# **HUD Standards for Success**

# **Participant Record-Level Information**

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| Key for Applicable HUD Programs:  **MFH** = Multifamily Housing Service Coordinator Programs **ROSS** = Resident Opportunity and Self-Sufficiency Service Coordinator Program |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
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|  | Grant Number | The unique number identifying the grants as listed in award document. | The unique number identifying the grant. | **MFH**, **ROSS** |
|  | Grantee DUNS Number | The unique, non-indicative identifier issued by D&B and used by sam.gov to verify business entity. | The 9-digit DUNS number assigned to the grantee's business. Omit dashes (-). | **MFH**, **ROSS** |
|  | Unique Entity Identifier | The identifier assigned by SAM to uniquely identify business entities. | The number assigned to the grantee's business. Omit dashes (-). | **MFH**, **ROSS** |
|  | Grant Appropriation Fiscal Year | The year of appropriation for the Federal funds awarded. | The year of appropriation in a YYYY format. | **MFH**, **ROSS** |
|  | Budget-Based Funding Type | If the property pays for the service coordinator via the property budget rather than a grant, indicate the source of funding. | 1 = PRAC 2 = Section 8 3 = Residual Receipts 4 = Section 236 5 = Debt Service Savings  66 = N/A | **MFH** |
|  | Assistance Listing Number | The Assistance Listing number for the grant award. | The Assistance Listing number in a XXXXX format. Omit the period (.). | **MFH**, **ROSS** |
|  | Reporting Period Beginning Date | The begin date for the reporting period. | The beginning date for the reporting period in YYYY-MM-DD format. | **MFH**, **ROSS** |
|  | Reporting Period End Date | The end date for the reporting period. | The ending date for the reporting period in a YYYY-MM-DD format. | **MFH**, **ROSS** |
|  | 202 Property Designation | The property primarily designated for elderly residents. | 1 = Yes 2 = No | **MFH** |
|  | Resident Population | The populations the property serves. | 1 = Elderly 2 = Disabled 3 = Families | **MFH** |
|  | Number of Units | The number of units that are on the property. | Whole number | **MFH** |
|  | Number of Subsidized Units | The number of subsidized units that are on the property. | Whole number | **MFH** |
|  | Number of Service Coordinators Worked | The number of service coordinators that work on the property. | Whole number | **MFH** |
|  | Number of Service Coordinator Hours Worked | The number of hours worked per service coordinator. | Whole number with fraction | **MFH** |
|  | Wage of Service Coordinators | The average wage (USD/hour) of service coordinators | Whole number with two decimal places. | **MFH** |
|  | Additional Funding | The property receives any of the following outside funding to help with the service coordination program. | 1 = Tax Credit 2 = Building Operations  (non Section 8) 3 = Non HUD Federal Grant 4 = Private Funding 5 = Foundation 6 = Other  66 = N/A | **MFH** |
|  | Property Ownership Entity | Enter the owner entity name for the property. | Text, up to 200 characters | **MFH** |
|  | IREMS Number | This (property ID) is a HUD number that every property has, which remains unchanged even if the property changes ownership. | Nine-digit number beginning with the number 8. | **MFH** |
|  | FHA Number | Federal Housing Administration Number. | Whole alphanumeric number. | **MFH** |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
| --- | --- | --- | --- | --- |
|  | Person Identifier | The unique record identification code for the individual person (participant) assigned by the grantee. | Grantee assigned alpha-numeric identifier. Do not use SSNs or a combination of personally identifying characters. | **MFH**, **ROSS** |
|  | Household Identifier | The unique record identification code for the individual's household assigned by the grantee. | The alpha-numeric identifier assigned to the individual's household by the grantee. | **MFH**, **ROSS** |
|  | A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters. Separate living quarters are those in which the occupants live separately from any other people in the building and which have direct access from the outside of the building or through a common hall. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living arrangements. | | | |
|  | Participant Status Code | This will identify if the resident does or does not participate in the service coordination program – responses are not required if the resident is a non-participant. A participant is an individual who receives at least one service through the HUD program. Responses can be filled out if known. | 1 = Participant 2 = Non-Participant – Resident Opted Out  3 = Non-Participant – Resident Non-Responsive | **MFH**, **ROSS** |
|  | Service Start Date / Intake Date | The date the individual enrolled in the program, moved into a service coordinator residential property, or first received services or benefits, defined as the start or initiation of services. Provide the earliest date. | Service start, move-in, or initiation date in YYYY-MM-DD format. | **MFH**, **ROSS** |
|  | Age | The age in years of the individual at the time of data collection. | Whole number | **MFH**, **ROSS** |
|  | Sex Code | The sex for the participant. | 1 = Male 2 = Female 77 = Information not collected 88 = Individual refused. | **MFH**, **ROSS** |
|  | Ethnicity Code | The self-identified ethnicity of the participant. | 1 = Hispanic/Latino 2 = Not Hispanic/Latino 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Race Code | The self-identified race of the participant. Multiple choices may be selected. | 1 = American Indian or Alaska Native  2 = Asian  3 = Black or African American 4 = Native Hawaiian or other Pacific Islander  5 = White 6 = Mixed 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | American Indian or Alaska Native = person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition. Asian = person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan).  Black or African American = person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander = person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoan,” and “Other Pacific Islander” or provide other detailed Pacific Islander responses.  White = person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | | | |
|  | Head of Household Code | The individual is an adult who is considered the head of household for purposes of determining income eligibility and rent. | 1 = Yes 2 = No 77 = Information not collected  88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | The head of household is responsible for ensuring that the household fulfills all its responsibilities under the program, alone or in conjunction with a co-head or spouse. The household may designate any qualified household member as the head of household. The head of household must have the legal capacity to enter a lease under state and local law. A minor who is emancipated under state law may be designated as head of household. | | | |
