

# DuPage CoC HMIS Site Visit Assessment

Agency Name: \_\_\_\_\_

Visit Date: \_\_\_\_\_

All Homeless Management Information System (HMIS) participating agencies are required to participate in an annual site visit to assess compliance with the Standard Operating Procedures (SOP), [dupagehomeless.org/hmis/sop](http://dupagehomeless.org/hmis/sop). The assessment breaks down each component of the SOP: Roles & Responsibilities, Privacy, Security and Data Quality. The goal for the site visit is to work with your organization in identifying potential issues, solutions, and to provide technical support where needed.

At the end of the site visit, you will receive a copy of the assessment. If there are any areas that are out of compliance, there will be a specified action(s) to be taken and a follow-up date that action needs to be completed by, identified in this assessment. We will do our best to offer resources, training, and/or technical support as appropriate.

Site Visit

Completed By: \_\_\_\_\_

Agency Staff

Present: \_\_\_\_\_

Follow-Up

Required: \_\_\_\_\_ Follow-up Date: \_\_\_\_\_

## Site Visit Overview

| Category                 | Status |
|--------------------------|--------|
| Roles & Responsibilities | _____  |
| Privacy Plan             | _____  |
| Data Quality             | _____  |
| Security                 | _____  |

Additional Comments:

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My signature acknowledges that I received the results of this site visit and will share them with those at my agency as appropriate. If our organization is not in compliance in any area of the assessment, we agree to complete action(s) needed by the follow-up date as listed in this report, and that we may request technical support if needed. A signed copy of this report will be returned to [HMIS@dupageco.org](mailto:HMIS@dupageco.org) within 10 business days from receipt of the report.

HMIS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Agency

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

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| Roles & Responsibilities   |        |               |                     |
|--|--------|---------------|---------------------|
| Assessment   | Status | Action Needed | Comments (optional) |
| Does the agency have a signed copy of their most recent partnership agreement?   |        |               |                     |
| Does the agency have a designated Agency Data Administrator?<br><br>Name:  |        |               |                     |
| Does the Agency Data Administrator have an agreement on file?  |        |               |                     |
| Agency Data Administrator or an agency representative attended all Agency Data Administrator Trainings (6/1/22 – 5/31/23)? |        |               |                     |
| All Users have a signed user agreement?  |        |               |                     |
| All Users completed required new user training?  |        |               |                     |
| All users completed the End User Certification Exam.<br><br>% Of Users:  |        |               |                     |
| All Users at the organization for 1 year or more completed the annual training?  |        |               |                     |
| Users have the minimum access required to complete their day-to-day HMIS activities?                                       |        |               |                     |

| Privacy Plan   |        |               |                     |
|--|--------|---------------|---------------------|
| Assessment   | Status | Action Needed | Comments (optional) |
| Does the agency have a privacy notice that meets or exceeds the baseline notice? |        |               |                     |
| Is the privacy notice posted on the agency's website?<br><br>URL:                |        |               |                     |

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| Is the privacy posting in areas where staff meet with clients (i.e. waiting room, office, etc.)?                          |  |  |  |
| Can the agency provide a copy of the notice upon request?   |  |  |  |
| If the agency shares client data that is not listed in the privacy notice, can they provide a copy of their consent form? |  |  |  |
| Is a data sharing refusal form available upon request?  |  |  |  |
| Does the privacy audit reflect that the ROI record accurately reflects the visibility of the client record?               |  |  |  |

| Data Quality   |               |                      |                            |
|--|---------------|----------------------|----------------------------|
| Reporting dates used: 06/01/2022 – 5/31/2023   |               |                      |                            |
| Assessment   | Status        | Action Needed        | Comments (optional)        |
| Project Data Elements: Funding Source<br><br>Verify all current funding sources by program, including Funding Source, Start and End Dates of the award(s), and Grant Id. |               |                      |                            |
| If using paper intake forms, do the data elements match the minimum data collection requirements for HMIS? Copy of intake(s) to be provided.                             |               |                      |                            |
| <b>Agency meets the minimum Data Quality threshold for:</b>  | <b>Status</b> | <b>Action Needed</b> | <b>Comments (optional)</b> |
| Name (5%)<br>APR 6a  |               |                      |                            |
| SSN (10%)<br>APR 6a  |               |                      |                            |

