



UPDATING HUD VERIFICATIONS

441,18,365461c-4,325306,0-4,9383621-0,4378270-4,080411,1,9140122
0,409604-1,309375,1,4719925-1,4081195-0,79
1654663-1,5769186,6,1654663-5,3148994-0-1,4
0,6132731,1,7181778-0,7012954,2,5400358-0,71
1,5769186,0,859108,3,0372372,2,3004913,3,971
1,8106899,1,4720459,3,5916595,6,9627151,3,59
245483,19,8257656,126,2308578,18,3654461,12

HMIS DATA QUALITY STANDARDS

HMIS **Universal Data Elements** are elements required to be collected by all projects participating in HMIS, regardless of funding source. Projects funded by any one or more of the federal partners must collect the Universal Data Elements (UDEs), as do projects that are not funded by any federal partner (e.g., missions) but have agreed to enter data as part of the CoC's HMIS implementation.

The UDEs are the basis for producing unduplicated estimates of the number of people experiencing homelessness accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homelessness, and patterns of service use, including information on shelter stays and homelessness over time.

Source:

<https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf>



IMPORTANCE OF DATA QUALITY

**Data Quality
Impacts Other
Organizations**



Poor data entry practices by one agency in the shared Pinellas HMIS system can have a ripple effect on the accuracy of data entered by other agencies.

It is the responsibility of each end user to enter timely, accurate data. Inadequate data could result in HUD not providing funding or reducing future funding.

Accurate data is crucial, HMIS Agency providers and the HMIS Staff from each CoC work hard to meet the HUD data standards and guarantee that all reports are consistent, accurate, and submitted on time throughout the entire CoC.

Monthly Income HUD Verification

Monthly Amount	Source of Income	Income Verified?	Receiving Income Source?	Start Date *	End Date
	Earned Income (HUD)		No	12/13/2023	
US\$2,000.00	Earned Income (HUD)	Yes	Yes	11/17/2023	12/12/2023
US\$500.00	Earned Income (HUD)	Yes	Yes	11/22/2022	11/16/2023
US\$1,000.00	Earned Income (HUD)	Yes	Yes	10/25/2022	11/21/2022
US\$500.00	Earned Income (HUD)	Yes	Yes	10/04/2022	10/24/2022

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MONTHLY INCOME

Non-Cash Benefits HUD Verification

Start Date *	End Date	Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?
08/31/2022			Other TANF-Funded Services (HUD)	No
08/10/2022			TANF Transportation Services (HUD)	No
08/10/2022			Special Supplemental Nutrition Program for WIC (HUD)	No
05/17/2022			TANF Child Care Services (HUD)	No
05/17/2022		US\$50.00	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes

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NON-CASH BENEFITS

Health Insurance HUD Verification

Start Date *	Health Insurance Type	Covered?	End Date
10/03/2023	State Health Insurance for Adults	Yes	
01/14/2021	MEDICAID	No	
01/01/2021	MEDICAID	No	
04/01/2020	Other	Yes	
11/06/2019	Other	No	03/31/2020

Showing 1-5 of 22

HEALTH INSURANCE

Disabilities HUD Verification

Disability Type	Disability determination	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Start Date *	End Date
Physical (HUD)	No (HUD)		04/26/2023	
HIV/AIDS (HUD)	No (HUD)		12/31/2015	
Both Alcohol and Drug Use Disorder (HUD)	No (HUD)		12/31/2015	
Drug Use Disorder (HUD)	No (HUD)		12/31/2015	
Developmental (HUD)	No (HUD)		12/31/2015	

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DISABLING CONDITION

HUD Verifications

- Monthly Income
- Non-Cash Benefits
- Health Insurance
- Disabling Condition











SELECT THE APPROPRIATE DROPDOWN YES/NO

MONTHLY INCOME & NON-CASH BENEFITS

Total Monthly Income G

Income from Any Source G











Monthly Income HUD Verification

	Monthly Amount	Source of Income	Income Verified?	Receiving Income Source?	Start Date *	End Date
 		Earned Income (HUD)		No	12/13/2023	
 	US\$2,000.00	Earned Income (HUD)	Yes	Yes	11/17/2023	12/12/2023
 	US\$500.00	Earned Income (HUD)	Yes	Yes	11/22/2022	11/16/2023
 	US\$1,000.00	Earned Income (HUD)	Yes	Yes	10/25/2022	11/21/2022
 	US\$500.00	Earned Income (HUD)	Yes	Yes	10/04/2022	10/24/2022