|  | Residence Census Tract | The 11-digit census tract number for the residence of the individual. | The 11-digit code for the census tract for the individual's residence. | **MFH**, **ROSS** |
|  | The Census Bureau has developed an online tool for converting physical addresses to census tract numbers ([http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t#none](http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t)). Individuals experiencing homelessness or housing insecurity may designate a fixed location as their residence for identification purposes. This location may be a homeless shelter, or other location where an individual experiencing homelessness may spend time or return to for sleep. | | | |
|  | Veteran Status Code | The individual who initiated services under this grant is a person who served on active duty in the armed forces and was discharged or released from such service under conditions other than dishon**o**rable. | 1 = Yes 2 = No 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Time in Subsidized Housing Number | Total number of years individual has lived in publicly or privately subsidized housing. Count all time even if not consecutive. | Whole number (in years); Whole number (in months | **MFH**, **ROSS** |
|  | Disability Status Code | The disability status of the individual. | 1 = Yes, individual indicates a disability as defined in ADA 2 = No, individual indicates no disability as defined by ADA 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | ADA = The Americans with Disabilities Act of 1990 (42 U.S.C. 12102). | | | |
|  | Disability Category Code | The category of disability for the individual. | 1 = Impairment is primarily physical, including mobility and sensory impairments 2 = Impairment is primarily cognitive, including learning and memory impairments 3 = Impairment is both physical and mental 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Disability Requires Assistance Code | The individual with a disability who received services funded under the grant demonstrated a need for assistance with activities of daily living, including eating, bathing, grooming, and dressing and home management activities. | 1 = The individual with a disability requires services to manage home activities 2 = The individual with a disability does not require services for home management 3 = The individual with a disability was not assessed for these criteria66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Returning Citizen | The individual currently has an active criminal record in the justice system, or has committed or been charged with committing criminal acts in the previous 12 months.  (CJS = criminal justice system) | 1 =Individual is currently involved in the CJS 2 = The individual is not currently in any phase of the CJS, but has been in the previous 12 months 3 = The individual is not currently in any phase of the CJS, and has not been in the previous 12 months 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **ROSS** |
|  | Supplemental Nutrition Assistance Program (SNAP) Code | The individual received SNAP benefits at the time of data collection. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Temporary Assistance to Needy Families (TANF) Code | The individual received cash or other support services under TANF at the time of data collection. | 1 =Yes 2 = No 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | TANF is federally funded but is administrated by each state. TANF is a financial assistance program for low income families that have children and for pregnant women in their last three months of pregnancy. | | | |
|  | Supplemental Security Income (SSI) Code | The individual received SSI at the time of data collection. | 1 =Yes 2 = No 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | SSI is a Federal income supplement program funded by general tax revenues (*not* Social Security taxes). It is designed to help aged, blind, and individuals with disabilities who meet income and asset thresholds. | | | |
|  | Social Security Disability Insurance (SSDI) Code | The individual received SSDI at the time of data collection. | 1 =Yes 2 = No 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | HIV/AIDS Service Code | The individual received HIV/AIDS health and counseling services. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH** |
|  | Human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) health and counseling services include access to treatment, financial assistance to pay for medication and medical tests, and assistance in securing housing. | | | |
|  | Primary Health Care Provider Code | The individual has a personal primary health care provider (a general doctor, a specialist doctor, nurse practitioner or physician’s assistant). | 1 = Yes  2 = No  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Health Coverage Code | The individual was covered by a private or public health insurance plan. Please note that a person having only a private plan that paid for one type of service, such as accidents or dental care, is considered uninsured.  Insurance coverage may be held or purchased by this individual or any family member. | 1 = Yes, covered through employer or union (current or former) 2 = Yes, purchased insurance from insurance company 3 = Medicare 4 = Medicaid/Medical Assistance 5 = TRICARE or other military health care 6 = VA health care 7 = Indian Health Service  8 = Other health insurance or health coverage plan 9= No coverage 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know  Select all that apply. | **MFH**, **ROSS** |
|  | Medical Examination Status Code | The individual received a routine medical examination within the last 12 months. This includes well-baby visit, well-child visit, well-woman visit, physical exam performed by a health care provider and annual wellness visit covered through Medicare. | 1 = Yes  2 = No  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Dentist Service Code | The individual has a dentist or dental clinic. | 1 = Yes  2 = No  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Dental Visit Service Code | The individual received a dental cleaning within the last 12 months. | 1 = Yes  2 = No  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Chronic Medical Conditions Code | Number of Chronic Medical Conditions resident has | Whole number | **MFH**, **ROSS** |
