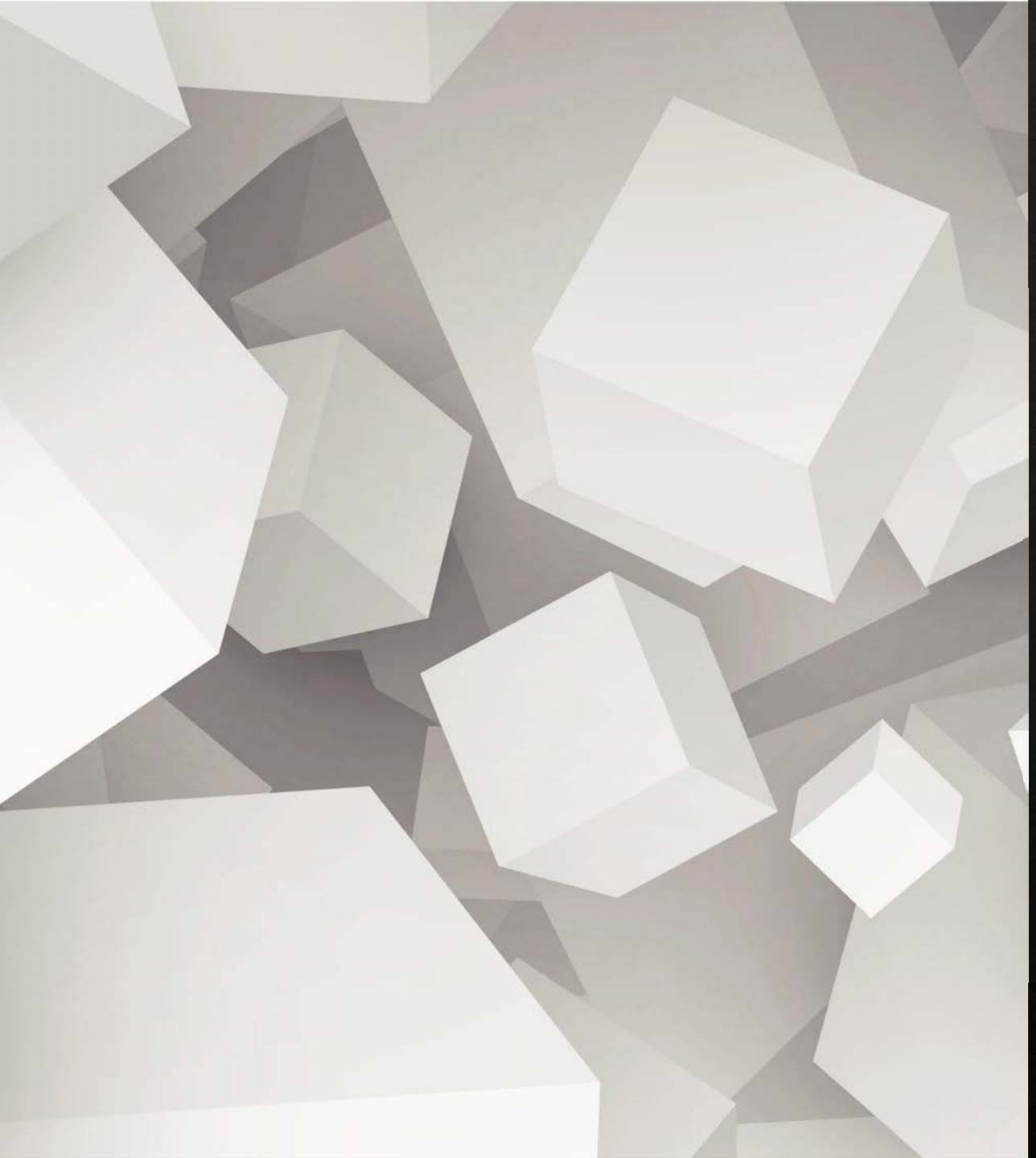
HMIS Semi-Annual All Users Meeting

April 28, 2021



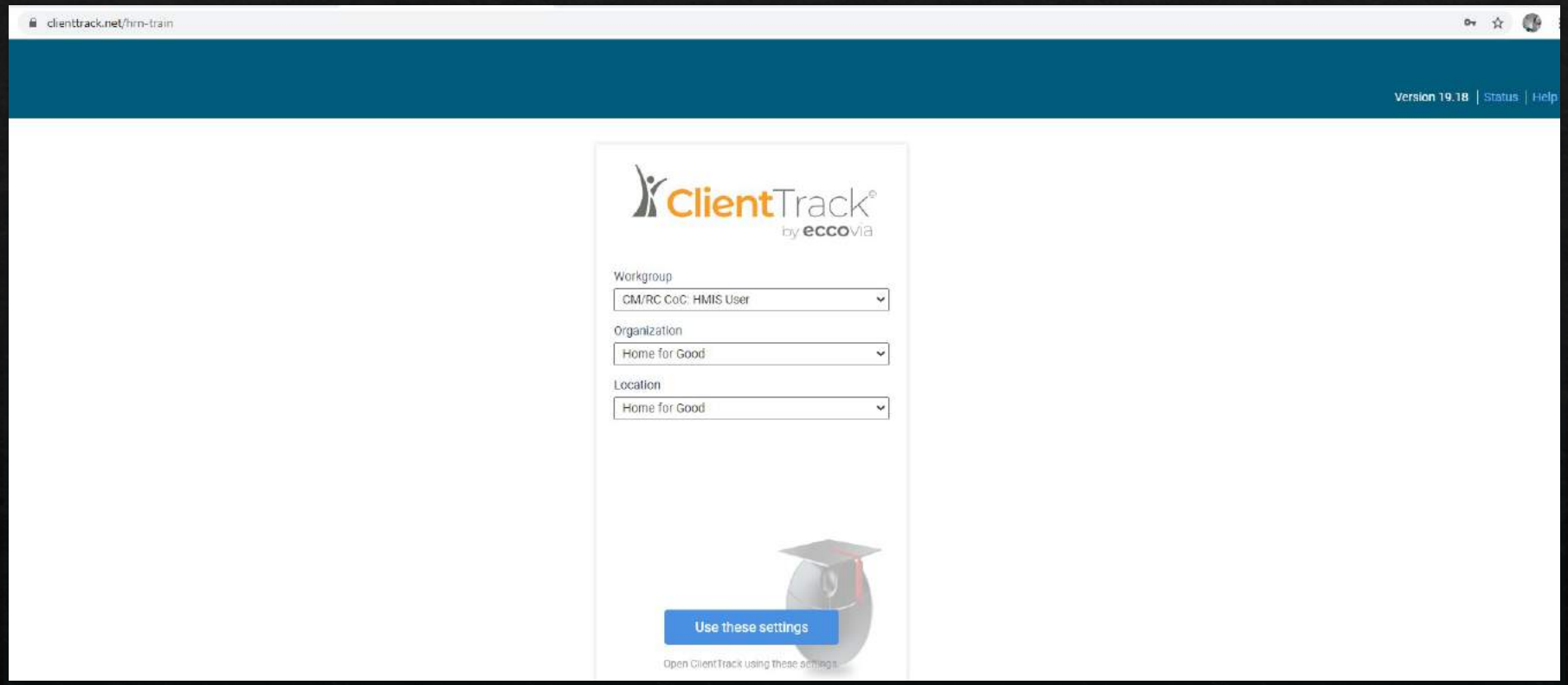
Agenda

- Wally Lugo, HMIS Administrator,
  - Eccovia Solutions
- Entering a New Client in ClientTrack
- Adding a Family Member to an Existing Account
- Data Quality Errors
  - Making Corrections
  - Explaining Errors

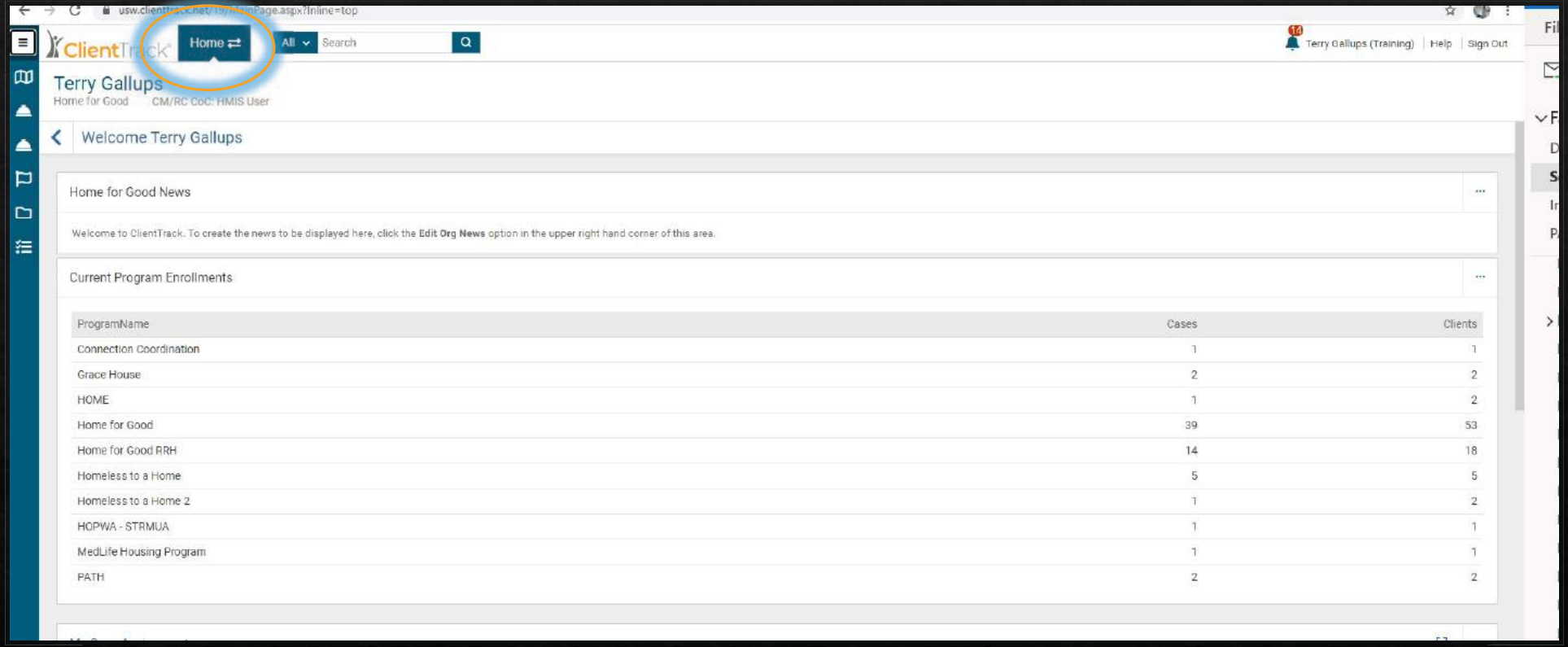
Meet Wally!