Add View Gross Income Showing 1-5 of 105 First Previous Next Last

Non-cash benefit from any source G


Non-Cash Benefits HUD Verification


	Start Date *	End Date	Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?
 	08/31/2022			Other TANF-Funded Services (HUD)	No
 	08/10/2022			TANF Transportation Services (HUD)	No
 	08/10/2022			Special Supplemental Nutrition Program for WIC (HUD)	No
 	05/17/2022			TANF Child Care Services (HUD)	No
 	05/17/2022		US\$50.00	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes











Add Showing 1-5 of 34 First Previous Next Last

UPDATING INCOME IN HMIS

GO INTO HUD VERIFICATIONS TO END THE PREVIOUS MONTHLY INCOME

Monthly Income [HUD Verification](#) 



	Monthly Amount	Source of Income	Income Verified?	Receiving Income Source?	Start Date *	End Date
 		Worker's Compensation (HUD)		No	11/19/2023	
 		VA Non-Service Connected Disability Pension (HUD)		No	11/19/2023	
 		VA Service Connected Disability Compensation (HUD)		No	11/19/2023	
 		Unemployment Insurance (HUD)		No	11/19/2023	
 		TANF (HUD)		No	11/19/2023	

[Add](#) [View Gross Income](#) Showing 1-5 of 15 [First](#) [Previous](#) [Next](#) [Last](#)

SELECT THE
PENCIL
NEXT TO
THE
SOURCE OF
INCOME
NEEDING
TO BE
UPDATED

HUD Verification: Monthly Income for 11/19/2023



Per Source of Income, the current records for Monthly Income as of 11/19/2023 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 11/19/2023, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Assistance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save

Save & Exit

Exit

END THE OLD DATA



- The end date must be one day prior to the date of discovery.
- No other information should be added and/or modified.
- Only the end date should be added, no other information should be changed.
- Save Monthly Income Data.

Edit Recordset - (164) Swift, Taylor

Monthly Income

Monthly Amount	3000	G
Source of Income	Earned Income (HUD)	
If Other, Please Specify		G
Income Verified?	Yes	G
Receiving Income Source?	Yes	G
Annual Income	\$33,351 - \$36,350	G
Start Date *	11 / 13 / 2023	G
End Date	11 / 17 / 2023	G

Print Recordset Save Cancel

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
 Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

IF THERE ARE MULTIPLE OLD ENTRIES, REPEAT THE PROCESS OF ENDING OLD DATA UNTIL THE YES NEXT TO THE SOURCE OF INCOME NEEDING TO BE UPDATED IS NO LONGER GRAYED OUT

If a pencil is no longer displayed next to the Source of Income needing to be updated, click Yes.












ENTER THE NEW DATA

- **Complete the required fields.**
Monthly Amount
Income Verified?
Annual Income
- **Start date is the date of data collection.**
- **Save Monthly Income Data.**

If the client is no longer receiving income, go to the next step.



Add Recordset

Monthly Income

Monthly Amount 	<input type="text"/> G
Source of Income	Earned Income (HUD)
If Other, Please Specify	<div style="border: 1px solid #ccc; height: 150px; width: 100%;"></div> G
Income Verified? 	-Select-  G
Receiving Income Source?	Yes
Annual Income 	-Select-  G
Start Date *	<input type="text" value="11"/> / <input type="text" value="19"/> / 2023    G
End Date	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>    G


Save Cancel











IF THE CLIENT IS NO LONGER RECEIVING INCOME, CLICK NO THEN HIT SAVE & EXIT






Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
 Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

UPDATING NON- CASH BENEFITS IN HMIS

GO INTO HUD VERIFICATIONS TO END THE PREVIOUS NON-CASH BENEFIT


Non-Cash Benefits 







	Start Date *	End Date	Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?
 	05/07/2024			TANF Transportation Services (HUD)	No
 	05/07/2024			TANF Child Care Services (HUD)	No
 	05/07/2024			Other TANF-Funded Services (HUD)	No
 	05/07/2024			Other Source (HUD)	No
 	05/07/2024			Special Supplemental Nutrition Program for WIC (HUD)	No