|  | Emergency Room / Hospital Visit Code | The individual was treated in the emergency department or hospitalized within the last 12 months. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know  If Yes, input number of times, as whole number. And input number of times, as a whole number, that were asthma related. | **MFH**, **ROSS** |
|  | Emergency Room/ Hospital Visit Follow Up Service Code | If responded “1” to the prior question for ER or hospital visits, report the number of service interactions linked to those visits. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Resident Falls | The individual had a major fall during the reporting period. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
| --- | --- | --- | --- | --- |
|  | Activities of Daily Living (ADL) Count | If assessed, individual demonstrated need for assistance in completing one or more ADLs. Record ADLs individual could not complete at time of initial assessment. | ADLs that the individual is unable to perform. Select all that apply.  1 = Toileting hygiene 2 = Feeding or eating 3 = Dressing upper body 4 = Dressing lower body 5 = Grooming 6 = Bathing 7 = Toilet transferring 8 = Transferring 9 = Ambulation/locomotion 54 = Individual did not demonstrate need for assistance | **MFH**, **ROSS** |
|  | Activities of Daily Living (ADLs) are basic activities of daily life and include tasks that are required to live independently. Check any of the below items a resident may need assistance with: (1) Toileting hygiene – using the toilet appropriately and/or cleaning oneself (2) Feeding or eating – getting food from the plate to one’s mouth (3) Dressing upper body – selecting clothes, putting them on, and adequately managing one’s personal appearance for the upper body (4) Dressing lower body – selecting clothes, putting them on, and adequately managing one’s personal appearance for the lower body (5) Grooming – combing hair, shaving, brushing teeth, and other personal appearance tasks (6) Bathing – washing one’s face and body in the bath or shower (7) Toilet transferring – getting to and from toilet (8) Transferring – being able to move from one body position to another. This includes being able to move from a bed to a chair, or into a wheelchair. This can also include the ability to stand up from a bed or chair in order to grasp a walker or other assistive device (9) Ambulation/Locomotion – being able to walk around and/or get from place to place | | | |
|  | Instrumental Activities of Daily Living (IADL) Count | If assessed, individual demonstrated need for assistance in completing one or more IADLs. Record IADLs individual could not complete at time of initial assessment. | IADLs that the individual is unable to perform. Select all that apply.  1 = Telephone 2 = Traveling 3 = Shopping 4 = Preparing meals 5 = Housework 6 = Medications 7 = Money management 54 = Individual did not demonstrate need for assistance | **MFH**, **ROSS** |
|  | Instrumental Activities of Daily Living (IADLs) are more complex activities of daily life than ADLs and include tasks that may be required to live independently. Check any of the below items a resident may need assistance with: (1) Telephone/Communications – being able to use basic communication devises like the phone and mail sorting (2) Transportation/Traveling – managing transportation such as driving or organizing and obtaining other means of transportation (3) Shopping – shopping required for basic items like groceries, toiletries, et cetera (4) Preparing meals – task required to get a meal on the table, such as cutting, heating, cooking food items (5) Housework – cleaning kitchen after eating, keeping one’s living space reasonably clean and tidy, and keeping up with home maintenance (6) Managing medications – obtaining medication and taking them as directed (7) Money management – Managing finances, such as paying bills and managing financial assets | | | |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
| --- | --- | --- | --- | --- |
| (a) | Adult Personal Assistance Service Code | The individual with a chronic illness or a disability needing help with daily living, and received assistance with activities of daily living (ADLs). | ADLs for which the individual is receiving Adult Personal Assistance Service. Select all that apply.  (1) Toileting hygiene – using the toilet appropriately and/or cleaning oneself (2) Feeding or eating – getting food from the plate to one’s mouth (3) Dressing upper body – selecting clothes, putting them on, and adequately managing one’s personal appearance for the upper body (4) Dressing lower body – selecting clothes, putting them on, and adequately managing one’s personal appearance for the lower body (5) Grooming – combing hair, shaving, brushing teeth, and other personal appearance tasks (6) Bathing – washing one’s face and body in the bath or shower (7) Toilet transferring – getting to and from toilet (8) Transferring – being able to move from one body position to another. This includes being able to move from a bed to a chair, or into a wheelchair. This can also include the ability to stand up from a bed or chair in order to grasp a walker or other assistive device (9) Ambulation/Locomotion – being able to walk around and/or get from place to place (56) Not receiving any service | **MFH**, **ROSS** |
| (b) | Adult Personal Assistance Service Code | The individual with a chronic illness or a disability needing help with daily living, and received assistance with instrumental activities of daily living (IADLs). | IADLs for which the individual is receiving Adult Personal Assistance Service. Select all that apply.  Instrumental Activities of Daily Living (IADLs) (1) Telephone/Communications – being able to use basic communication devises like the phone and mail sorting (2) Transportation/Traveling – managing transportation such as driving or organizing and obtaining other means of transportation (3) Shopping – shopping required for basic items like groceries, toiletries, et cetera (4) Preparing meals – task required to get a meal on the table, such as cutting, heating, cooking food items (5) Housework – cleaning kitchen after eating, keeping one’s living space reasonably clean and tidy, and keeping up with home maintenance (6) Managing medications – obtaining medication and taking them as directed (7) Money management – Managing finances, such as paying bills and managing financial assets (56) Not receiving any service | **MFH**, **ROSS** |
|  | Includes adult day care center services and services provided to elderly and individuals with disabilities who are unable to live independently and perform ADLs and/or IADLs without assistance. An adult day care center, also commonly known as adult day services, is a non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in professionally staffed, group settings.  If the resident has been identified as requiring assistance with any of the ADLs or IADLs, please indicate if they are receiving adult personal assistance services for them. | | | |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