Entering a New Client in ClientTrack

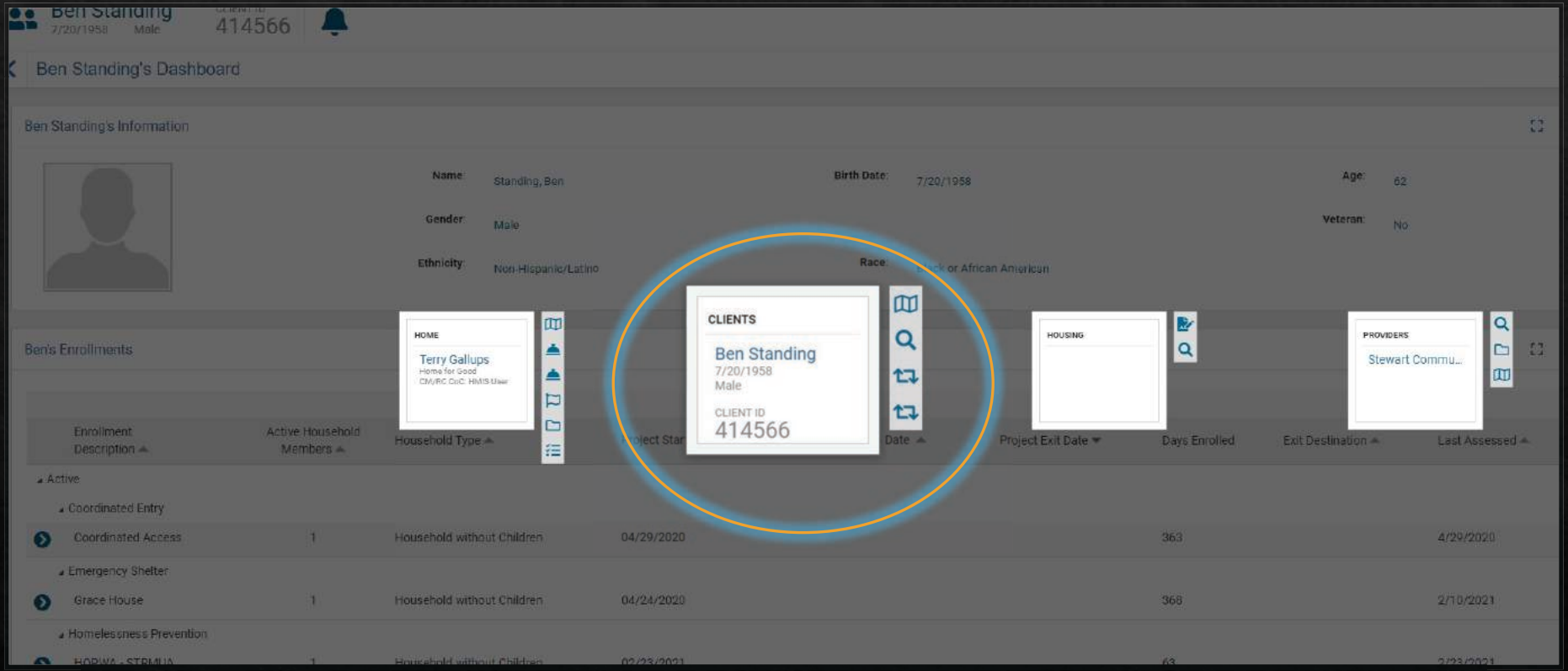
Log in to ClientTrack



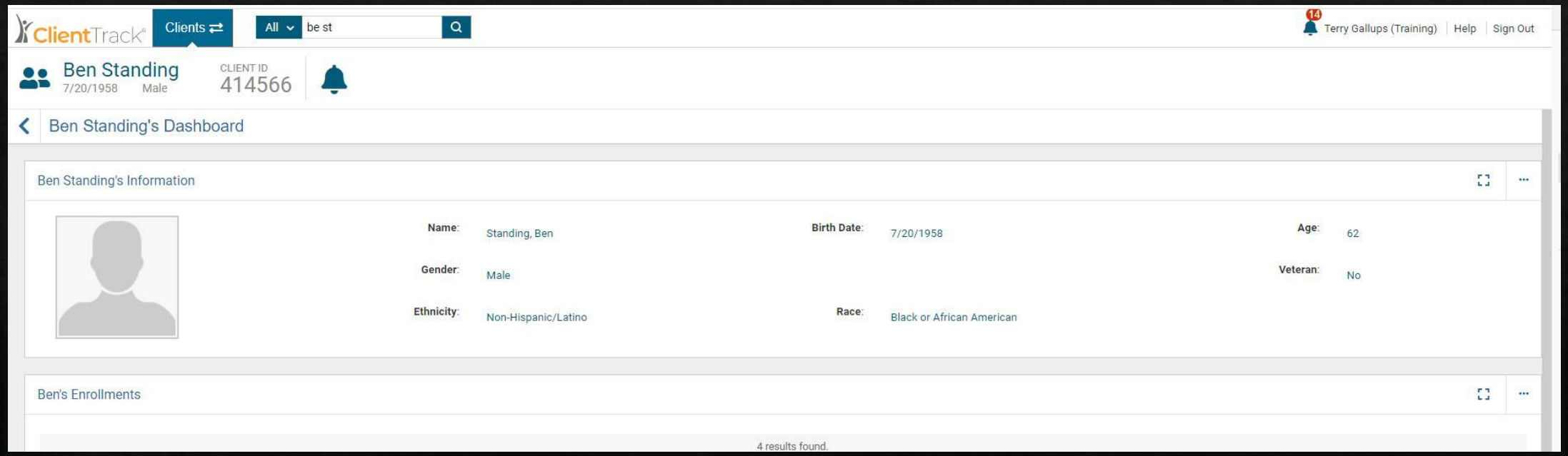
On your home page, click on the “Home” tab.



On the carousel, click on the “Clients” tab.



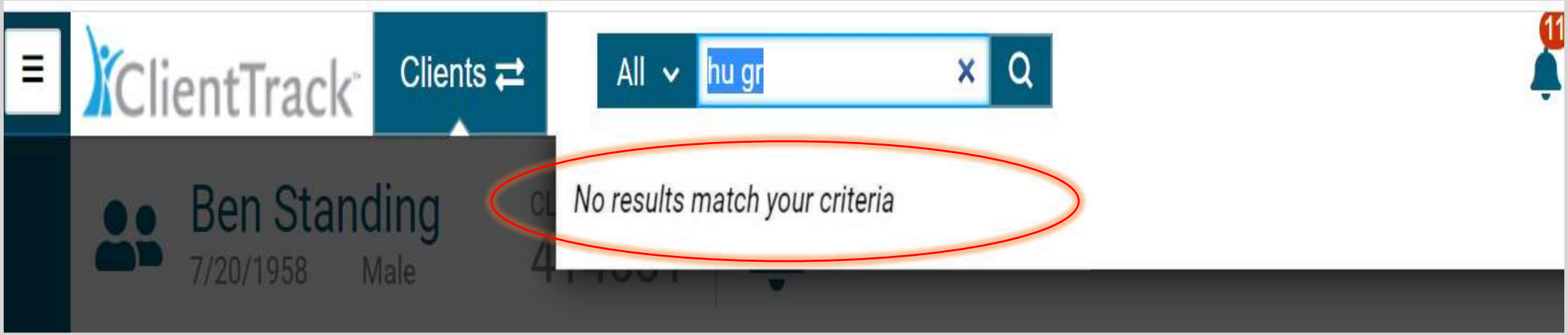
You will automatically be taken to the last profile you visited.



MAKE SURE THE CLIENT DOES NOT ALREADY HAVE A PROFILE IN THE SYSTEM.

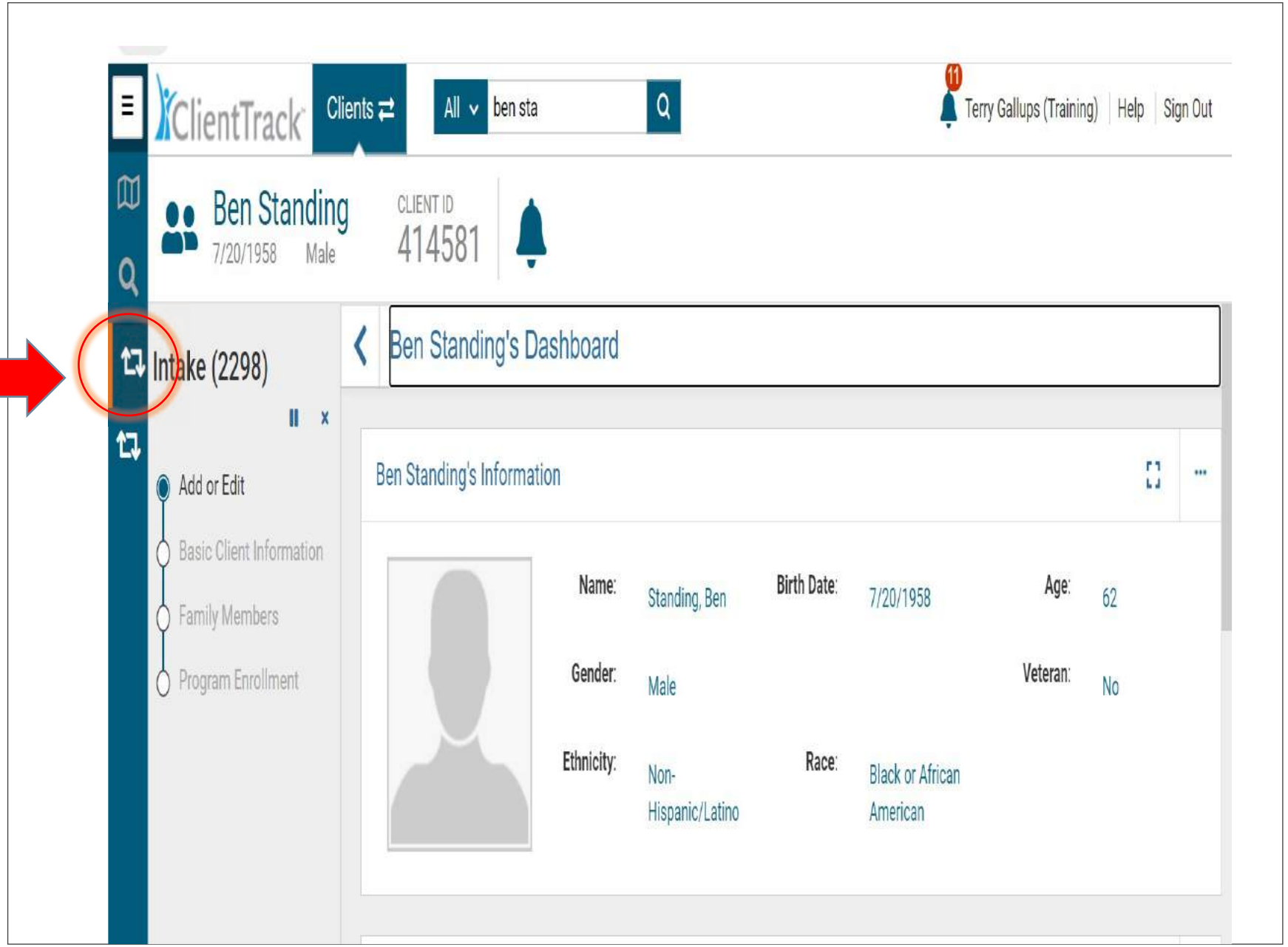
In the Search Bar, type the first two letters of the client's first name and the first two letters of the client's last name.

If the client does not have a profile in ClientTrack, this will appear.

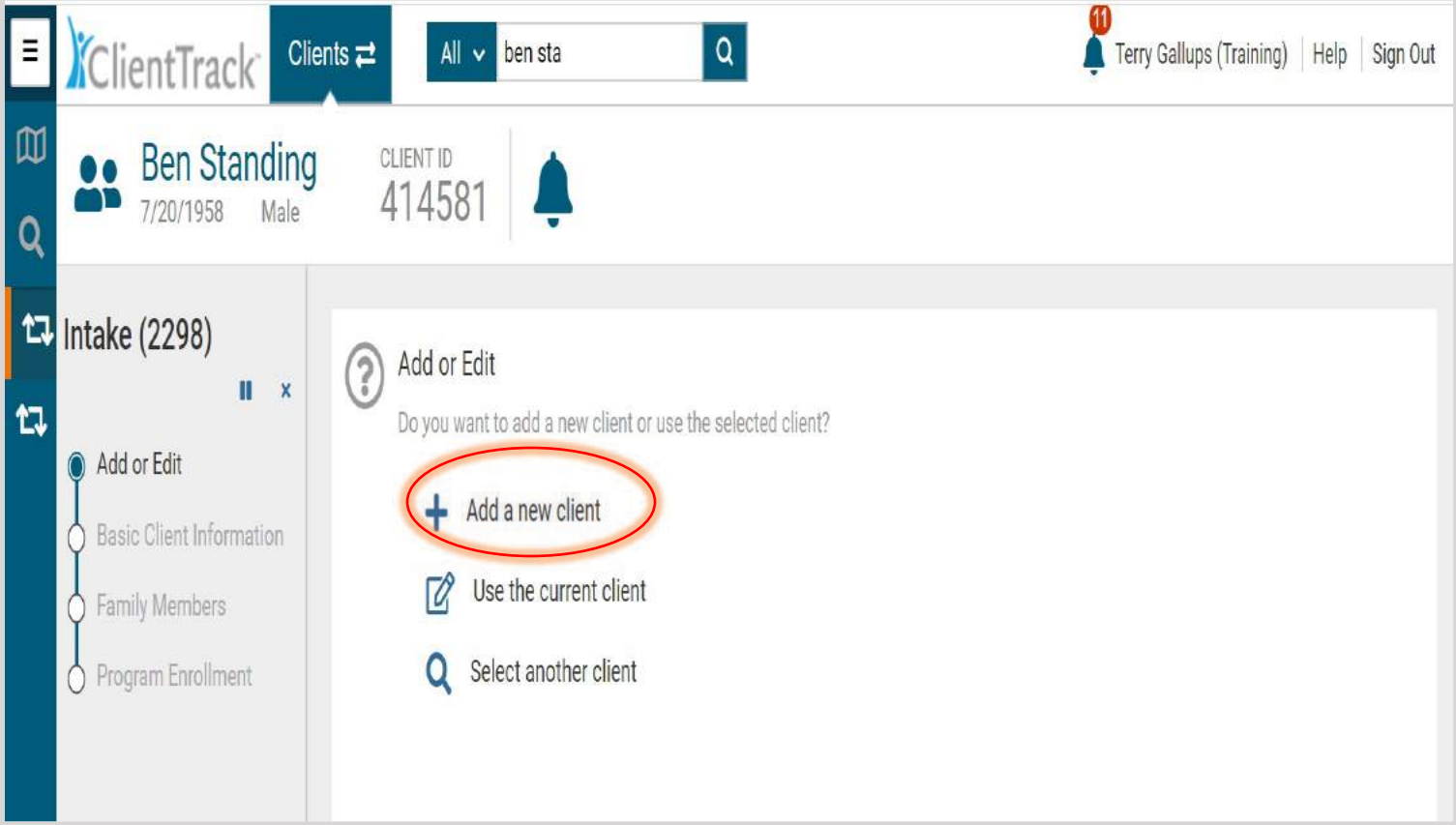


IF THERE ARE NO CLIENTS WITH THE INITIALS WE ENTERED, IT IS SAFE TO ADD A NEW CLIENT.