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SELECT THE PENCIL NEXT TO THE SOURCE OF NON-CASH BENEFIT NEEDING TO BE UPDATED







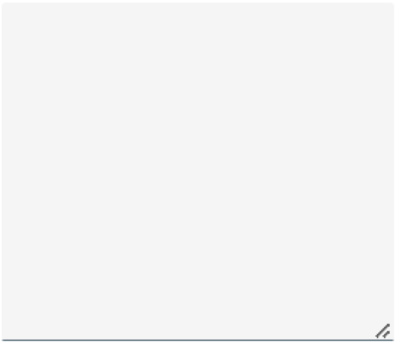
HUD Verification: Non-Cash Benefits for 10/01/2024

 Per Source of Non-Cash Benefit, the current records for Non-Cash Benefits as of 10/01/2024 are displayed below. Any previous records for Non-Cash Benefits not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Non-Cash Benefit as of 10/01/2024, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Source of Non-Cash Benefit	Receiving Benefit?			
	Yes	No	Data Not Collected	Incomplete
 Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Special Supplemental Nutrition Program for WIC (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 TANF Child Care Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 TANF Transportation Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Other TANF-Funded Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Other Source (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>



Edit Recordset - (201) Addams, Morticia

Non-Cash Benefits

Start Date *	05 / 07 / 2024	   G
End Date	09 / 30 / 2024	   G
Amount of Non-Cash Benefit		G
Source of Non-Cash Benefit	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	
If Other, Please Specify	 G	
Receiving Benefit?	No	▼ G
Non-Cash Benefit Verified?	-Select-	▼ G

END THE OLD DATA

- The end date is one day prior to the date of discovery. (24 hours prior)
- No other information should be added and/or modified.
- Only the end date should be added, no other information should be changed.
- Save Non-cash Data.

Source of Non-Cash Benefit	Receiving Benefit?			
	Yes	No	Data Not Collected	Incomplete
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
 Special Supplemental Nutrition Program for WIC (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 TANF Child Care Services (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>











IF THERE ARE MULTIPLE OLD ENTRIES, REPEAT THE PROCESS OF ENDING OLD DATA UNTIL THE YES NEXT TO THE SOURCE OF NON-CASH BENEFIT NEEDING TO BE UPDATED IS NO LONGER GRAYED OUT

If a pencil is no longer displayed next the source of Non-Cash Benefit needing to be updated, click Yes.

HEALTH INSURANCE & DISABILITIES

Covered by Health Insurance Yes (HUD) ▼ G











Health Insurance HUD Verification

	Start Date *	Health Insurance Type	Covered?	End Date
 	10/03/2023	State Health Insurance for Adults	Yes	
 	01/14/2021	MEDICAID	No	
 	01/01/2021	MEDICAID	No	
 	04/01/2020	Other	Yes	
 	11/06/2019	Other	No	03/31/2020

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Does the client have a disabling condition? Yes (HUD) ▼ G


Disabilities HUD Verification











	Disability Type	Disability determination	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Start Date *	End Date
 	Physical (HUD)	No (HUD)		04/26/2023	
 	HIV/AIDS (HUD)	No (HUD)		12/31/2015	
 	Both Alcohol and Drug Use Disorder (HUD)	No (HUD)		12/31/2015	
 	Drug Use Disorder (HUD)	No (HUD)		12/31/2015	
 	Developmental (HUD)	No (HUD)		12/31/2015	

Add Showing 1-5 of 14 First Previous Next Last

UPDATING
HEALTH
INSURANCE
IN HMIS

GO INTO HUD VERIFICATIONS TO END THE PREVIOUS HEALTH INSURANCE


Health Insurance  HUD Verification






	Start Date *	Health Insurance Type	Covered?	End Date
 	05/07/2024	Other	No	
 	05/07/2024	Indian Health Services Program	No	
 	05/07/2024	Private Pay Health Insurance	No	
 	05/07/2024	State Health Insurance for Adults	No	
 	05/07/2024	Health Insurance obtained through COBRA	No	

[Add](#) Showing 1-5 of 10 [First](#) [Previous](#) [Next](#) [Last](#)

SELECT THE PENCIL NEXT TO THE HEALTH INSURANCE NEEDING TO BE UPDATED

HUD Verification: Health Insurance for 10/01/2024













 Per Health Insurance Type, the current records for Health Insurance as of 10/01/2024 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 10/01/2024, records containing "Yes" values will be displayed and take precedence for reporting purposes.