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|  | Adult Personal Assistance Service Funding Code | Identify funding source for each Adult Personal Assistance Service | Select the funding source for each rendered Adult Personal Assistance Service:  1 = Government resource  2 = Private pay  3 = No-cost informal network: family member / friend 4 = Medicaid 66 = N/A | **MFH**, **ROSS** |
|  | Medical Care Service Code | The individual is referred for and receives medical or health care services to optimize and maintain physical health. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | The medical or health care services are provided by a physician, medical professional, credentialed nutritionist. Medical services also include dental services, home health services, receiving durable medical equipment and other adaptive equipment, prescription medication and medication management, dietary support, and lifeline programs. | | | |
|  | Mental Health Service Code | The individual is referred for and receives mental health services. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | These services include being treated by credentialed psychiatrists, psychologists, therapists, and mental health counselors. Mental health services may be delivered in a one-on-one setting or in a group setting through therapeutic support groups. Prescription medication and medication management for mental health concerns are also considered mental health services. | | | |
|  | Substance Use Disorder Service Code | The individual received substance use disorder services. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | These services include treatment for use of addictive substances such as tobacco, alcohol, drugs (prescription and street). Examples of treatment providers are the American Lung Association or other smoking cessation programs, physicians, mental health workers, alcohol and drug treatment facilities, and Alcoholics Anonymous (AA). | | | |
|  | Substance Use Treatment Code | The individual is being treated by a medical professional or a treatment facility for substance use or dependence. A substance use disorder involves patterns of symptoms caused by using a substance that an individual continues taking despite its negative effects. These substances may be legal, such as alcohol, or an illicit drug such as hashish, cocaine hallucinogens, heroin, or prescription–type drug used non-medically. | 1 = The individual is being treated for substance use disorder 2 = The individual is not being treated for substance use disorder, but did receive treatment in past 12 months 3 = The individual was not treated for substance use disorder in past 12 months, but did receive such treatment over a year ago 4 = The individual never received treatment for substance use disorder 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Isolation Intervention Service Code | The individual received isolation intervention services during participation in grant activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This service includes helping a resident to increase or improve their socialization through identifying recreational or other activities in the community. Encouraging resident-to-resident networking. Encouraging residents to participate in property/community activities. | | | |
|  | Home Management Service Code | The individual received home management during participation in grant activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This service includes referrals to services or supports to assist resident with keeping, managing, and maintaining all aspects of their home. Activities in this area can include assisting resident with simple money management, budgeting, bill paying, reading mail, organization of personal records, or utility/cable company issues. | | | |
|  | Benefits / Entitlement Service Code | The individual received benefits services during participation in grant activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This service includes assistance in applying for any government entitlement, veteran’s benefits or social services “safety net” programs (federal, state, local) and/or any other public benefit program. Explaining or otherwise assisting in maintaining/re-determining benefits. Assistance with accessing various other private insurance or benefits matters as requested (i.e. supplemental health insurance, life insurance, pension, burial policy, prescription assistance, home heating/cooling assistance, immigration/naturalization, et cetera). | | | |
|  | Monitor Services Service Code | The individual received monitoring services during participation in grant activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This service includes follow-up on service outcomes or verification of services that have been received with the resident and/or service providers, to determine whether the services are meeting needs and when new or additional resources might be needed. Following up on Resident Service Plan items. Following up on hospital and ER visits. Conduct resident satisfaction surveys. | | | |
|  | Crisis Intervention/ Support Counseling/ Family Support Service Code | The individual received Crisis Intervention/ Support Counseling/ Family Support services during participation in grant activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This service includes crisis which is either an internal experience of emotional change/distress or a disastrous event. Intervening in a situation that could result in serious consequences to the resident’s health, safety and/or well-being. Helping or supporting residents who are in distress to promote effective coping that can lead to positive growth and change. Activities can include self-esteem counseling; bereavement counseling; referral for psychiatric intervention; et cetera. Assistance in obtaining Crisis Intervention/Support through a community provider (e.g. 911, mobile crisis unit, suicide prevention hotline, Adult Protective Services). Serve as a “neutral sounding board” for resident to express their feelings around personal issues (e.g. loss or change), as appropriate. Provide empathy for and support of resident’s concerns, suggest possible coping methods and/or referral to professional counseling.  “Family” is defined as those individuals chosen by the resident as primary providers of support, whether related or not (only with resident’s signed consent). Activities in this area can include assisting resident’s family in finding supports for themselves on issues such as caring for an elderly parent/loved one and grief and loss; contact with resident’s family regarding available services for the resident; contact with resident’s family members regarding resident’s functioning or changes in functioning; counseling/education/information related to transition/move-out to higher level of care or alternative living arrangements. | | | |