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| DOB (5%)<br>APR 6a   |  |  |  |
| Race (5%)<br>APR 6a  |  |  |  |
| Ethnicity (5%)<br>APR 6a   |  |  |  |
| Gender (5%)<br>APR 6a  |  |  |  |
| Veteran (10%)<br>APR 6b  |  |  |  |
| Relationship to HoH (10%)<br>APR 6b  |  |  |  |
| Location (10%)<br>APR 6b   |  |  |  |
| Disabling Condition (10%)<br>APR 6b  |  |  |  |
| Exit Destination<br>(40% for Street Outreach, 10% for all other project types)<br>APR 6c |  |  |  |
| Income at Entry<br>(10% all projects except Street Outreach)<br>APR 6C                   |  |  |  |
| Income at Annual (10% all projects except Street Outreach)<br>APR 6C                     |  |  |  |
| Income at Exit<br>(10% all projects except Street Outreach)<br>APR 6C                    |  |  |  |

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|--|--|--|--|
| Prior Living Situation (all related fields) (10%)<br>APR 6d  |  |  |  |
| Timeliness of Project Entry (25%)<br>APR 6e  |  |  |  |
| Disability type at Entry (10%)<br>APR 13a2   |  |  |  |
| DV (all related fields) (10%)<br>APR 14a and 14b   |  |  |  |
| Non-Cash Benefits at Entry<br>(10% all projects except Street Outreach)<br>APR 20b                                     |  |  |  |
| Non-Cash Benefits at Exit<br>(10% all projects except Street Outreach)<br>APR 20b                                      |  |  |  |
| Health Ins Entry<br>(10% all projects except Street Outreach)<br>APR 21  |  |  |  |
| Health Ins Annual<br>(10% all projects except Street Outreach)<br>APR 21   |  |  |  |
| Health Ins Exit<br>(10% all projects except Street Outreach)<br>APR 21   |  |  |  |
| Percent of AMI Entry<br>(10% all projects except Street Outreach)<br><br>Custom Report: AMI Completion for Site Visits |  |  |  |

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|   |  |  |  |
|---|--|--|--|
| Percent of AMI Exit<br>(10% all projects except Street Outreach)<br>Custom Report: AMI Completion for Site Visits |  |  |  |
|---|--|--|--|

## Data Quality: Federal Program Specific data elements

Assess for field assignment and program use of data element in accordance with the data standards. No data quality thresholds assigned.

| Assessment                                    | Status | Action Needed | Comments (optional) |
|---|--------|---------------|---------------------|
| Housing Move-in Date (all PH)                 |        |               |                     |
| Contacts and Engagement (Street Outreach)     |        |               |                     |
| VA Assessments and VASH data elements (VASH)  |        |               |                     |
| VA Assessments and SSVF Service Fields (SSVF) |        |               |                     |
| RHY Assessments and data elements (RHY)       |        |               |                     |
| Homeless Prevention Exit Assessment (HP)      |        |               |                     |

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| Security   |        |               |                     |
|--|--------|---------------|---------------------|
| Assessment   | Status | Action Needed | Comments (optional) |
| Are all users actively employed at the organization and have a work email listed?            |        |               |                     |
| Do all devices have virus protections with automatic updates?                                |        |               |                     |
| All devices are either individually firewalled or networked to a server that has a firewall. |        |               |                     |
| All devices are running on supported operating systems and are regularly updated.            |        |               |                     |
| All workstations and client information (files, documents, etc.) are locked/secured?         |        |               |                     |
| All devices are password protected.  |        |               |                     |
| All users working offsite have completed a security audit of their equipment and internet?   |        |               |                     |
| Users all have access to secured internet when working in HMIS?                              |        |               |                     |