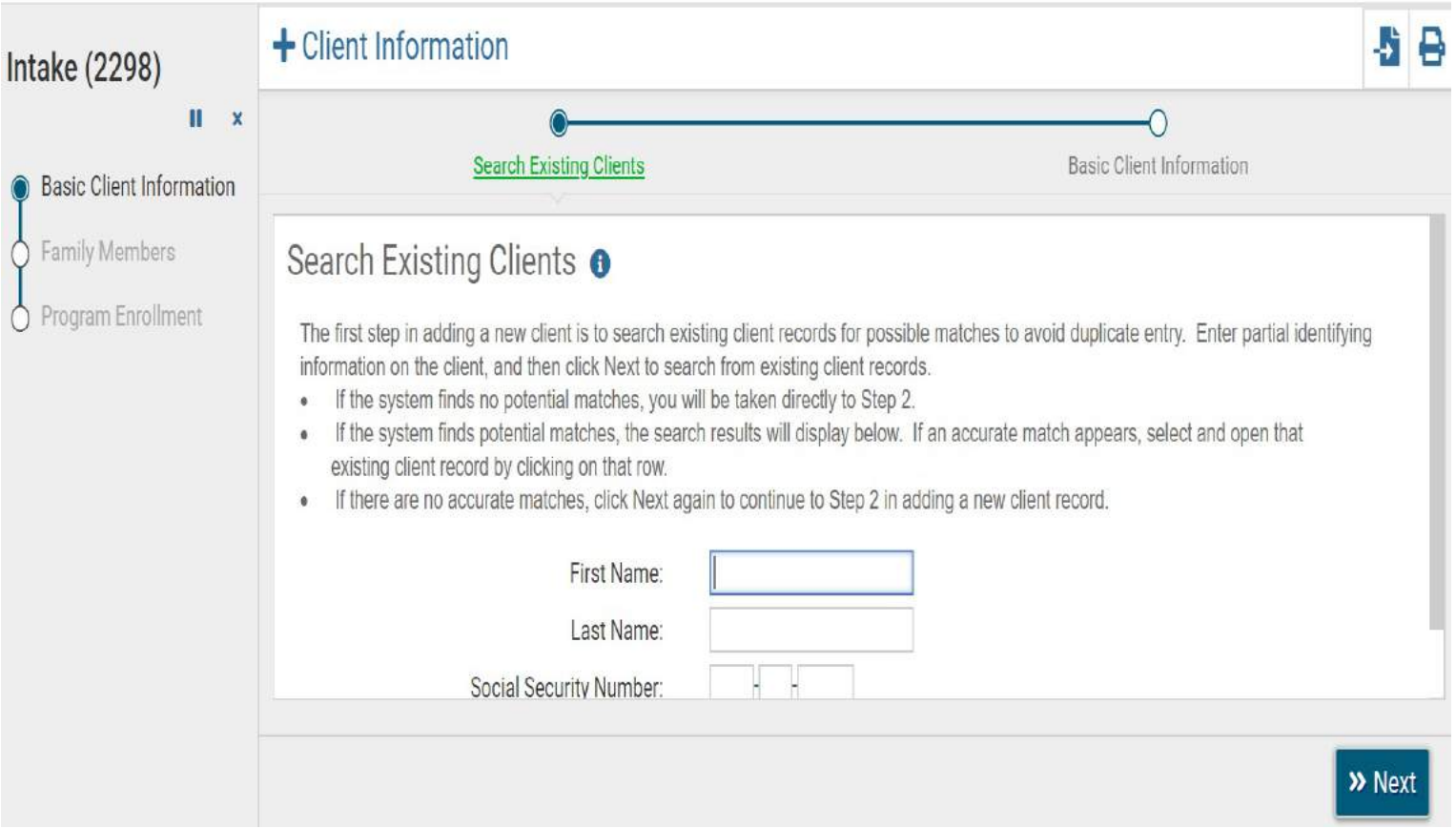
- Click here to begin adding the new client.



Click on "Add a new client."



ClientTrack will use the data you enter here to check throughout the system for matching dates of birth, names and Social Security numbers



- Enter the client's name, Social Security number and date of birth here.

Intake (2298)

Basic Client Information

Family Members

Program Enrollment

+ Client Information

Search Existing Clients

Basic Client Information

information on the client, and then click Next to search from existing client records.

- If the system finds no potential matches, you will be taken directly to Step 2.
- If the system finds potential matches, the search results will display below. If an accurate match appears, select and open that existing client record by clicking on that row.
- If there are no accurate matches, click Next again to continue to Step 2 in adding a new client record.

First Name: Hunter

Last Name: Green

Social Security Number: 465 - 67 - 9915

Birth Date: 01/15/1967

» Next

Click "Next"

Intake (2298)

- Basic Client Information
- Family Members
- Program Enrollment

Client Information

Search Existing Clients — Basic Client Information

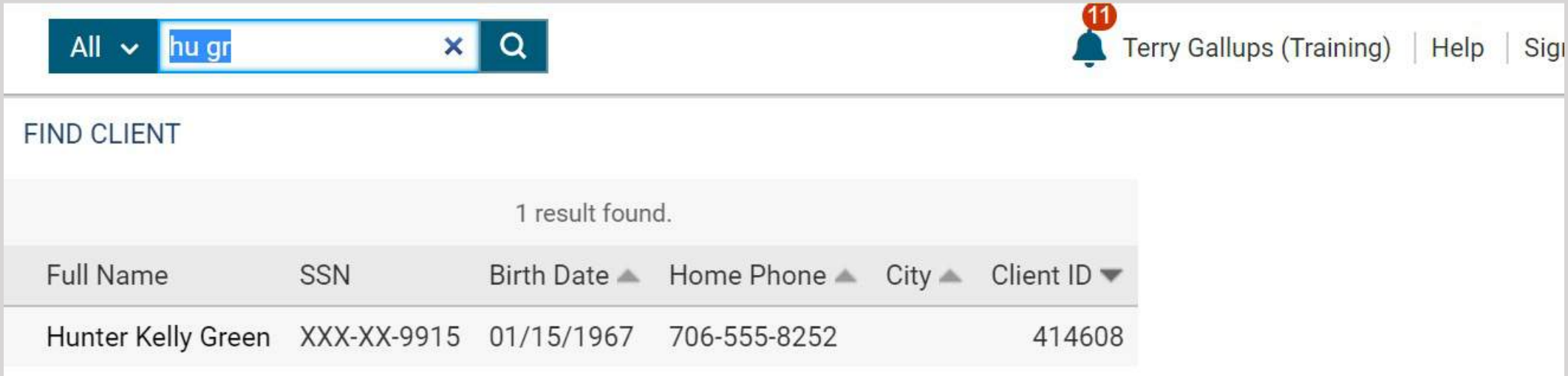
information on the client, and then click Next to search from existing client records.

- If the system finds no potential matches, you will be taken directly to Step 2.
- If the system finds potential matches, the search results will display below. If an accurate match appears, select and open that existing client record by clicking on that row.
- If there are no accurate matches, click Next again to continue to Step 2 in adding a new client record.

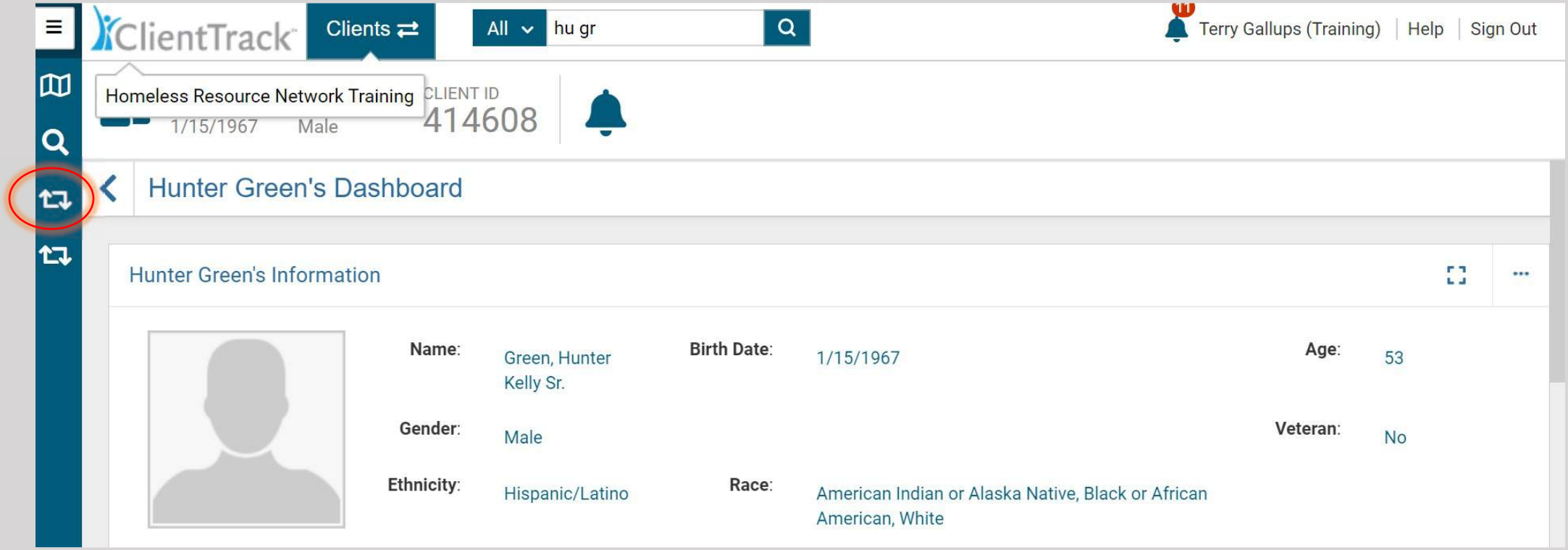
First Name:	Hunter
Last Name:	Green
Social Security Number:	465 - 67 - 9915
Birth Date:	01/15/1967

» Next

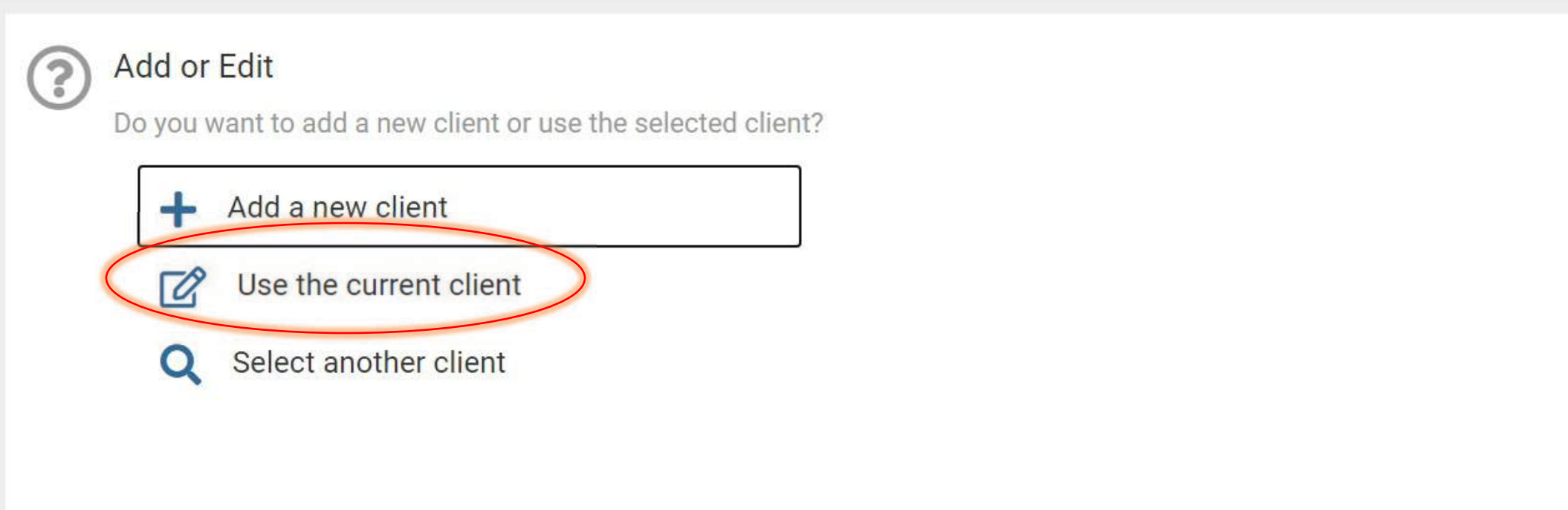
If the client already has a profile in ClientTrack, then the client's name will appear.



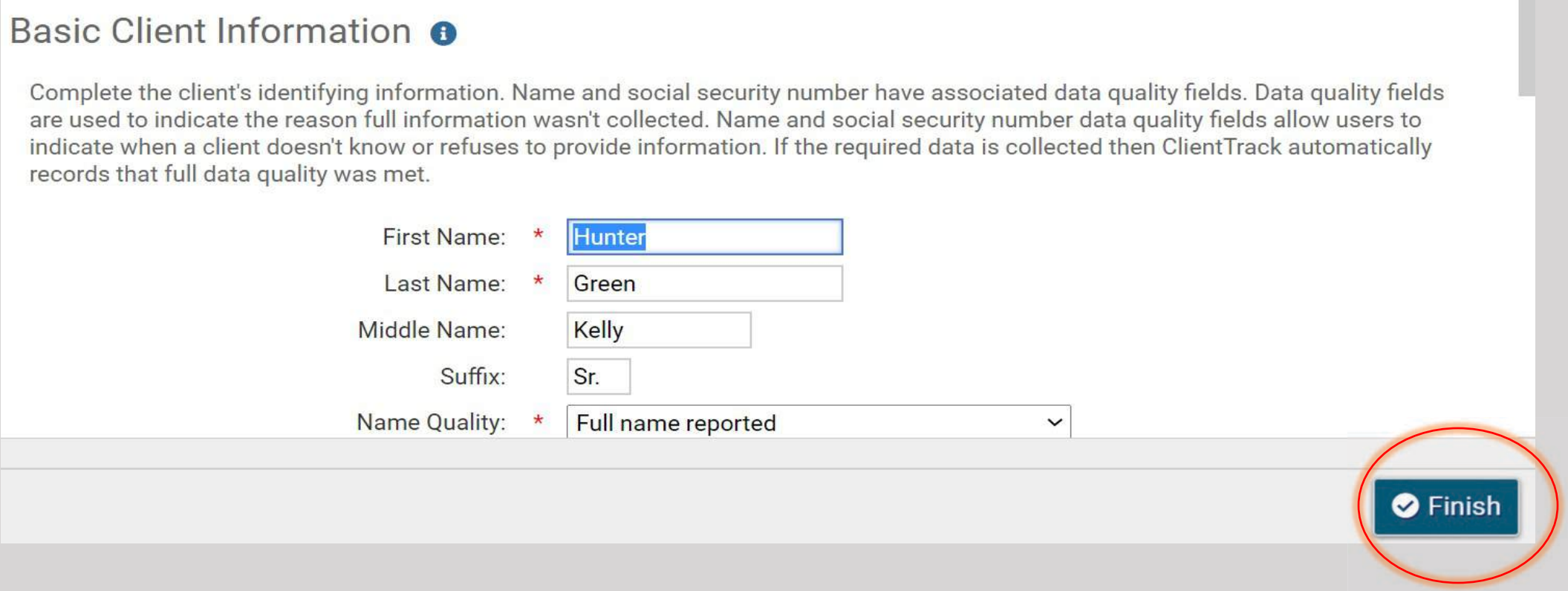
Go to the client's profile and click on the intake button.



