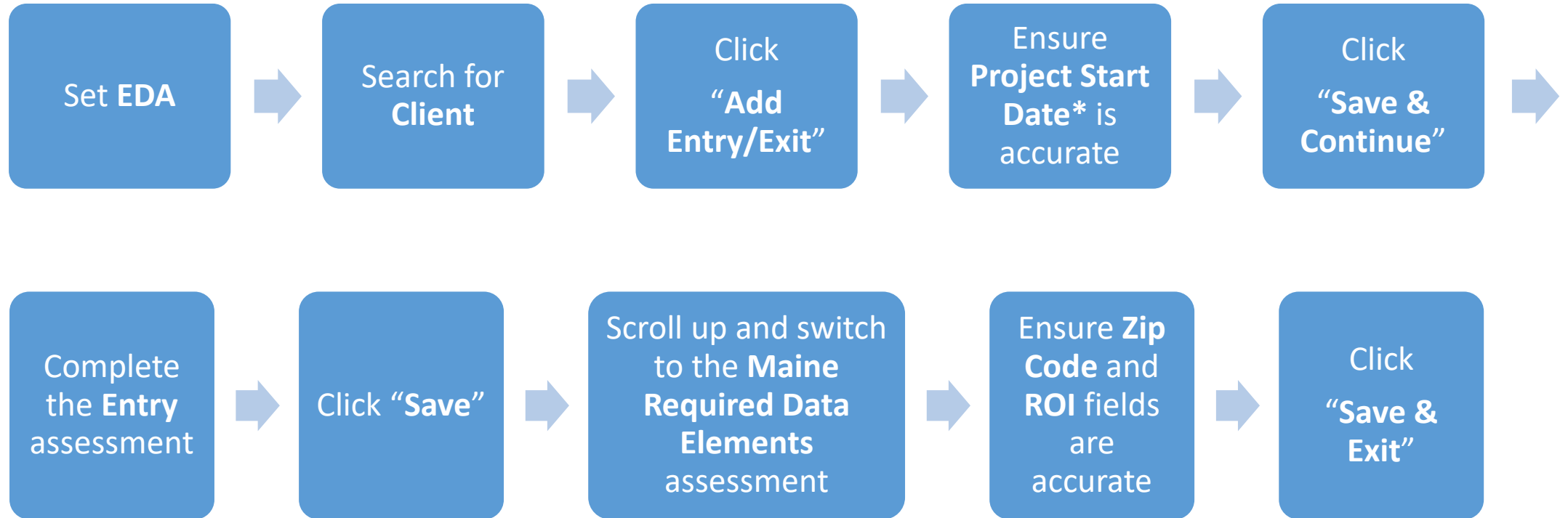


Client Entry into Your COVID Response Diversion Program



***Project Start Date:** The date in which a Client contacted your Program and was deemed eligible.

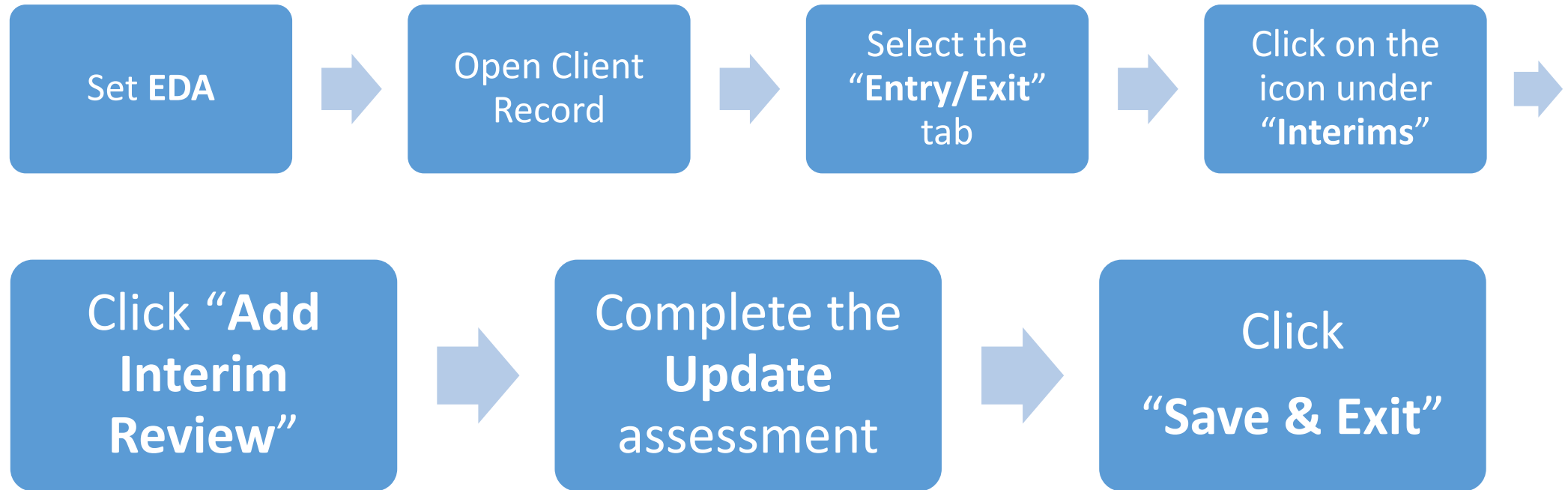
Required UDE's for the COVID Response Diversion Program

