



## HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

### Instructions and Codes for Persons Served Worksheet

The use of this worksheet is optional. It was designed to help you collect information on participants needed to complete the Annual Progress Report. If the worksheet is updated as participants move in and move out of your project, most of the information required for completion will be contained in the worksheet. Do not submit this worksheet with the APR.

For projects that serve families, HUD only requires reporting on the number of children served, and the age and gender of these children. Only name, relationship date of birth, and age on the worksheet need to be completed for children. Assign the adults a number, but not each family member. Use this number to transfer to the other pages of the worksheet.

Beginning with number 4, the numbers in the columns refer to the questions on the APR form. If any questions are answered with "Other," please enter the specific "Other" answer for inclusion in the APR.

**Participant Number.** This column allows you to either number participants consecutively or to assign a case number. One number should be assigned to each adult.

**Name.** Names of persons will not be reported to HUD. The use of names is for your record keeping convenience.

**Relationship.** Enter the appropriate relationship. Examples include: Self, Head of household, Spouse, Child.

**Entry Date.** Enter date participant entered the project. Usually this will be the date of actual physical move-in for a housing project.

**Exit Date.** Enter date participant left the project. Usually this will be the date the participant physically moved out for a housing project. Do not include a participant who temporarily left the project and is expected to return in less than 90 days (e.g. hospitalization).

4. **Income-eligible Non-homeless in SRO.** The SRO program allows assistance to units occupied by Section 8 income-eligible persons residing at the SRO prior to rehabilitation. For SRO projects only, indicate whether the participant is an income-eligible, non-homeless person (Y) or not (N). SHP and S+C projects should skip this item.

5a. **Date of Birth.** Enter date of birth including month, day, and year.

5b. **Age.** Enter age at entry.

5c. **Gender.** Enter appropriate letter for gender.

M-Male F- Female.

- 6a. **Veteran Status.** Indicate if the participant is a veteran. *Please note: A veteran is anyone who has ever been on active military duty status for the United States.*
- 6b. **Chronically homeless person.** Indicate the number of participants that are chronically homeless.
7. **Ethnicity.** Enter appropriate letter for ethnic group.
- Hispanic or Latino
  - Non-Hispanic or Non-Latino
8. **Race.** Enter appropriate letter for race.
- American Indian or Alaskan Native
  - Asian
  - Black or African-American
  - Native Hawaiian or Other Pacific Islander
  - White
  - American Indian/Alaskan Native & White
  - Asian & White
  - Black/African American & White
  - American Indian/Alaskan Native & Black/African American
  - Other Multi-Racial
- 9a. **Special Needs.** Enter the letter(s) for the category(ies) that describe the participant's disability(ies). (You may double count).
- Mental illness
  - Alcohol abuse
  - Drug abuse
  - HIV/AIDS and related diseases
  - Developmental disability
  - Physical disabilities
  - Domestic violence
  - Other (please specify)
- 9b. Enter the number of participants with a disability.
10. **Prior Living Situation.** Enter the letter that best describes where the participant slept in the week prior to entering the project. Do not double count.
- Non-housing (street, park, car, bus station, etc.)
  - Emergency shelter
  - Transitional housing for homeless persons
  - Psychiatric facility\*
  - Substance abuse treatment facility\*
  - Hospital\*
  - Jail/prison\*
  - Domestic violence situation
  - Living with relatives/friends
  - Rental housing
  - Other (please specify)

\*If a participant came from an institution but was there less than 30 days and was living on the street or in an emergency shelter before entering the facility, he/she should be counted in either the street or shelter category, as appropriate.

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**Instruction Codes for Persons Served  
Worksheet** (continued)

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**11a. Gross Monthly Income at Project Entry.**

Enter the amount of gross monthly income the participant is receiving at entry into the project.

**11b. Gross Monthly Income at Project Exit.** Enter the gross monthly income the participant is receiving when exiting the project.

**11c. Income Sources Received at Project Entry.**

Enter all types of assistance the participant is receiving at entry to the project.

- a. Supplemental Security Income (SSI)
- b. Social Security Disability Insurance (SSDI)
- c. Social Security
- d. General Public Assistance
- e. Temporary Aid Needy Families (TANF)
- f. State Children's Health Insurance Program (CHIP)
- g. Veterans benefits
- h. Employment income
- i. Unemployment benefits
- j. Veterans Health Care
- k. Medicaid
- l. Food Stamps
- m. Other (please specify)
- n. No Financial Resources

**11d. Income Sources Received at Project Exit.**

Enter all types of income the participant is receiving at project exit. (Use codes as in 11c.)

**12a Length in Stay in Program.** Calculated item. (See Entry Date and Exit Date above.)

**12b. Length of Stay in Program.** (Participant did not leave during the operating year. How long have they been in the project?)

**13. Reason for Leaving Project.** Enter the primary

reason why the participant left the project. (Complete only for participants who left the project and are not expected to return within 90 days.)

- a. Left for a housing opportunity before completing the program
- b. Completed program
- c. Non-payment of rent/occupancy charge
- d. Non-compliance with project
- e. Criminal activity/destruction of property/violence
- f. Reached maximum time allowed in project
- g. Needs could not be met by project
- h. Disagreement with rules/persons
- i. Death
- j. Other (please specify)
- k. Unknown/disappeared

**14. Destination.** Enter the destination of those leaving the project.

**Permanent:**

- a. Rental house or apartment (no subsidy)
- b. Public Housing
- c. Section 8
- d. Shelter Plus Care
- e. HOME subsidized house or apartment

- f. Other subsidized house or apartment
- g. Homeownership
- h. Moved in with family or friends

**Transitional:**

- i. Transitional housing for homeless persons
- j. Moved in with family or friends

**Institution:**

- k. Psychiatric hospital.
- l. Inpatient alcohol or drug treatment facility
- m. Jail/prison

**Emergency:**

- n. Emergency shelter

**Other:**

- o. Other supportive housing.
- p. Places not meant for human habitation (e.g., street)
- q. Other (please specify)

**Unknown:**

- r. Unknown

**15. Supportive Services.** Enter all types of supportive services the participant received during the time in the project.

- a. Outreach
- b. Case management
- c. Life skills (outside of case management)
- d. Alcohol or drug abuse services
- e. Mental health services
- f. HIV/AIDS-related services
- g. Other health care services
- h. Education
- i. Housing placement
- j. Employment assistance
- k. Child care
- l. Transportation
- m. Legal
- n. Other (please specify)