



A Tradition of Stewardship  
A Commitment to Service

# Napa County Required HMIS Data Elements

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In addition to the HUD required data elements, Napa County Housing & Homeless Services requires the following data elements be entered into HMIS for all clients.

- **First Time Homeless?** (All programs except Homeless Outreach) Response choices=Yes/No.
- **Is Client Chronically Homeless?** Response choices=Yes/No. “Chronically Homeless” is defined as:
  1. Chronically Homeless Individual – An unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition (see “Disability” definition below) who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time. Persons under the age of 18 are not counted as chronically homeless.
  2. Chronically Homeless Family – A household with at least one adult member (persons 18 or older) who has a disabling condition (see “Disability” definition below) and who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time.
- **Do you have a disability of long duration?** Response choices=Yes/No/Don’t Know/Refused. “Disability” is defined as any one of the following:
  1. A disability as defined in Section 223 of the Social Security Act;
  2. A physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions;
  3. A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
  4. The disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or
  5. A diagnosable substance abuse disorder.

*\*NOTE: If the answer to “Do you have a disability of long duration?” is “Yes,” a Disability Type MUST be entered.*

- **Employed?** Response choices=Yes/No/Don’t Know/Refused
- **If currently employed, select tenure:** Response choices=Full- or Part-time