

# HMIS Checklist

Requirement	Data Element			Follow-Up/ Notes		
	Present	Missing	N/A			
<b>Universal Identifier Elements</b>	Name					
	Social Security Number (LAST ***-**-0000 is okay)					
	Date of Birth					
	Race					
	Ethnicity					
	Gender					
	Veteran Status					
<b>Universal Project Stay Elements</b>	Disabling Condition					
	Project Start Date					
	Project Exit Date					
	Destination					
	Relationship to Head of Household					
	Client Location					
	Prior Living Situation					
<b>Program Specific Supportive Documentation</b>	Income and Sources				<b>Timeliness</b>	
	Non-Cash Benefits					
	Health Insurance					Days to enter enrollment
	Specific Disabling Conditions					
	Domestic Violence					
	Current Living Situation					Days to enter exit
	Date of Engagement					