



## Shelter Data and/or Funds Adjustment Report Instructions

The funds adjustment process must be completed by the end of the next quarter. Therefore when requesting a funds adjustment please keep in mind that this form must be completed and submitted to MaineHousing within a timeframe that will allow for all aspects of the data review to be achieved by the end of the quarter.

**PLEASE DO NOT MAKE CHANGES TO THE DATABASE UNTIL YOU HAVE BEEN INSTRUCTED TO DO SO.**

Complete the attached form for each month of the quarter in which you are requesting an adjustment as follows (make copies if necessary):

Expected reimbursement amount: Indicate the total number of bednights incurred for the month that should have been reimbursed in the quarterly payment as requested on the form.

Client Count and Bednight Information: List the Unique Identifier for each client whose data was not correct in HMIS along with the correct bednight information.

Unique Identifier: is composed of the first initial of the client's first name, the first initial of the client's last name, the third initial of the client's last name, the eight digit date of birth, and the first initial of the client's gender for a total of 12 characters.

Example: the unique identifier for a female client named Victoria Jones, born 5/13/1964 would be: VJN05131964F

If you are unable to submit 12 characters leave the space empty for the character(s) that are missing.

Fax the completed form(s) to Laurie Dechaine at 207-624-5768.



## Shelter Data and/or Funds Adjustment

Shelter Name: \_\_\_\_\_

Shelter activity for \_\_\_\_\_ and \_\_\_\_\_ of 2008  
(Quarter) (Month)

**Section 1:**

Adjustment Information: Indicate the number of clients and/or bednights, for the month indicated above, that **should have** been reimbursed for the quarter.

\_\_\_\_\_ Clients Total Bednights \_\_\_\_\_  
 \_\_\_\_\_ Shelter Bednights Per Diem Rate x. \_\_\_\_\_  
 \_\_\_\_\_ Overflow Bednights (if applicable)  
 \_\_\_\_\_ Winter Response Bednights (if applicable) **Adjustment amount** \_\_\_\_\_  
 \_\_\_\_\_ Non consenting Bednights (if applicable)

**Section 2:**

Client Count and Bednight Information (for those clients whose data required revision)

Client Unique Identifier	Entry Date	Exit Date	Total Bednights	Type of Bednight S = Shelter O= Overflow WR = Winter Response NC = Non consenting
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<b>Totals</b>				

**Section 3:**

If applicable explain how discrepancy will be resolved:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that this summary is complete and reflects an accurate accounting of the emergency sheltering service provided by this facility for the month indicated above.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_