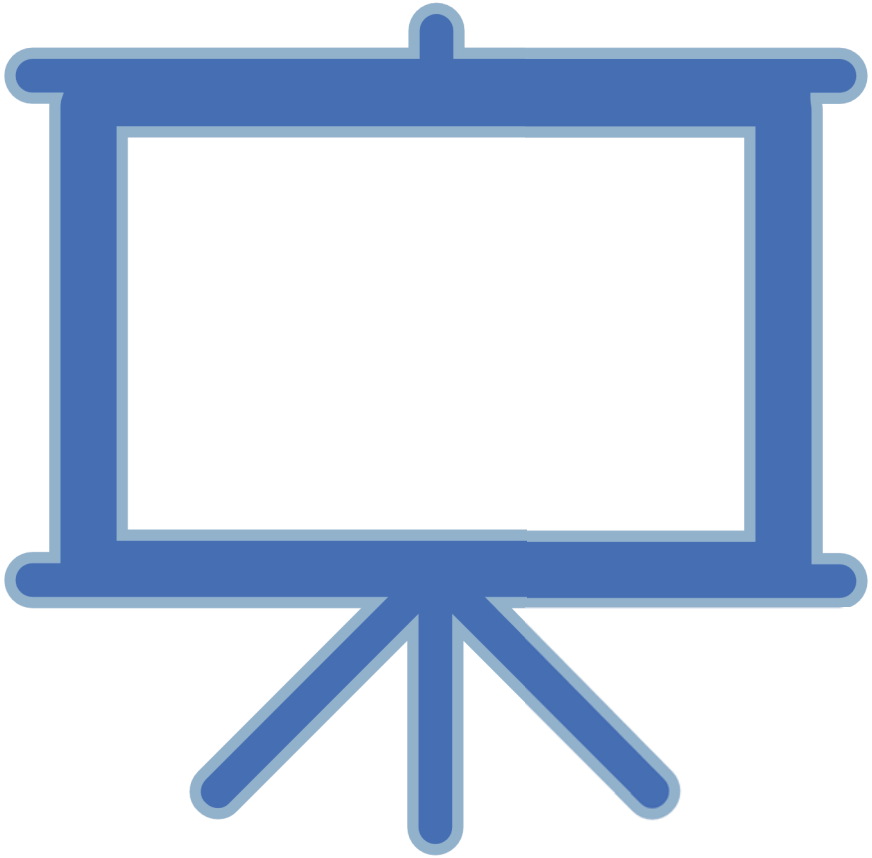
Select “Use the current client.”



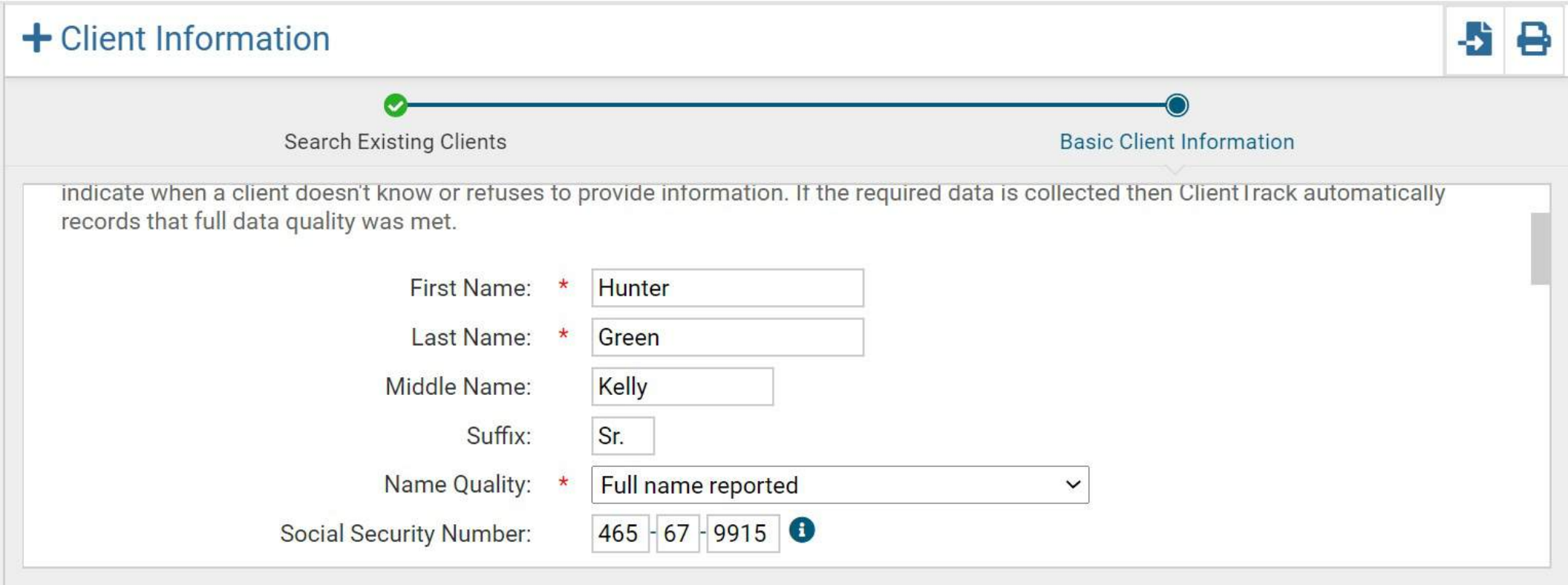
If the client already has a profile and you have no additional information to add about the client, then click the “Finish” button.



- On the next few slides, you will see how to enter additional information for a new client or new program enrollment



Enter the client's middle name and suffix (if they have one).



Basic Client Demographics

Birth Date: * 01/15/1967

Client Age: 53

Date of Birth Quality: *
- Full DOB Reported
- Approximate or Partial DOB Reported
- Client doesn't know
- Client refused
- Data not collected

Ethnicity: * -- SELECT --

Race: *
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

Gender: * -- SELECT --

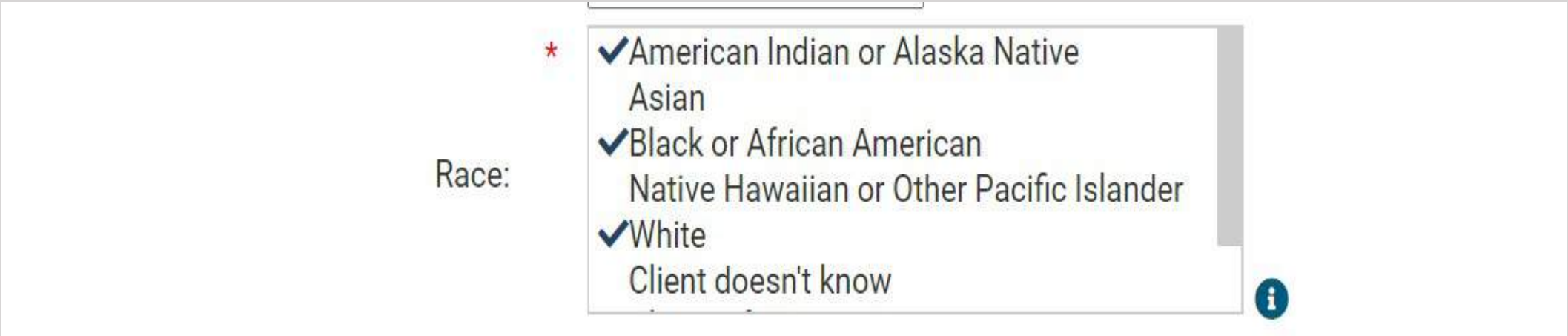
Veteran Status: * -- SELECT --

Show Address and Contact Information:

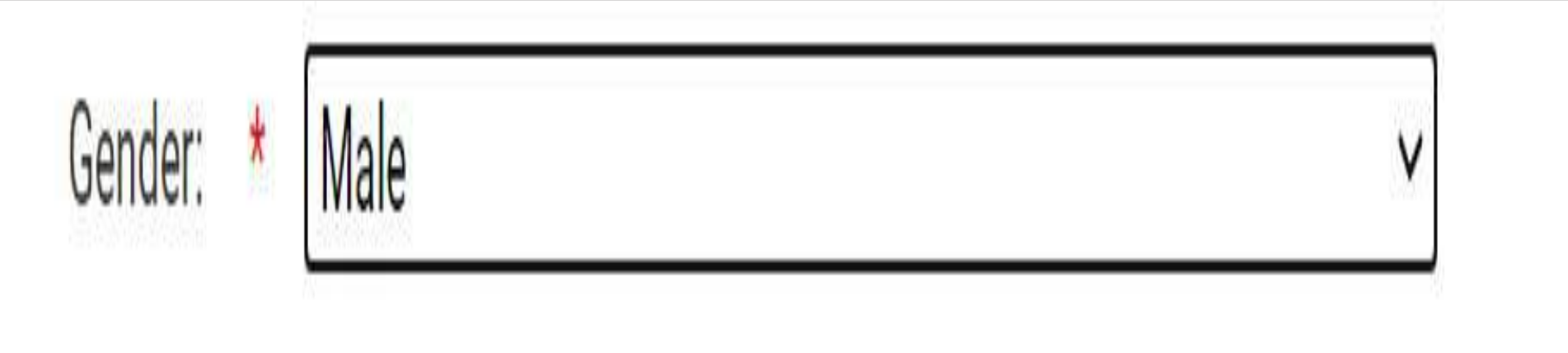
THIS IS WHERE WE ADD THE CLIENT'S DEMOGRAPHIC DATA. THE DATE OF BIRTH, AGE AND SOCIAL SECURITY NUMBER WILL ALREADY BE THERE IF YOU ENTERED TO SEARCH FOR THE CLIENT.

Ask the client if he/she is Hispanic and select the appropriate response.

Enter the client's race. **Remember, **the client can identify with multiple races and all should be checked.**



Ask the client with which gender he/she identifies.



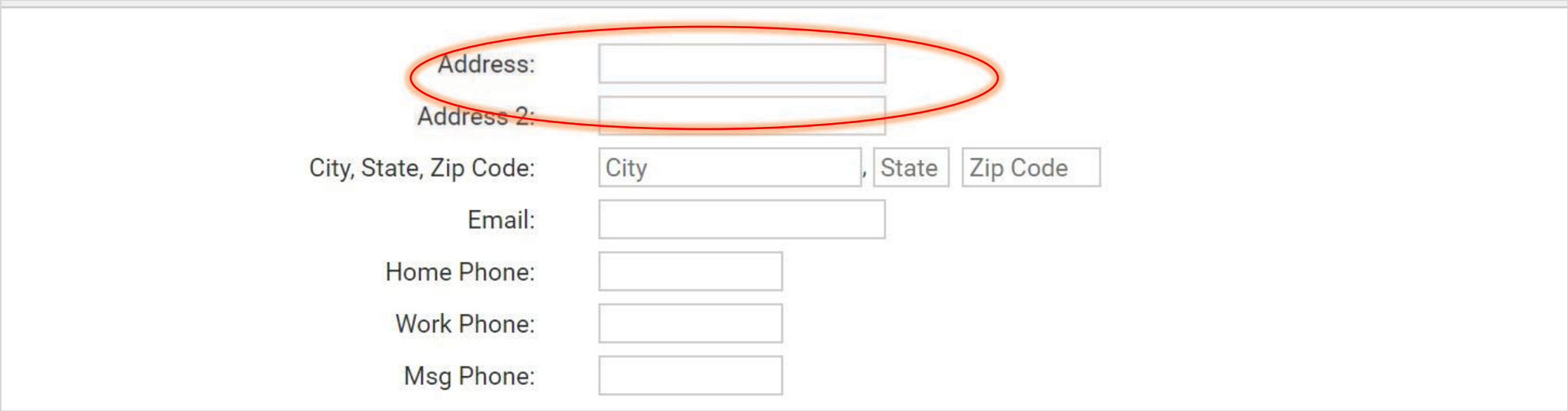
IF THE CLIENT IDENTIFIES AS A FEMALE, THEN CLIENTTRACK WILL PROMPT YOU TO ASK IF THE CLIENT IS CURRENTLY PREGNANT.

Is the client a veteran?

