A guide on how to answer CMIS Assessments



What needs to be answered in <u>ALL</u> entry assessments

1. Universal Data Elements

- Date of Birth
- Race
- Ethnicity
- Gender
- Relationship to Head of Household
- Client Location
- County

2. Prior Living Situation

Calculates client's chronic homelessness status

3. Income

- Yes/No
- HUD Verification

4. Non-cash Benefits

- Yes/No
- HUD Verification

5. Health Insurance

- Yes/No
- HUD Verification

6. Disabilities

- Yes/No
- HUD Verification



Review of Prior Living Situation (PLS)

Question: Where did client sleep prior to your intake?

- Before moving into your program
- Needs updating for each project enrollment

Prior Living Situation	-Select-	✓ G
Length of Stay in Previous Place	-Select-	G
Approximate date homelessness started:	//	For client's most recent episode of homelessness, not the very first time
Regardless of where they stayed last night - number of times the client has been on the streets or in ES in the past three years, including today	-Select- 🗸 G	HUD's definition of <u>homelessness</u> means a person is living in a place not meant for habitation or in a shelter setting. If they are coming from another living situation (friends/family for over a week, a motel paid for out-of-pocket, a rental), their Date Homelessness Started would match
Total number of months homeless on the street or ES in the past three years	-Select-	the Project Start Date. ✓ G



Review of

Assessment

- Important sections:
 - A. Income
 - B. Non-cash benefits
 - C. Health Insurance
 - D. Disabilities
- 2-Step Process
 - 1. Select if yes/no
 - 2. Match with HUD Verification
 - If 'yes' is selected for anything, respond to additional questions such as amount

				7			
1. Income f	from Any Source	No (HUD)	v G			_	
	nthly Income						2. HUD Verification 🔬
Monuny	Amount Source	e of Income		Start Date*		End Date	
Add	View Gross	Income					
Total M	1onthly Income	G					
Non-cash any sour	h benefit from rce	-Select-	✓ G				
B.Q Nor	n-Cash Benefits)					HUD Verification 🛕
Source of	f Non-Cash Benefit		Start Date*		End Date		Amount of Non- Cash Benefit
Add]						
Covered Insuranc	by Health e	-Select-	∨ G				
C. 🔍 Hea	alth Insurance	>					HUD Verification 🛕
Start Da	ite-	Healt	n Insurance Type	Covered	?	End Da	te
Add							
	e client have a condition?	-Select-	∨ G				
D. 🔍 Dis	abilities						HUD Verification 🔬
Add	туре						
						4	HOUSI ALLIAN DELAWA

What Causes Errors?

- Although acceptable, HUD flags the following responses as errors on reports for:
 - Destinations
 - Name
 - SSN
 - Date of Birth
 - Ethnicity
 - Race
 - Gender
 - Income
 - Non-Cash Benefits
 - Insurance
 - Disabling Condition

---- OTHER -----

No exit interview completed (HUD)

Other (HUD)

Deceased (HUD)

Client doesn't know (HUD) Client refused (HUD) Data not collected (HUD)

Approximate or partial SSN reported (HUD) Client doesn't know (HUD) Client refused (HUD) Data not collected (HUD)

Also applies to Name and Date of Birth



Contact the CMIS Team at <u>cmis.support@housingalliancede.org</u> for further assistance.

<u>Click here to return the Housing Alliance</u> <u>Delaware's CMIS page for additional training</u> <u>materials.</u>

