



## HMIS Data Quality Checklist

- ☐ **Data Certification form** has been turned in by the 15<sup>th</sup> to OC Partnership with an explanation for non-compliant data elements.
- ☐ **Universal data elements** are all above 90% and entered correctly for each program and the agency as a whole.

Data Elements			
First Name	DOB	Gender	Zip Code Quality
Last Name	DOB Code	Veteran Status	Housing Status
SSN	Race	Disability	Prior Living Situation
SSN Code	Ethnicity	Zip Code	Length of Stay

- ☐ **Clients marked Disabled** have supporting disabling conditions identified in program entry questions.
- ☐ Clients with **Housing Status = Literally Homeless** have been reviewed to ensure answer is correct based on **Residence Prior to Program Entry**.
- ☐ **Program Specific data elements at Entry** are all above 90% for each program and the agency as a whole.

Data Elements			
Income	Non-Cash Benefits		
Physical Disability & Follow up Questions	Chronic Health Condition & Follow up Questions	Mental Health & Follow up Questions	Employment & Follow up Questions
Developmental Disability & Follow up Questions	HIV/AIDS & Follow up Questions	Substance Abuse & Follow up Questions	Domestic Violence & Follow up Questions

- ☐ **Program Specific data elements at Exit** are all above 90% for each program and the agency as a whole.

Data Elements			
Income	Non-Cash Benefits	Destination	
Physical Disability & Follow up Questions	Chronic Health Condition & Follow up Questions	Mental Health & Follow up Questions	Employment & Follow up Questions
Developmental Disability & Follow up Questions	HIV/AIDS & Follow up Questions	Substance Abuse & Follow up Questions	

- ☐ **Annual Assessment completed and income updated** for clients enrolled in the program for a year or more. (TH and PSH)
- ☐ **Bed Utilization** is between 65% and 105% for each program.
- ☐ **Enrollment dates, services and exit dates** have been entered into HMIS within 1 week of occurrence.
- ☐ **Services** have been entered for all clients currently enrolled in a program.
- ☐ **Clients that have not had a service in the past 30 days** have been exited from their program, or they have had services added to the enrollment.
- ☐ **Family Type** has been reviewed and data corrected in HMIS for all clients.
- ☐ **Children Enrolled in programs for Adults only** have been corrected. Either the enrollment has been deleted, or the client's age has been corrected.
- ☐ **Clients with incorrect Chronically Homeless status** have been fixed in HMIS.