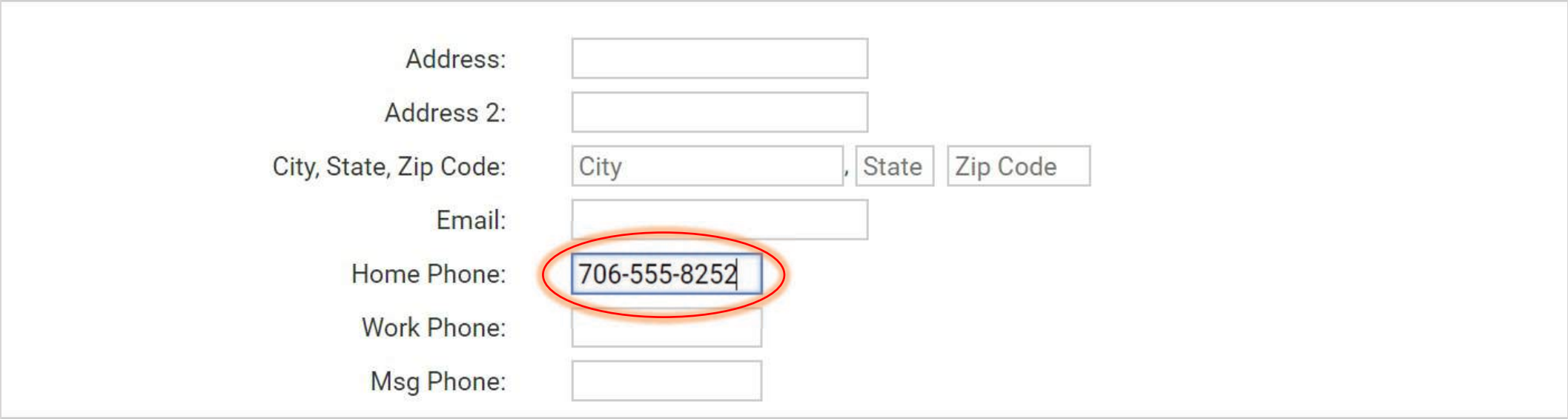
Veteran Status: * No

Click this button to add contact information for the client.

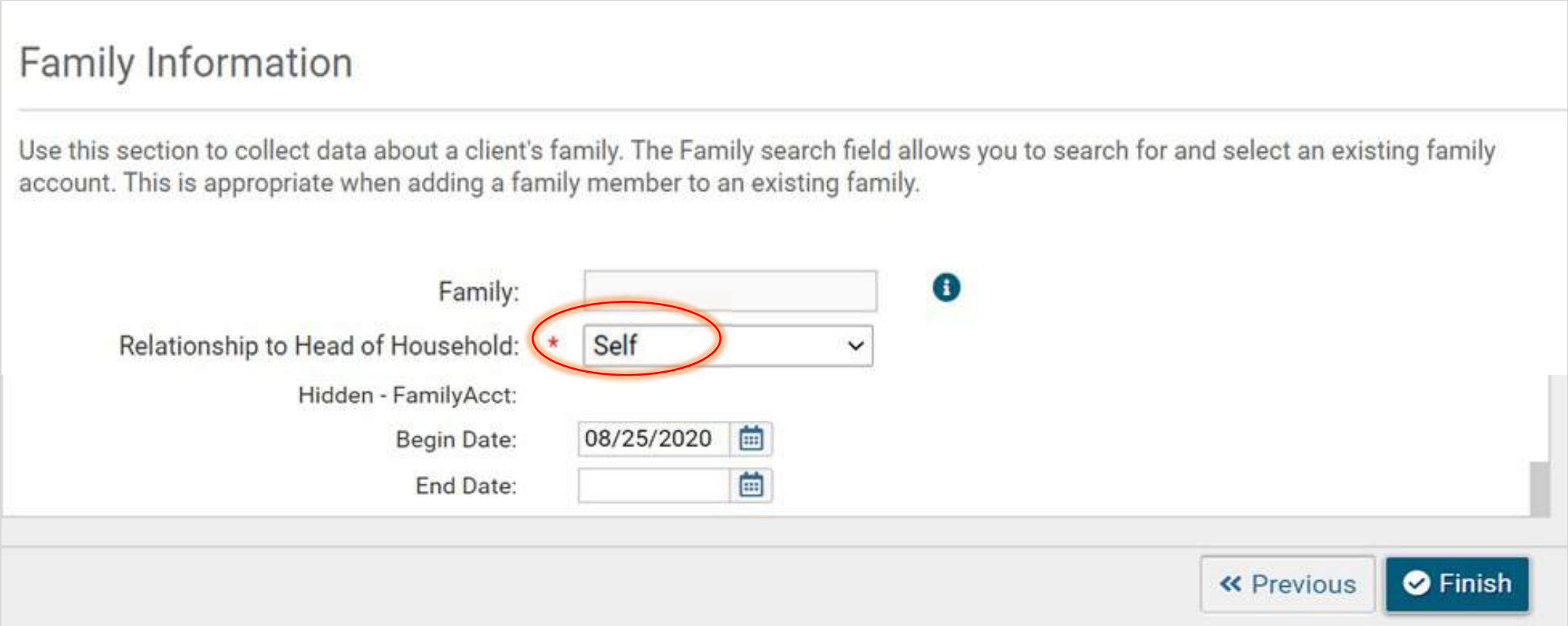
Since the client is homeless at the beginning of enrollment, there is no need to enter an address. *After the client is housed, then you will add his new address.* Do add the City, State and a Zip Code.



Enter the client's phone number here, even if it is a cell phone because this is the line that shows up in the search bar later.



Select “Self” and this will identify this client as the Head of Household.



The “Begin Date” will be the day the client is enrolled in your program.

Family Information

Use this section to collect data about a client's family. The Family search field allows you to search for and select an existing family account. This is appropriate when adding a family member to an existing family.

Family:

Relationship to Head of Household: * Self

Hidden - FamilyAcct:

Begin Date: 08/25/2020

End Date:

« Previous | Finish

The “End Date” is left blank.

Family Information

Use this section to collect data about a client's family. The Family search field allows you to search for and select an existing family account. This is appropriate when adding a family member to an existing family.

Family:

Relationship to Head of Household: * Self

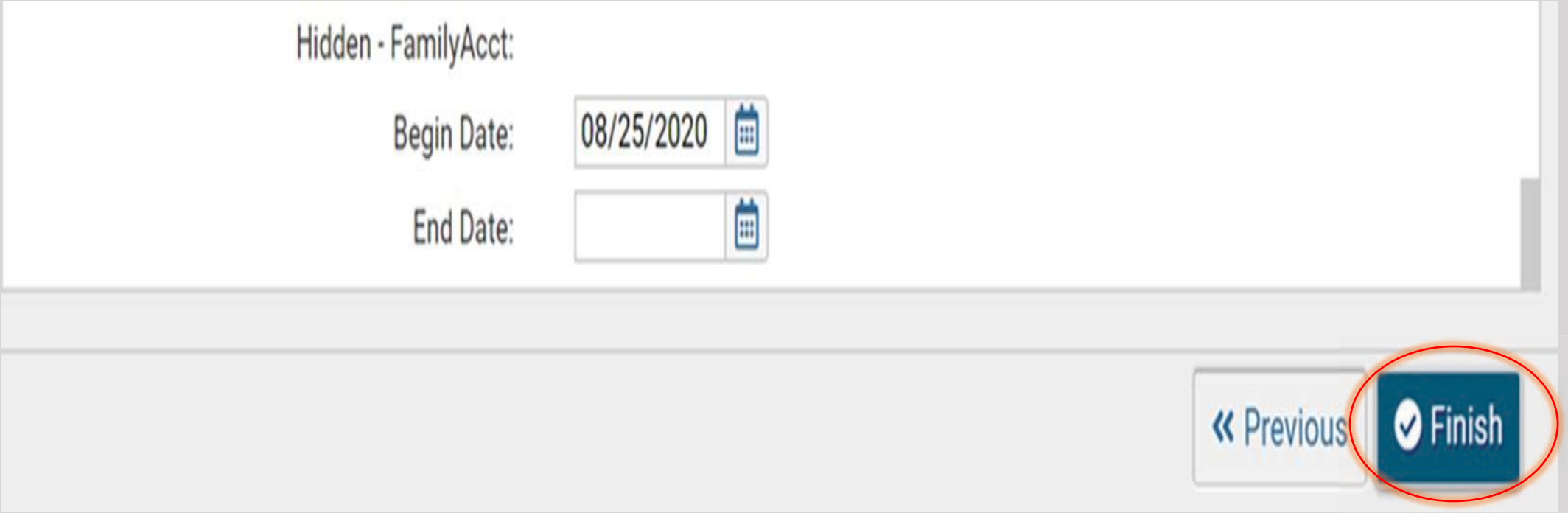
Hidden - FamilyAcct:

Begin Date: 08/25/2020

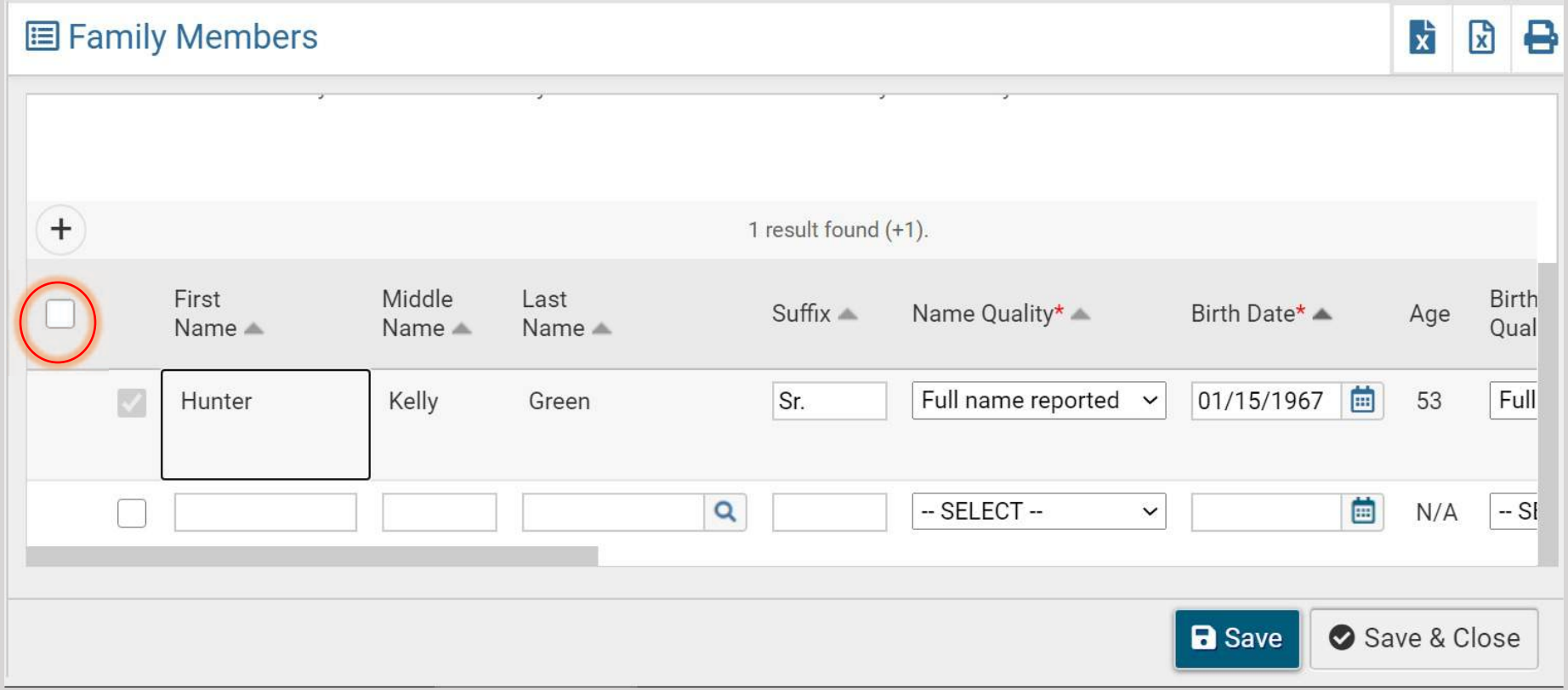
End Date:

« Previous | Finish

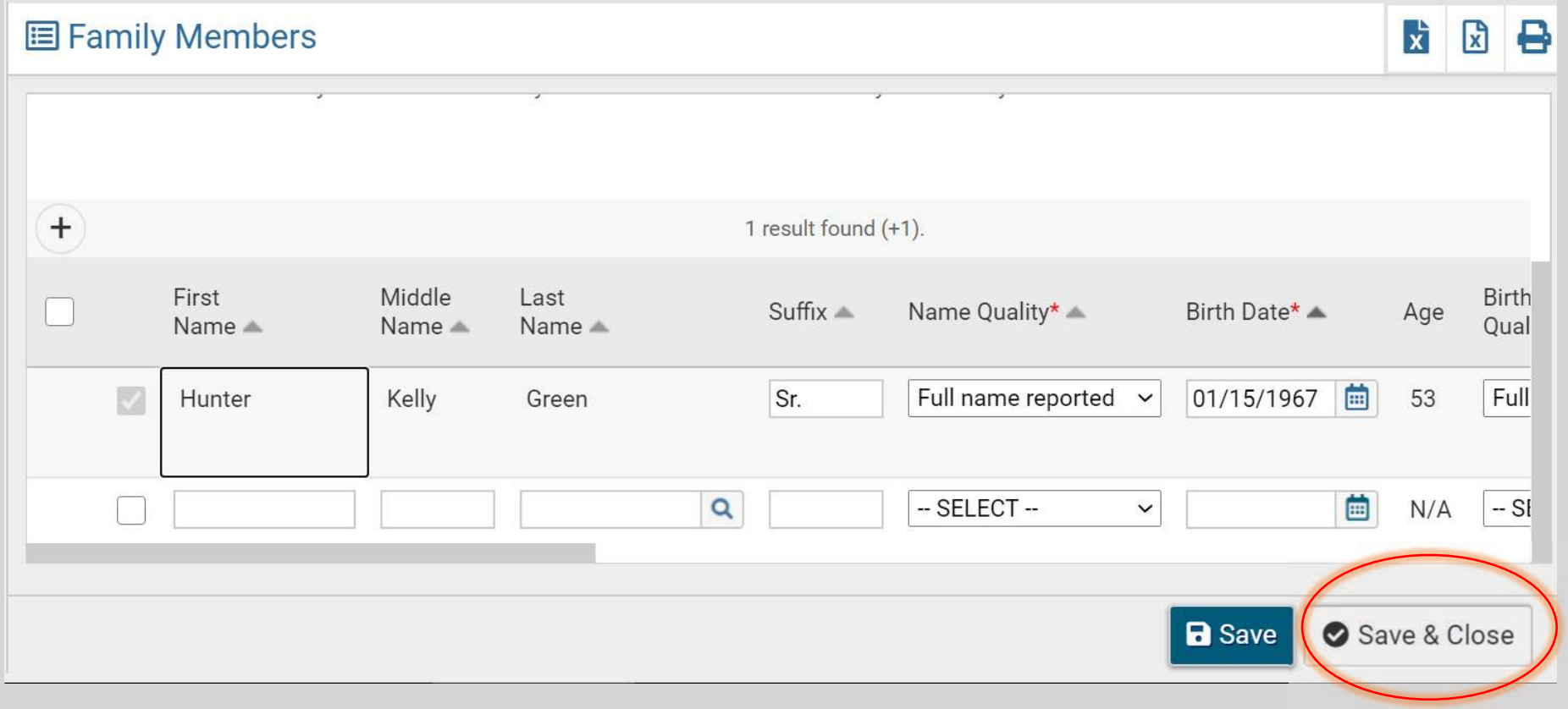
Click “Finish.”



Click this box to continue with this client's enrollment.



Click “Save and Close” if the client has no family members with him/her.



This is where you will enter the program enrollment.

HUD Program Enrollment

Select the Project you are enrolling the client into.
ClientTrack will display a list of clients in the client's family.
Please select all the clients you are enrolling.

The Project Start Date is:

- For **Street Outreach** projects – it is the date of first contact with the client.
- For **Emergency Shelters** – it is the night the client first stayed in the shelter for the consecutive shelter period from entry to exit. Night by night shelters, which use a bed-night tracking method will have a project start date and will allow clients to re-enter as necessary without "exiting and restarting" for each stay for a specified period.
- For **Safe Havens** and **Transitional Housing** – it is the date the client moves into the residential project (i.e. first night in residence).
- For all types of **Permanent Housing**, including **Rapid Re-Housing** – it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
  1. Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered
  2. The client has indicated they want to be housed in this project
  3. The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
- For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: * -- SELECT --

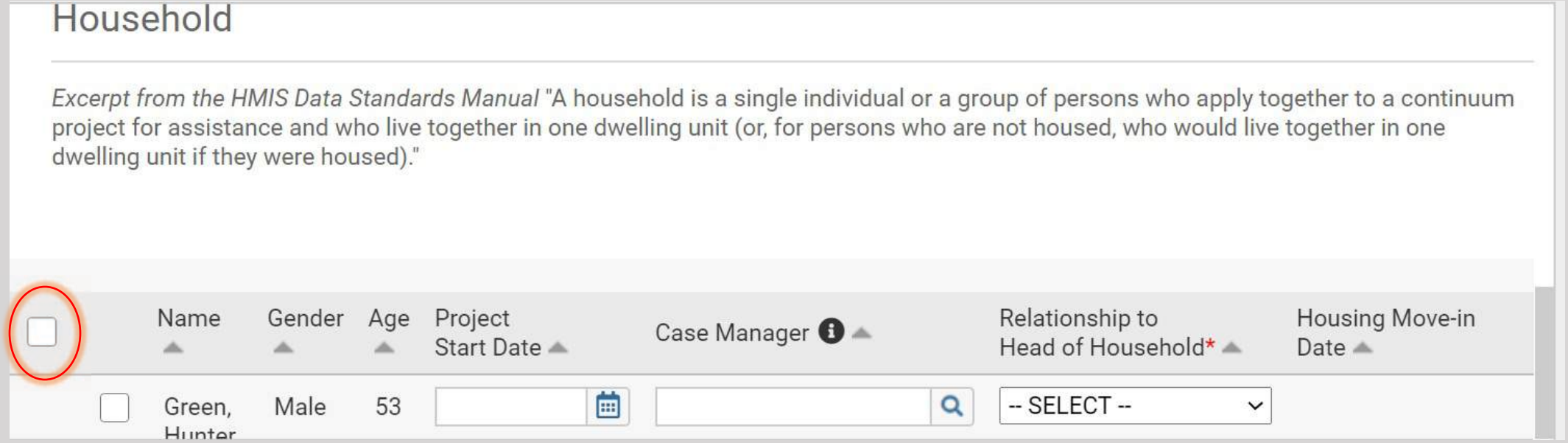
Save

Use the drop-down box to select a program.

- For **Safe Havens** and **Transitional Housing** – it is the date the client moves into the residential project (i.e. first night in residence).
- For all types of **Permanent Housing**, including **Rapid Re-Housing** – it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
    1. Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered
    2. The client has indicated they want to be housed in this project
    3. The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
- For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: * Home for Good RRH

Click this box to enroll the client.



When the box is checked, ClientTrack will add this information for you.

Excerpt from the HMIS Data Standards Manual "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

	Name	Gender	Age	Project Start Date	Case Manager	Relationship to Head of Household*	Housing Move-in Date
☑	Green, Hunter Kelly	Male	53	08/25/2020	Terry Gallups	Self	

1

Save

Click "Save."

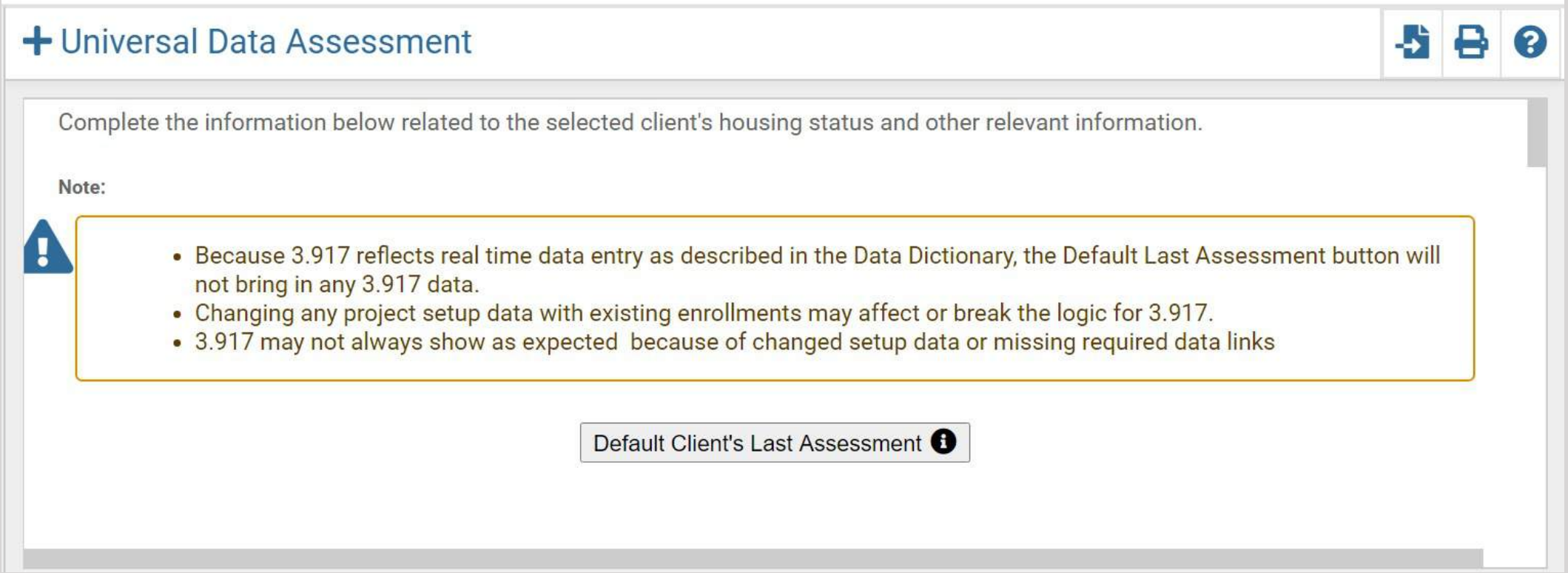
Excerpt from the HMIS Data Standards Manual "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

	Name	Gender	Age	Project Start Date	Case Manager	Relationship to Head of Household*	Housing Move-in Date
☑	Green, Hunter Kelly	Male	53	08/25/2020	Terry Gallups	Self	

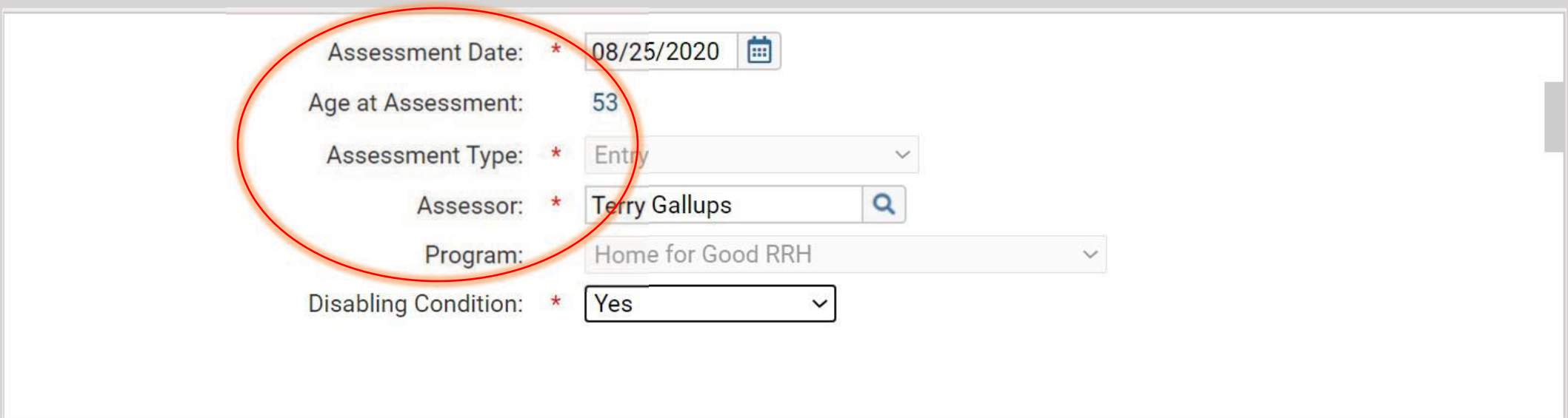
1

Save

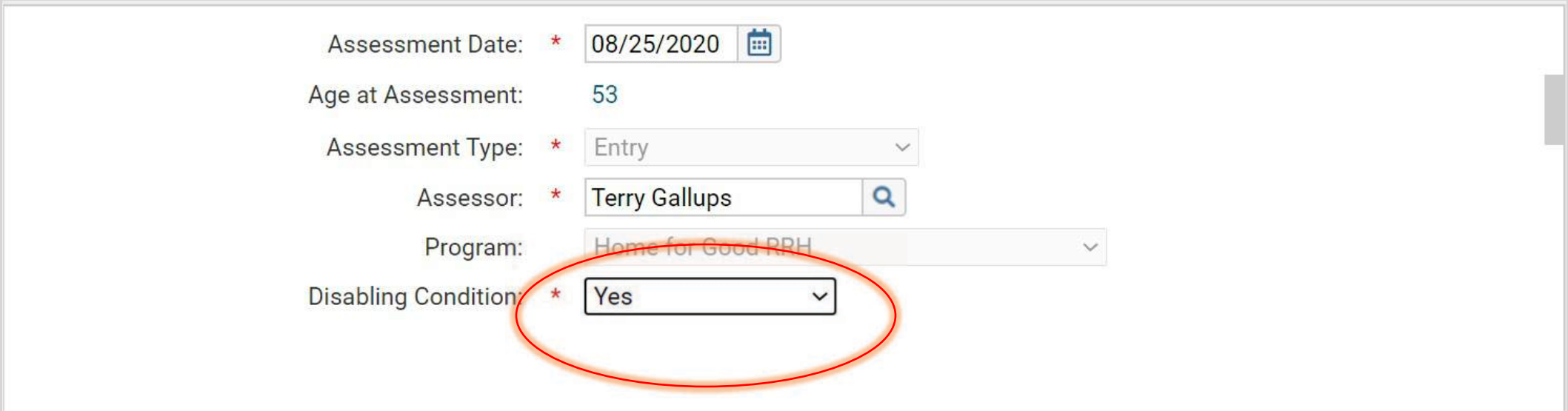
The next steps will begin an assessment of needs.



This data will already appear.



Use the drop-down box to indicate if the client has a disability.



This information will already appear and will be the same for every client in this version of ClientTrack.

