used to refer youth to the Public Housing Authority for a FUP voucher. You should redact all identifying information and add a Research ID. We can help you devise a method for assigning the Research ID.

In addition, we would like to collect the following administrative data for youth referred for a FUP voucher 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:

<b>Public Child Welfare Agency</b>	
<b>Sample</b>	Every youth referred to FUP since January 1 <sup>st</sup> , 2019
<b>Data Element</b>	<b>Notes</b>
<i>Demographics</i>	
Child Welfare ID	For linking
Research ID	For linking
Date of Birth	
Race/Ethnicity	
Sex	

## Instrument 12

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>
Age at first removal	Age at first removal
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. emancipation, runaway, reunification, etc.

<b>Public Housing Authority</b>	
<b>Sample</b>	Every youth referred for FUP since January 1 <sup>st</sup> , 2019
<b>Data Element</b>	<b>Notes</b>
<i>Demographics</i>	
Child Welfare ID	For linking
Research ID	For linking
Date of Birth	
Disability	Whether they have a disability
Race/Ethnicity	
Sex	
<i>Rental Assistance Data</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 built
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 youth receives
Youth rent	The rent that the youth 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

## Instrument 12

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 youth signed a lease
Date exited housing	Date youth 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 youth started the Family Self-Sufficiency Program
FSS progress	Progress on youth's plan
Escrow balance	Amount in youth's escrow account
FSS program end date	Date youth ended the Family Self-Sufficiency Program

<b>Homeless Management Information System</b>	
<b>Sample</b>	Every youth referred to the child welfare agency for FUP
<b>Data Element</b>	<b>Notes</b>
<i>Demographics</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

<b>Program/Service Data</b>	
<b>Sample</b>	Every youth referred by the child welfare agency for FUP
<b>Data Element</b>	<b>Notes</b>
<i>Demographics</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>	
Start of program/service	Date individual entered the program or service
End of program/service	Date individual left the program or service
Amount of program/service	Number of hours the individuals participated in the program or service

<b>National Student Clearinghouse</b>	
<b>Sample</b>	Every youth referred by the child welfare agency for FUP
<b>Data Element</b>	<b>Notes</b>
<i>Demographics</i>	
Research ID	For linking
<i>Education Data</i>	
College Code	Code of the college the individual attended
College Name	Name of the college the individual attended
College State	State of the college the individual attended
Type of College	2-yr, 4-yr, <2-yr, public/private
Enrollment Begin Date	Date individual began enrollment in school
Enrollment End Date	Date individual ended enrollment in school
Enrollment status	Enrollment status of the individual
Graduated	Yes/no
Graduated Date	Date of graduate if the individual graduated
Degree Title	Degree the individual received
Major	Major of the individual