|  | Highest Education Level Code | The highest degree or level of education completed by the individual. | 0 = No schooling completed, Nursery school, or Kindergarten. 1 - 11 = Grade 1 through 11. 12 = 12th grade, no diploma. 13 = High school diploma. 14 = GED or alternative credential. 15 = Less than 1 year of college credit.  16 = 1 or more years of college credit, no degree. 17 = Associate's degree  18 = Bachelor's degree  19 = Master's degree). 20 = Professional degree  (e.g., MD, DDS, DVM, LLB, JD). 21 = Doctorate degree  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Functionally Literate | The resident can read and write. | 1 = Yes  2 = No  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |
|  | Enrollment in Educational or Vocational Program | Individual’s current enrollment in educational or vocational training. | 1 =Individual is enrolled in educational training. 2 = Individual is enrolled in vocational training. 3 = Not enrolled in educational or vocational training. 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **ROSS** |
|  | License or Certificate Attainment Code | Individual’s attainment of a vocational/occupational license or certificate while receiving grant-funded services. The license or certificate must have been attained between the start and the completion or termination of grant-funded services. | 1 = Occupational skills license 2 = Occupational skills certificate 3 = Other license or certificate recognized by state 4 = Individual did not attain a license or certificate  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **ROSS** |
|  | Degree Attainment Code | Individual’s attainment of a degree while receiving grant-funded services. The degree must have been attained between the start and the completion or termination of grant-funded services. | 1 = High school diploma/ GED 2 = AA or AS diploma 3 = BA or BS diploma. 4 = Other degree. 5 = No degree attained 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **ROSS** |
|  | Employment Status Code | Individual’s employment status during the prior month, including, the date of collection. An individual is considered "employed" if he or she did any work for pay during the last month even for just for a few hours) | 1 = Employed 2 = Not employed at any time in the last month and actively seeking work. 3 = Not employed at any time in the last month and not actively seeking work.  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
| --- | --- | --- | --- | --- |
|  | Employment Type Status Code | The type of employment, classified as full-time or part-time. | 1 = Full-time worker employed in the last month.  2 = Part-time worker employed in the last month.  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **ROSS** |
|  | Full-time includes people at least 16 years old who worked or who were scheduled to work 35 hours or more per week. Part-time includes people at least 16 years old who worked or who were scheduled to work less than 35 hours per week. | | | |
|  | Entered Employment Date | The date the individual entered employment. When multiple instances of entering employment exist, use the current or most recent job. | The date entered employment in YYYY-MM-DD format. | **ROSS** |
|  | Occupation Code | The SOC Based Occupation Group that best describes the individual's occupation. | 1 = Management Occupations 2 = Business and Financial Operations Occupations 3 = Computer, Engineering, and Science Occupations 4 = Education, Legal, Community Service, Arts, and Media Occupations 5 = Healthcare Practitioners and Technical Occupations 6 = Healthcare Support Occupations 7 = Protective Service Occupations 8 = Food Preparation and Serving Related Occupations 9 = Building and Grounds Cleaning and Maintenance Occupations 10 = Personal Care and Service Occupations 11 = Sales and Related Occupations 12 = Office and Administrative Support Occupations 13 = Farming, Fishing, and Forestry Occupations 14 = Construction and Extraction Occupations 15 = Installation, Maintenance, and Repair Occupations 16 = Production Occupations 17 = Transportation and Material Moving Occupations  66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know  For additional instructions and examples, see supplement. | **ROSS** |
|  | Monthly Paid Earnings Amount | The individual's gross earnings from all employment for the prior 4 weeks leading up to, and including, the collection date. | Reported gross monthly earnings in whole (rounded U.S. dollars. | **ROSS** |
|  | Household Annual Gross Income Amount | The household's self-reported annual gross income. | Estimated annual income in whole (rounded) U.S. dollars. | **MFH**, **ROSS** |
|  | For the purposes of determining included and excluded income in the calculation of household income, please refer to definition of "adjusted gross income" as used in the Internal Revenue Service's 1040 long form. Go to [http://portal.hud.gov/hudportal/HUD?src=/program\_offices/comm\_planning/affordablehousing/training/web/calculator/definitions/irs#inclusions](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/training/web/calculator/definitions/irs) for sources of income to be included and excluded in this calculation. | | | |
|  | Housing Status Code | The current housing status of the individual. | 1 = Identifies as a public housing resident 2 = Receives a tenant-based rental voucher 3 = Receives a project based rental voucher 4 = Privately subsidized housing 5 = Unsubsidized (market rate) housing 6 = Owns a home 7 = Homeless 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **ROSS** |
|  | Household Housing Cost Amount | Monthly household housing costs including rent, mortgage, utilities, fees and property taxes. | The household’s average monthly housing costs in whole (rounded) U.S. dollars. | **ROSS** |
|  | Household Transportation Cost Amount | Monthly transportation costs including car payments, vehicle insurance and public transportation cost. Exclude vacations and other rare instances of travel. | The household’s average monthly transportation costs in whole (rounded) U.S. dollars. | **ROSS** |
|  | Adequate Transportation Code | The resident has adequate transportation. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **MFH**, **ROSS** |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
| --- | --- | --- | --- | --- |