Client Location

Select or enter the CoC code assigned to the geographic area where the head of household is staying at the time of project entry. Client location will be defaulted to the program's CoC within a workflow.

Client Location: * GA-505 - Columbus-Muscogee/Russell County CoC

Ask the client, “Where did you sleep last night?”

Living Situation

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Prior Living Situtation: * -- SELECT --

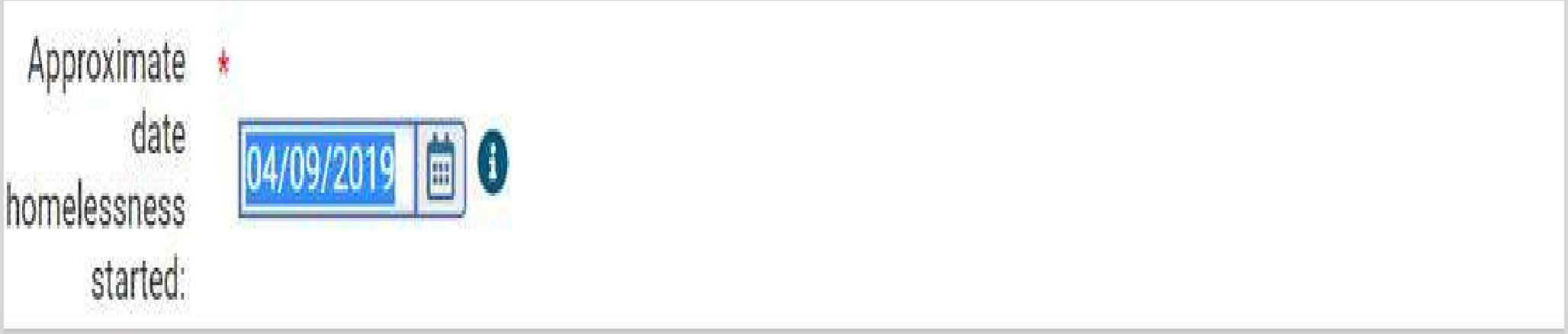
Use the drop-down box to record the client's answer.

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Prior Living Situtation: * Place not meant for habitation

Ask the client how long he/she has been at that particular location and use the drop-down box to record the response.

Ask the client for the approximate date he/she became homeless.



Ask the client how many times he/she has been homeless in the last 3 years and use the drop-down box to make a selection.

Ask the client how many total months he/she thinks he/she has been homeless in the last 3 years. *Remember, when calculating time homeless, if a client is homeless even one day in a given month, HUD counts that as an entire month of homelessness.*

Total number of months homeless on the street, in ES, or SH in the past three years *

More than 12 months

Does the client have insurance? Use the drop-down box to record the response.

Health Insurance

Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

Default Last Insurance Status

Covered by Health Insurance: * Yes

Click this box and all statuses will be "No."

Type	Status	Reason No	Other Coverage
Private	No	-- SELECT --	
Private - Employer	No	-- SELECT --	
Private - Individual	No	-- SELECT --	
Medicare	No	-- SELECT --	
Medicaid	No	-- SELECT --	
State Children's Health Insurance Program S-CHIP	No	-- SELECT --	
Military Insurance	No	-- SELECT --	
Other Public	No	-- SELECT --	
State Funded	No	-- SELECT --	
Combined Children's Health Insurance / Medicaid Program	No	-- SELECT --	
Indian Health Service (IHS)	No	-- SELECT --	
Other	No	-- SELECT --	

Save

If the client has insurance, find the appropriate kind and change the "No" to "Yes" in the drop-down box.

Type	Status	Reason No	Other Coverage
State Funded	No	-- SELECT --	
Combined Children's Health Insurance / Medicaid Program	No	-- SELECT --	
Indian Health Service (IHS)	Yes		
Other	No	-- SELECT --	

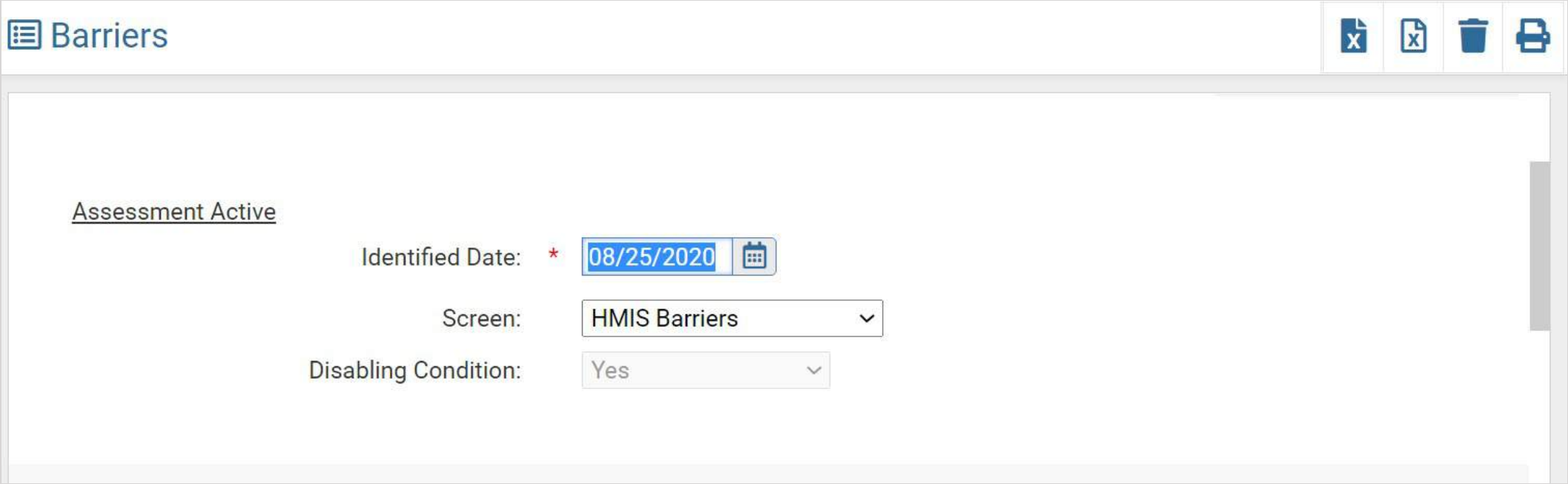
Save

Click "Save."

Type	Status	Reason No	Other Coverage
State Funded	No	-- SELECT --	
Combined Children's Health Insurance / Medicaid Program	No	-- SELECT --	
Indian Health Service (IHS)	Yes		
Other	No	-- SELECT --	

Save

Now the client's barriers to housing are entered.



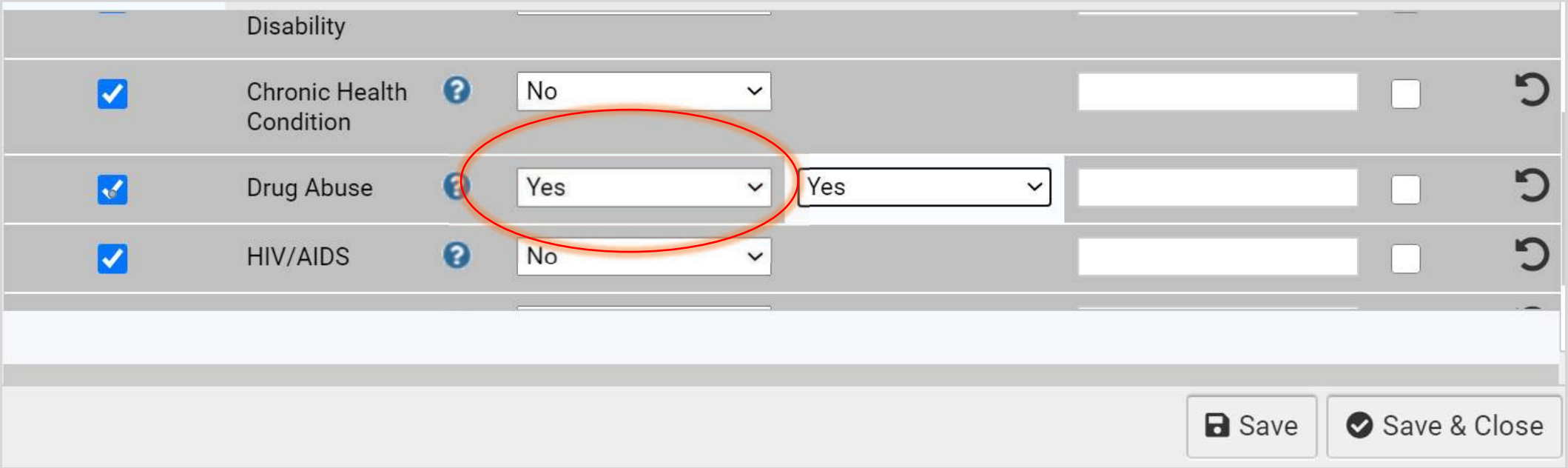
These are the most common barriers to housing.

	Barrier	Help	Barrier Present?*	Condition is Indefinite	Explanation	Previous Barrier Details
	Alcohol Abuse		-- SELECT --			
	Developmental Disability		-- SELECT --			
	Chronic Health Condition		-- SELECT --			
	Drug Abuse		-- SELECT --			
	HIV/AIDS		-- SELECT --			
	Mental Health		-- SELECT --			
	Physical Disability		-- SELECT --			

Click this box and all Barriers Present will be marked "No."

	Barrier	Help	Barrier Present?*	Condition is Indefinite	Explanation	Previous Barrier Details	
☑	Alcohol Abuse	?	No			☐	↺
☑	Developmental Disability	?	No			☐	↺
☑	Chronic Health Condition	?	No			☐	↺
☑	Drug Abuse	?	No			☐	↺
☑	HIV/AIDS	?	No			☐	↺
☑	Mental Health	?	No			☐	↺
☑	Physical Disability	?	No			☐	↺

If the client has a disability/barrier, click on the drop-down box and change "No" to "Yes."

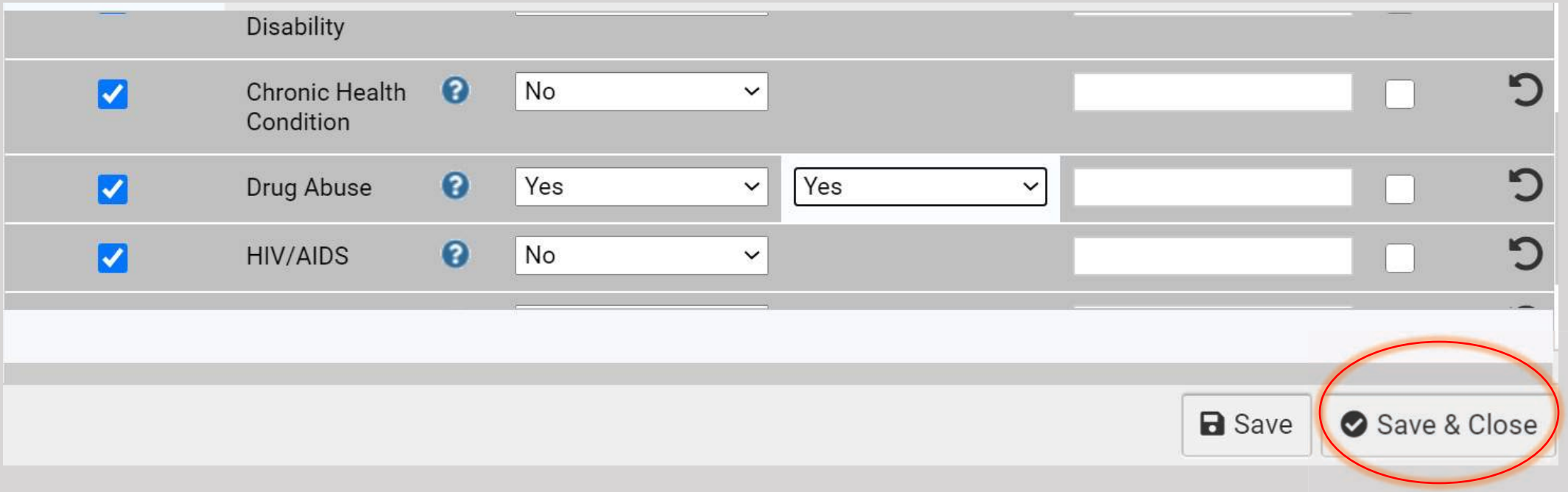


Indicate if the barrier is life-long issue for the client or if he/she is expected to recover with no residual problems.

	Disability					
☑	Chronic Health Condition	No			☐	
☑	Drug Abuse	Yes	Yes		☐	
☑	HIV/AIDS	No			☐	

Save | Save & Close

Click "Save & Close."



Is the client a victim of domestic violence? Check the appropriate response.

