0252- DATA COMPLETENESS REPORT CARD KEY

Client ID	Client ID # in HMIS
Entry Date	Client's Project Entry Date
Exit Date	Client's Project Exit Date
Name	Name Field Completed
SSN	SSN Completed
DOB	Client Date of Birth
Race	Client's Race (Primary)
Eth	Client's Ethnicity
Gen	Client's Gender
Vet	Veteran Status
YN Disab	"Does client have a disabling condition?" Y/N
Res Prior	Residence prior to project entry
LOS Prior	Length of stay in previous place
Dest Exit	Destination at project exit
HoH	Relationship to head of household
Loc	Client location
Client Enter	"Client entering from the street, ES or SH" Y/N
Apprx Date	If yes for "Client entering from the street, ES or SH", approximate date started: [Date Field]
Num Times	"Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today"
Total Mths	"Total number of months homeless on the street, in ES or SH in the past three years"
DV	"Domestic violence victim/survivor" Y/N
SVS	Has this client received services from my provider during the reporting period
YN Inc	"Income from Any Source" Y/N
YN NC	"Non-cash benefit from any source" Y/N
YN Ins	"Covered by Health Insurance" Y/N
Disab OK=8	Are all 8 Disability types verified?
Inc OK=15	Are all 15 Income types verified?
Inc Amt	Is Monthly Income amount recorded?
NC OK= 8	Are all 8 Non-cash benefit types verified?
Ins OK=8	Are all 8 Insurance types verified?