|  | Adult Basic Education Service Code | The individual received training (e.g. uses textbooks and handouts) to improve his/her literacy and numeracy skills. | 1 = Yes 2 = No 66 = N/A 77 = Information Not Collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Literacy skills training develops critical reading, writing, listening, speaking, and viewing skills and knowledge necessary to function productively in school, the workplace or society in general. This may take the form of classes or one-on-one tutoring. Examples include basic reading, writing, literacy, math skills, pre-admission college prep courses and other adult continuing education classes (non-credit). This does not include ESL, GED prep, enrollment in post-secondary education, occupational skills training, or work readiness classes. | | | |
|  | ESL Class Service Code | Individual with limited English proficient individual (LEP) (e.g. non-native English speaker) received English as a second language (ESL) instruction. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | English as a Second Language is the use of English by speakers with different native languages. The individual participated in one or more programs and activities designed to help the individual learn English. ESL instruction reduces language barriers that can preclude meaningful access by LEP persons to employment. This may take the form of classes or one-on-one tutoring. | | | |
|  | Career Guidance Service Code | The individual received career guidance services. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Career guidance services include the provision of information, materials, suggestions, or advice which are intended to assist the job seeker in making occupation or career decisions. | | | |
|  | Self-Directed Job Search Assistance Service Code | The individual received job search assistance. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Job search activities help an individual plan and carry out a successful self-directed job-hunting strategy and include resume preparation, application preparation, interviewing skills, job lead development, job finding clubs, and development of a job search plan. | | | |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
| --- | --- | --- | --- | --- |
|  | Work Readiness Assistance Service Code | The individual received work readiness assistance. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Work readiness includes specific work-related skills that are needed to be successful as entry-level workers in any formal sector business or industry or in any informal sector livelihood. These skills are generally thought of as life skills with a strong work focus, and include work-related health and safety at work, work habits and conduct, personal leadership at work, communicating with others at work, team work and collaboration at work, rights and responsibilities of workers and employers, and customer service. This may include business communications, computer literacy, financial literacy, employment counseling. | | | |
|  | Occupational Skills Training (OST) Service Code | The individual received occupational skills training (OST). OST may be conducted in the classroom or on-the-job in the workplace or a combination of approaches. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | The OST curriculum is designed to meet the technical needs of the workplace. OST provides participants with the technical skills necessary to perform a specific job or group of jobs. The duration of OST activities varies based on many factors. This could be to retain an existing job, for a new job, for advancement in a current field, or for employment in a new/different field. This could be training provided by an employer. | | | |
|  | Job Development Service Code | The individual received job development services. Job development is contacting an employer directly for the purpose of obtaining possible employment for a specific individual. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Job Retention Service Code | The individual received job retention services. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Job retention services include a Job coach works with participant on managing challenges in the workplace or works with employer to create a remediation plan for employee, et cetera. Occupational skills training (OST), employer sponsored “in-service training” and certifications needed to maintain employment are excluded. | | | |
|  | Fair Housing and Civil Rights Assistance Service Code | The individual received services or participated in programs that promotes racially, ethnically, and economically diverse communities and integrated living patterns and avoid patterns where persons are forced to live in high poverty areas, or in areas suffering from a lack of accessible services, or a lack of integration in terms of race, color, national origin, religion, sex (including sexual orientation), familial status, or disability status. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH** |
|  | Tax Preparation Service Code | The individual received tax preparation services while participating in grant-funded activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Tax preparation services include assistance with obtaining information about low- or no-cost tax preparation services; arranging no-cost tax preparation services at the property; assistance with organizing tax documents, paperwork, and other supporting materials for individuals; and assistance with preparing and/or filing of senior/disabled age/income-based specific tax rebates including property tax rebate programs and/or food sales tax rebate programs. These services may be provided by an IRS Volunteer Income Tax Assistance (VITA) center or a reputable (not refund-anticipation loan-type) private service. This does not include the use of tax software by individuals unless facilitated by the PHA or a partner. | | | |
|  | Earned Income Tax Credit Recipient Code | The individual received the Earned Income Tax Credit (EITC) for the most recent tax year. | 1 =Individual reported receipt of the EITC in most recent tax year 2 = Individual reported no receipt of the EITC in most recent tax year 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **ROSS** |
|  | The Earned Income Tax Credit, EITC or EIC, is a benefit for working people with low to moderate income. To qualify, persons must meet certain requirements and file a tax return, even if no taxes are owed or the person is not required to file. EITC reduces the amount of tax a person owes and may provide a refund to the person. | | | |
|  | Financial Account Creation Code | The individual has a checking, savings, Individual Development Account (IDA), or escrow account. | 1 = Individual has a checking or savings account 2 = Individual has an IDA 3 = The individual has an FSS escrow account 66 = N/A 77 = Information not collected 88 = Individual refused 99 = Individual does not know | **ROSS** |