Data Element Number	Data Element Name	Required
3.01	Name	X
3.02	Social Security Number	X
3.03	Date of Birth	X
3.04	Race	X
3.05	Ethnicity	X
3.06	Gender	X
3.07	Veteran Status	X
3.08	Disabling Condition	X
3.10	Project Start Date	X
3.11	Project Exit Date	X
3.12	Destination	X
3.15	Relationship to Head of Household	X
3.16	Client Location	X
3.917B	Prior Living Situation	X

Required Data Elements for the COVID Response Diversion Program

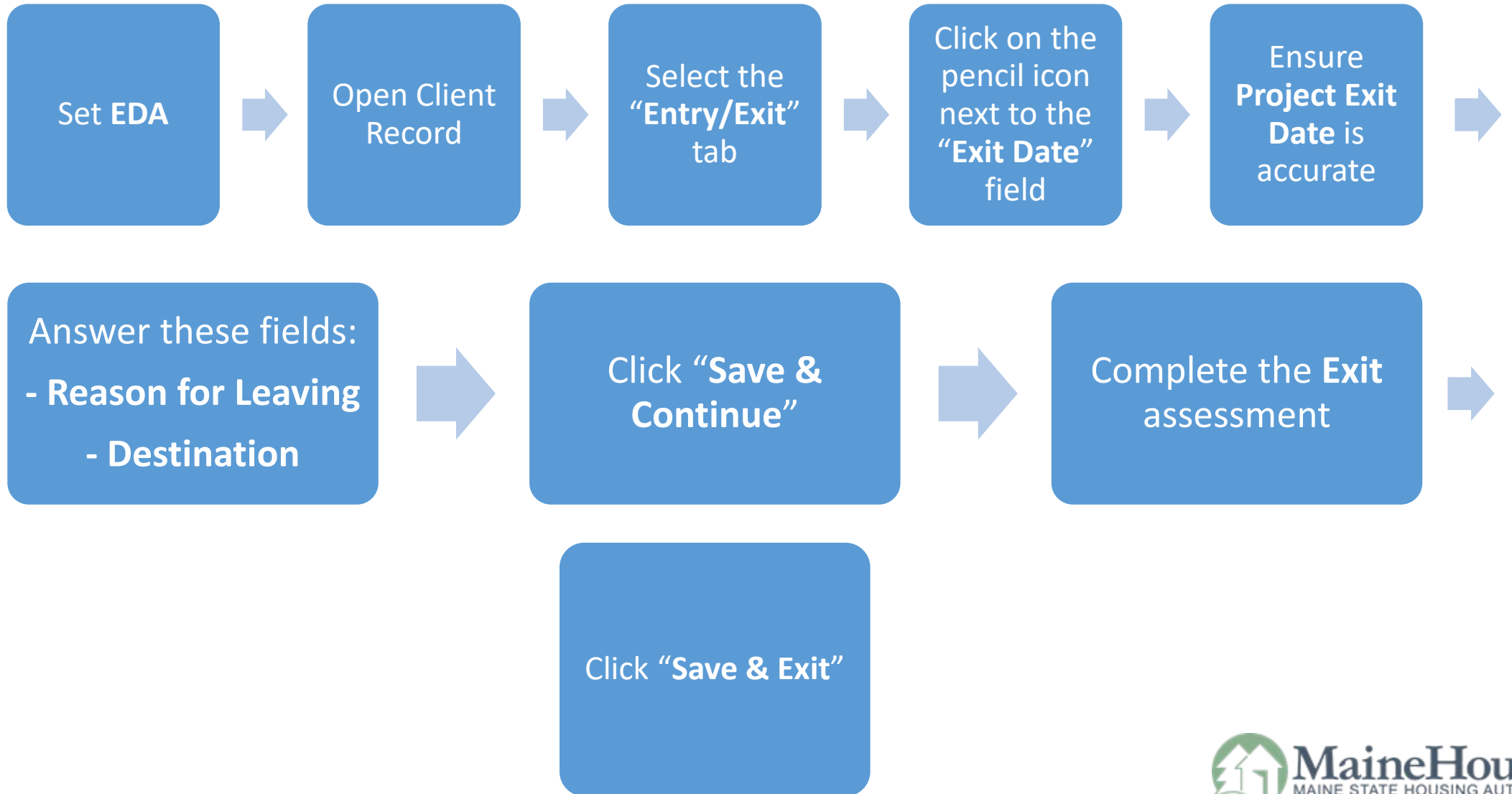
Data Element Number	Data Element Name	Required
4.02	Income and Sources	X
4.03	Non-Cash Benefits	X
4.04	Health Insurance	X
4.05	Physical Disability	X
4.06	Developmental Disability	X
4.07	Chronic Health Condition	X
4.08	HIV/AIDS	X
4.09	Mental Health Problem	X
4.10	Substance Abuse	X
4.11	Domestic Violence	X

Making Updates to Client Information



Required Interims: Participation in the Program for more than 3 months requires an Interim review, along with other Program Verifications.

Exiting a Client from Your COVID Response Diversion Program



HMIS Intake Forms

COVID Response Diversion Program



HMIS Entry Assessments form - COVID Response Diversion

HMIS Exit Assessments form - COVID Response Diversion

HMIS Update Assessments form - COVID Response Diversion

Found on www.MaineHMIS.org/documents