



Central Virginia CONTINUUM OF CARE

HMIS Accuracy Audit and Technical Standards

Date: _____ User: _____

Agency: _____ Program(s): _____

Technical Standards	
Accuracy Audit – Open File 1	
Accuracy Audit – Open File 2	
Accuracy Audit – Open File 3	
Accuracy Audit – Closed File 1	
Accuracy Audit – Closed File 2	

Technical Standards

- | | |
|--|--|
| <input type="checkbox"/> 1. Computer is password protected | <input type="checkbox"/> 6. System is up to date (Windows 10) |
| <input type="checkbox"/> 2. Computer's password is not visible | <input type="checkbox"/> 7. Wireless system is password protected |
| <input type="checkbox"/> 3. Anti-virus is installed | <input type="checkbox"/> 8. HMIS passwords are not visible |
| <input type="checkbox"/> 4. Anti-virus is auto-updated/regularly updated | <input type="checkbox"/> 9. HMIS passwords are not written in "common" locations |
| <input type="checkbox"/> 5. Firewall is installed. Software/Hardware | |

Audit Comments:

I acknowledge the HMIS Audit score written above.

HMIS User

Date

HMIS Lead

Date

Client Profile – ALL CLIENTS

- 1. Name
- 2. Social Security Number
- 3. Social Security Number Data Quality
- 4. US Military Veteran
- 5. Household Information
- 6. Release of Information
- 13. Gender
- 14. Does the Client have a disabling condition?
- 15. Relationship to Head of Household
- 16. Client Location
- 17. Residence prior to Project Entry
- 18. Length of Stay in Previous Place
- 19. Approximate date homelessness started
- 20. Regardless of where they stayed last night – number of times the Client has been on the streets, in ES or SH in the past 3 years including today

Entry Assessment – ALL CLIENTS

- 7. Project Start Date
- 8. Date of Birth
- 9. Date of Birth Data Quality
- 10. Primary Race
- 11. Secondary Race
- 12. Ethnicity
- 21. Total number of months homeless on the street, in ES or SH in the past 3 Years
- 22. Total monthly income
- 23. Income from any source

Income/Benefits/Disability – ALL CLIENTS

- 24. Monthly Income
- 25. Monthly Income Details
- 26. Non-Cash Benefits
- 27. Non-Cash Benefits Details
- 28. Covered by Health Insurance
- 29. Health Insurance Details
- 30. Disability Details
- 31. Domestic Violence Victim / Survivor
 - a. If yes, timeframe
 - b. If yes, currently fleeing

Annual Assessment – IF APPLICABLE

- 32. Income from Any Source
- 33. Monthly Income Details
- 34. Total Monthly Income
- 35. Non-Cash Benefits
- 36. Non-Cash Benefits Details
- 37. Covered by Health Insurance
- 38. Health Insurance Details
- 39. Disability Details
- 40. Domestic Violence Victim / Survivor
 - a. If yes, timeframe
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Exit Assessment – ALL CLOSED FILES

- 41. Exit Date
- 42. Reason for Leaving
- 43. Destination
- 44. Income from Any Source
- 45. Monthly Income Details
- 46. Total Monthly Income
- 47. Non-Cash Benefits
- 48. Non-Cash Benefits Details
- 49. Covered by Health Insurance
- 50. Health Insurance Details
- 51. Disability Details
- 52. Domestic Violence Victim / Survivor
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