|  | Financial Account Creation Service Code | The individual was assisted with credit activities or to create a financial account (checking/savings), an Individual Development Account (IDA), or an escrow account. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | The Individual Development Account (IDA) is created through an Assets for Independence Program, an alternative program at the housing authority or another IDA through a partner. IDAs are matched savings accounts that help people with modest means to save towards the purchase of a lifelong asset, such as a home. | | | |
|  | Legal Assistance Service Code | The individual received legal assistance in civil or criminal matters during participation in the grant-funded activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Legal assistance includes receiving legal aid or counsel as well as participating in community legal clinics. Counsel includes providing basic information on services such as end of life decision making, advanced directives, or wills. | | | |
|  | Legal Assistance Type Service Code | The type of legal assistance received during participation in the grant-funded activities. | 1 = Will preparation, advanced directives, end of life decisions 2 = ID theft and credit Issues 3 = Foreclosure prevention 4 = Eviction prevention 5 = Custody, divorce and child support 6= Fair housing assistance 7 = Assistance to victims of domestic violence 8 = Expunging criminal records 9 = Other 66 = N/A 77 = Information not collected  Select all that apply. | **MFH**, **ROSS** |
|  | Financial Education Service Code | The individual participated in financial literacy, budgeting or credit education activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This financial management assistance is designed to help low-income families increase income, build savings, and gain assets to improve financial stability. It provides adults practical tips to manage debt, avoid quick fixes, and plan to resolve financial trouble. It also helps homebuyers understand the basics of handling new homeowner expenses. | | | |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
| --- | --- | --- | --- | --- |
|  | Pre-Housing Counseling Service Code | Prior to purchase or rental, the individual was counseled and/or received service related to buying a home or renting. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Bank-sponsored mortgage seminars open to the general public or simply going to a bank and being guided through the process are excluded. Sweat-equity programs that offer homeownership counseling, such as Habitat for Humanity, are also excluded. | | | |
|  | Post-Housing Counseling Service Code | After purchase or rental, the individual was counseled and/or received service related to renting, default, foreclosure avoidance, credit issues or reverse mortgages. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Food and Nutrition Service Code | The individual received food and nutrition services to prevent and/or end a period of hunger or a period of malnutrition. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | These services include participation the Women, Infant and children (WIC) nutrition program, in congregate meal sites such as Meals on Wheels programs, using emergency food programs and food banks, grocery shopping or cooking services or other means of access including family, friends, and individuals within the community, and receiving donated food items from community-based sources. The Supplemental Nutrition Assistance Program (SNAP) is not included. | | | |
|  | Conflict Resolution Service Code | The individual received counseling and/or other services related to conflict resolution. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Conflict resolution services include assistance to resolve conflict by helping to clarify, educate, mediate, and propose compromises or alternative solutions to parties who are contesting some mutual objectives. Conflict may be between individuals or between individuals and property management, service providers, or other parties. This includes court ordered participation. | | | |
|  | Interpreter/Translator | The resident needs an interpreter or a translator. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected | **MFH**, **ROSS** |
|  | Interpretation/Translation Service Code | Individual with no or limited English-proficiency or with hearing or visual impairments received interpretation or translation services or auxiliary aids and services to participate in the program. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Housing Retention Service Code | The individual received housing retention assistance. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This assistance includes Informing individuals of lease provisions and/or of behaviors/problems that could lead to lease violations, such as noise, odors, unsanitary or unsafe conditions in apartments (hoarding and clutter) or common areas. Activities can include assistance with eviction prevention; assistance with preparing, organizing and understanding documents for lease recertification; and assistance with apartment inspection compliance. Includes linking individuals with a member of the property management team for assistance with understanding their lease and house rules. Working with property management staff to provide reasonable accommodation as defined by the Fair Housing Act and Section 504 of the 1973 Rehabilitation Act. | | | |
|  | Household Skills/Life Skills Service Code | The individual participated in a course or training regarding household or life skills. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Household or life skills services may include Good Neighbor trainings, household management, food prep, civic engagement, navigating community resources, citizenship classes, driver’s education, et cetera. | | | |
|  | Needs Assessment Service Code | The individual received a documented assessment or Individual Services and Training Plan (ITSP) that identifies housing and supportive service needs. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Assessment is the process that reveals the past and current details of a service seeker’s strengths, and needs, in order to match the client to appropriate housing and supportive services. The results of the assessment are documented in the individual's case record and are typically used in providing counseling services, making referrals and in developing an individual service plan. Assessment can occur either at primary screening or at entry to a housing program. | | | |