	Health Insurance Type	Covered?			
		Yes	No	Data Not Collected	Incomplete
	MEDICAID	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	State Children's Health Insurance Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Veteran's Health Administration (VHA)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Employer - Provided Health Insurance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Insurance

END THE OLD DATA

- The end date is one day prior to the date of discovery. (24 hours prior)
- No other information should be added and/or modified.
- Only the end date should be added, no other information should be changed.
- Save Health Insurance Data.





Start Date *	05 / 07 / 2024    
Health Insurance Type	Employer - Provided Health Insurance
(If Yes to Other) Specify Source	
Covered?	Yes  
(HOPWA) If Private Pay Insurance, Specify	
(HOPWA) If No, Reason not covered	-Select-  
End Date	09 / 30 / 2024    

Print Recordset

Save


Cancel


IF THE CLIENT IS NO LONGER COVERED BY HEALTH INSURANCE, CLICK NO THEN SAVE & EXIT











Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
 MEDICAID	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 State Children's Health Insurance Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Veteran's Health Administration (VHA)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer - Provided Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

UPDATING DISABILITIES IN HMIS

GO INTO HUD VERIFICATIONS TO END THE PREVIOUS DISABILITIES BENEFIT

Disabilities [HUD Verification](#) 












	Disability Type	Disability determination	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Start Date *	End Date
 	HIV/AIDS (HUD)	No (HUD)		05/07/2024	
 	Developmental (HUD)	No (HUD)		05/07/2024	
 	Physical (HUD)	No (HUD)		05/07/2024	
 	Drug Use Disorder (HUD)	No (HUD)		05/07/2024	
 	Chronic Health Condition (HUD)	No (HUD)		05/07/2024	

[Add](#) Showing 1-5 of 8 [First](#) [Previous](#) [Next](#) [Last](#)

SELECT THE
PENCIL
NEXT TO
DISABILITIES
NEEDING
TO BE
UPDATED

HUD Verification: Disabilities for 10/01/2024

 Per Disability Type, the current records for Disabilities as of 10/01/2024 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 10/01/2024, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client prefers not to answer (HUD)	Data not collected (HUD)	Incomplete
 Alcohol Use Disorder (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Both Alcohol and Drug Use Disorder (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Chronic Health Condition (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Developmental (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Drug Use Disorder (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 HIV/AIDS (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Mental Health Disorder (HUD)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Physical (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Save](#) [Save & Exit](#) [Exit](#)

END THE OLD DATA

- The end date is one day prior to the date of discovery. (24 hours prior)
- No other information should be added and/or modified.
- Only the end date should be added, no other information should be changed.
- Save Disabilities Data.

Disabilities	
Disability Type	Mental Health Disorder (HUD)
Disability determination	Yes (HUD) G
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	No (HUD) G
Note on Disability	<div style="border: 1px solid #ccc; height: 40px;"></div> G
Above condition is going to be long term? (Retired)	No G
Start Date *	05 / 07 / 2024 G
End Date	/ / G

Print Recordset

Save

Cancel

ENTER THE
NEW DATA

- Select No next to Disabilities needing to be updated.
- Save & Exit

HUD Verification: Disabilities for 10/01/2024

i Per Disability Type, the current records for Disabilities as of 10/01/2024 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 10/01/2024, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Disability determination value for all incomplete Disability Type records

- No (HUD).
- Client doesn't know (HUD).
- Client prefers not to answer (HUD).
- Data not collected (HUD).
- Incomplete

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client prefers not to answer (HUD)	Data not collected (HUD)	Incomplete
Alcohol Use Disorder (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Alcohol and Drug Use Disorder (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Health Condition (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Use Disorder (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Physical (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DATA QUALITY THE FOUR C'S

Complete

- Ensure all data is entered.

Current

- Ensure all data is up to date.

Consistent

- Ensure data entry standards are valued across programs.

Correct

- Ensure you are entering accurate data.