|  | Service Coordination Service Code | The individual received service coordination assistance. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Service coordination includes establishing linkages with appropriate agencies and service providers in the general community in order to tailor the needed services to the program participant; linking program participants to providers of services that the participant needs; and educating participants on issues, including, but not limited to, supportive service availability, application procedures and client rights. | | | |

| **Fixed ID** | **Data Element Name** | **Data Element Description** | **Response Options** | **Applicable HUD Programs** |
| --- | --- | --- | --- | --- |
|  | Parenting Skills Service Code | The individual received parenting skills training. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Parenting skills includes training in child development, family budgeting, health and nutrition, emotional and behavioral wellness, positive parenting programs, parent child interaction courses, and other skills to promote their long-term economic independence and the well-being of their children. | | | |
|  | 3 to 5 Years Childhood Education Service Code | The individual received assistance obtaining early childhood education for children between the ages of 3 and 5 (or the age prior to the commencement of compulsory education at primary school).  Record for head of household only; not recorded for children. | 1 = Yes 2 = No 3 = Household has children  aged 3-5 years and did not receive childcare services 66 = N/A 77 = Information not collected | **ROSS** |
|  | The early childhood program is childcare combined with a developmentally appropriate educational component. This includes Head Start and Pre-K. Do NOT record as a service to the child); record as a service to the head of household. | | | |
|  | High School/GED Preparation Service Code | The individual participated in an organized program of study or a GED preparation class to attain secondary school diploma or equivalent. This may take the form of classes or one-on-one tutoring. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Post-Secondary/College Education Service Code | The individual is attending a post-secondary school or program, including college (either full or part-time) and assistance is provided to enable the individual to enroll and/or remain in the organized program of study to attain a post-secondary school diploma or a certificate. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **ROSS** |
|  | Independent Living Service Code | The elderly individual or individual with a disabilityreceived assistance in obtaining services to enable him or her to remain in their own home. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Services include apartment cleaning, laundry, shopping, and cooking, and referrals to services or supports to assist individual with keeping, managing and maintaining all aspects of their home. Activities can include assisting individual with simple money management budgeting, bill paying, reading mail, organization of personal records, or utility company issues. | | | |
|  | Transportation Assistance Service Code | The individual received transportation services to participate in medical or other personal appointments, religious, social, or recreational activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This may include bus passes/tokens, rides in a service provider-owned van, arranging carpools, connecting to city/county special transportation opportunities, assistance with personal auto repair, et cetera. | | | |
|  | Outreach Service Code | The individual received Outreach services during participation in grant activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This service includes encouraging residents currently not using the services/assistance of the service coordinator to do so. Efforts to encourage residents to attend programs. New resident contact. Overall outreach to non-property community residents. This does not include distributing flyers, calendars, newsletters, et cetera.  Do not count this in the service coordination service code of total service interactions. Outreach is not a service interaction. | | | |
|  | General Information and Referral Service Code | The individual received General Information and Referral services during participation in grant activities. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | This service includes sharing “quality time” with a resident with no particular service rendered other than the resident’s desire/need for conversation or sharing of general information. Handing out Resource Directories and other general referral information.  Do not count this in the service coordination service code of total service interactions. Outreach is not a service interaction. | | | |
|  | Housing Placement Service Code | The individual with housing was provided assistance for permanent and/or temporary or short-term transfer to another property, a different unit within the property, or to an alternative care facility. | 1 = Yes 2 = No 66 = N/A 77 = Information not collected  If Yes, input number of times, as whole number. | **MFH**, **ROSS** |
|  | Information and assistance were provided to the individual and/or family members regarding temporary housing options. Includes assistance with an individual's transition back to their apartment from short-term care facility or hospital. | | | |
|  | Permanent Housing Placement / Turnover Reason Code | The individual is no longer on the property or in the program for the following reason. | 1 = Moved Out: Purchased a home 2 = Moved Out: Another apartment or rental property 3 = Moved Out: Higher Level of Care 4 = Moved Out: With family 5 = Moved Out: Other 6 = Moved Out: Unknown 7 = Eviction 8 = Death 9 = Lease Not Renewed 10 = Could not afford rent increase 66 = N/A 77 = Information not collected | **MFH**, **ROSS** |
|  | Service End Date / Permanent Housing Placement Date / Turnover Date | The date services were completed or terminated, the date the individual moved out of a service coordinator residential property for any of the above reasons, or the last date the individual received service. Provide the earliest date. | Service end, completion, or termination date in YYYY-MM-DD format.  If service has not ended,  “No Service End Date” | **MFH**, **ROSS** |

Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410–5000. When providing comments, please refer to OMB Control No. 2501–0034. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The information is required to participate in HUD’s respective programs. The information collected will not be held confidential. The information collected will be used by HUD to assess the effectiveness and performance of the discretionary programs annually. This information is collected in connection with HUD's respective program.