Assessment Active

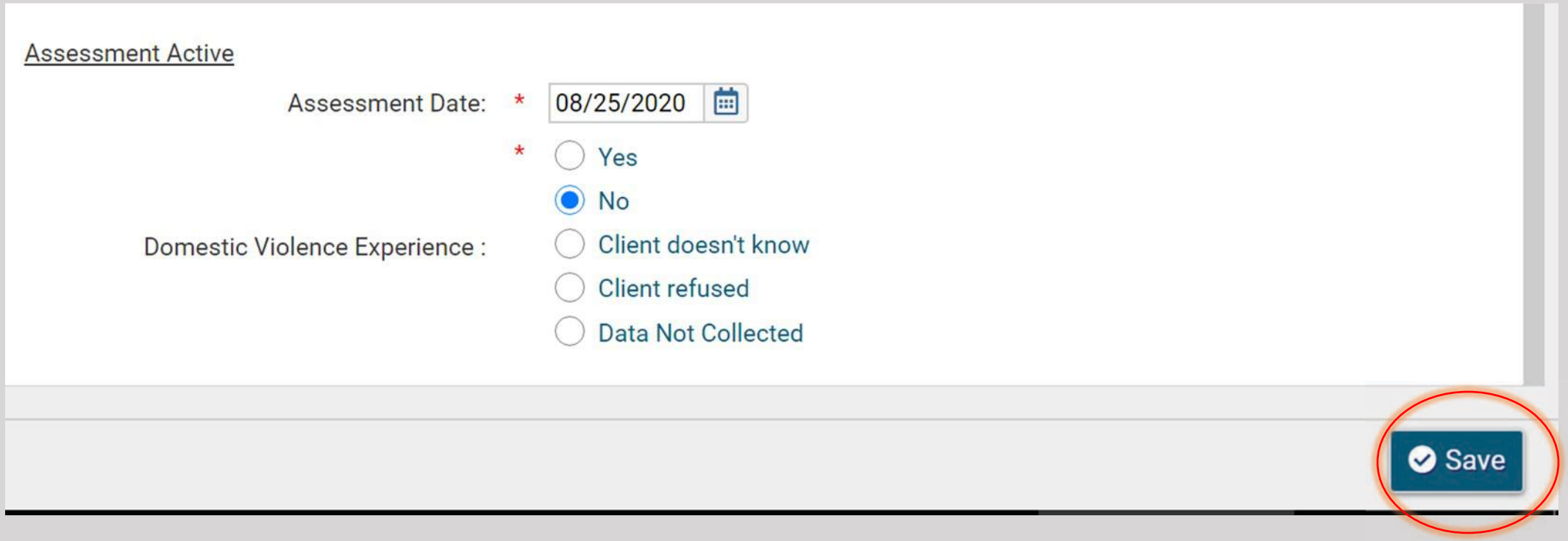
Assessment Date: * 08/25/2020

Domestic Violence Experience : *

- ○ Yes
- ● No
- ○ Client doesn't know
- ○ Client refused
- ○ Data Not Collected

Save

Click “Save.”


Assessment Active
Assessment Date: *
08/25/2020
*
Yes
No
Domestic Violence Experience :
Client doesn't know
Client refused
Data Not Collected
Save

Next, the client's income, Non-cash benefits and expenses are added.

Indicate below the client's sources of **monthly** income, non-cash benefits and expenses.

The following instructions are quoted from the HMIS Data Manual:

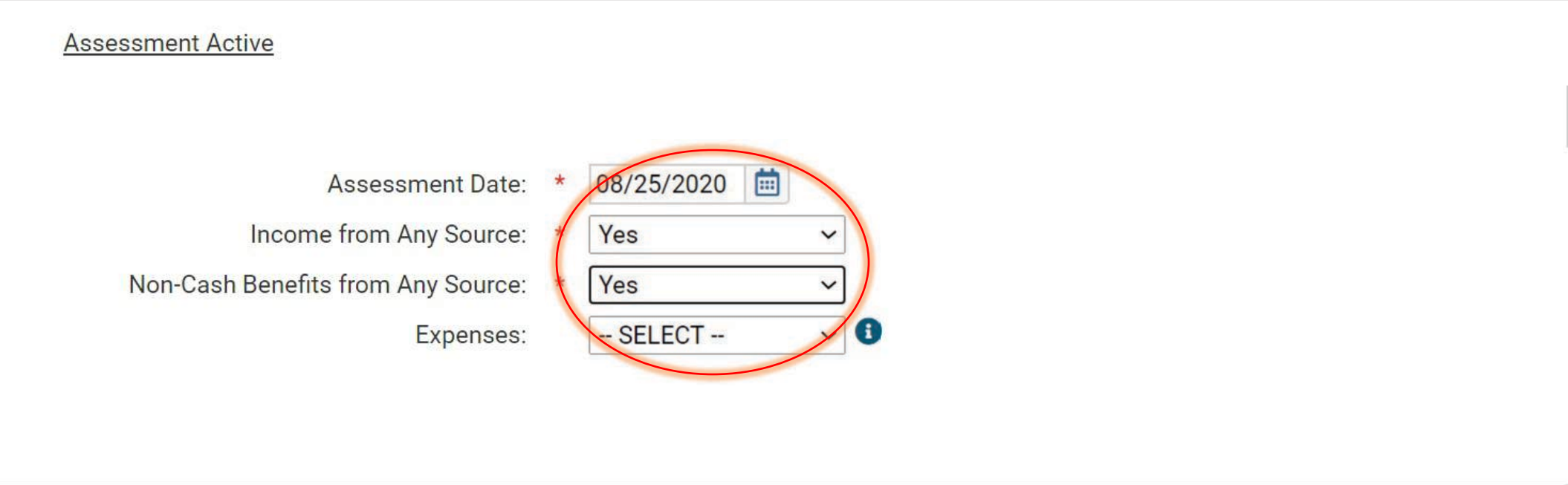
- When a client has income, but does not know the exact amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income amount should be estimated.
- Income received by or on behalf of a minor child should be recorded as part of household income under the Head of Household, unless the federal funder in the HMIS Program Specific Manual instructs otherwise. Income should be recorded at the client-level for heads of household and adult household members. Projects may choose to collect this information for all household members including minor children, as long as this does not interfere with accurate reporting per funder requirements. Projects collecting data through client interviews should ask clients whether they receive income from each of the sources listed rather than asking them to state the sources of income they receive.
- Income data should be recorded only for sources of income that are current as of the information date (i.e. have not been specifically terminated). As an example, if a client's employment has been terminated and the client has not yet secured additional employment, the response for Earned income would be "No." As a further example, if a client's most recent paycheck was 2 weeks ago from a job in which the client was working full time for $15.00/hour, but the client is currently working 20 hours per week for $12.00 an hour, record the income from the job the client has at the time data are collected (i.e. 20 hours at $12.00 an hour).

Default Last Assessment

Assessment Active

Assessment Date:	*	08/25/2020
Income from Any Source:	*	-- SELECT --
Non-Cash Benefits from Any Source:	*	-- SELECT --
Expenses:		-- SELECT --

Use the drop-down boxes to indicate if the client has income, non-cash benefits or expenses ("Expenses" is an optional feature)



These are the choices for Income.

Income

	Type	Description	Monthly Amount
	Earned Income		
	Unemployment Insurance		
	Supplemental Security Income		
	Social Security Disability Income		
	Veteran's Disability Payment		
	Private Disability Insurance		
	Worker's Compensation		
	Count/Total Monthly Income:	0	$0.00

Select the type of income the client has and enter the monthly amount.

Income

	Type	Description	Monthly Amount
☐	Earned Income		
☐	Unemployment Insurance		
☐	Supplemental Security Income		
☑	Social Security Disability Income		783.00
☐	Veteran's Disability Payment		
☐	Private Disability Insurance		
☐	Worker's Compensation		
	Count/Total Monthly Income:	1	$783.00

Save and Close

These are the Non-cash benefits choices.

	Type	Description	Monthly Amount
☐	Food Stamps/Money for food on benefits card		
☐	Special Supplemental Nutrition Program for Women, Infants, and Children		
☐	TANF Child Care Services		
☐	TANF Transportation Services		
☐	Other TANF-funded Services		

Select the Non-Cash benefit and enter the monthly amount.

☑	Food Stamps/Money for food on benefits card		194.00
☐	Special Supplemental Nutrition Program for Women, Infants, and Children		
☐	TANF Child Care Services		
	[1] Deprecated in 2017 (HMIS v6.1)	Count/Total Monthly Income: 1	$194.00

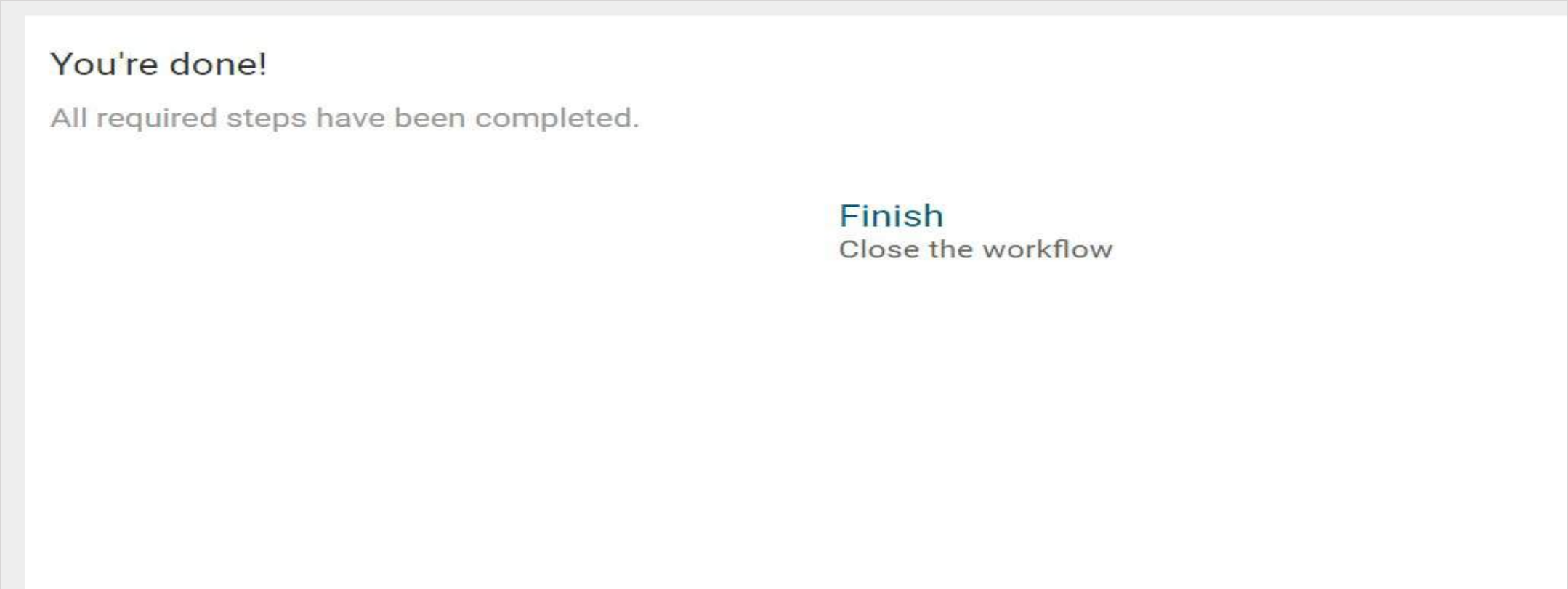
Save and Close

Click “Save and Close.”

☑	Food Stamps/Money for food on benefits card		194.00
☐	Special Supplemental Nutrition Program for Women, Infants, and Children		
☐	TANF Child Care Services		
[1] Deprecated in 2017 (HMIS v6.1)	Count/Total Monthly Income:	1	$194.00

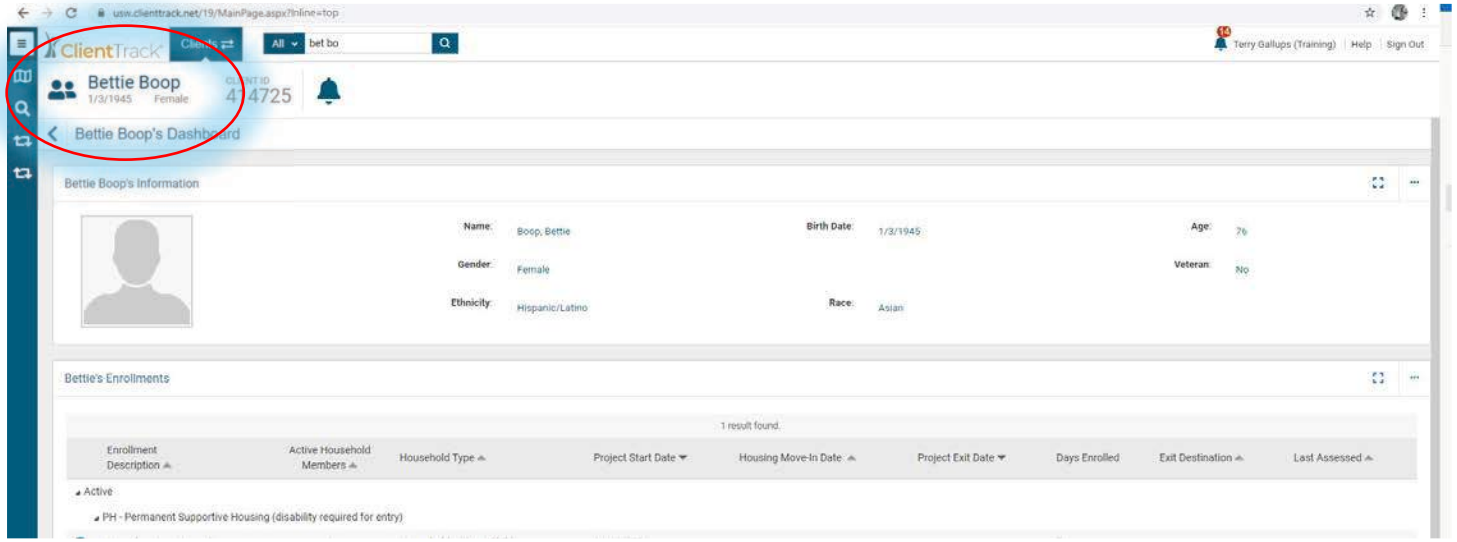
Save and Close

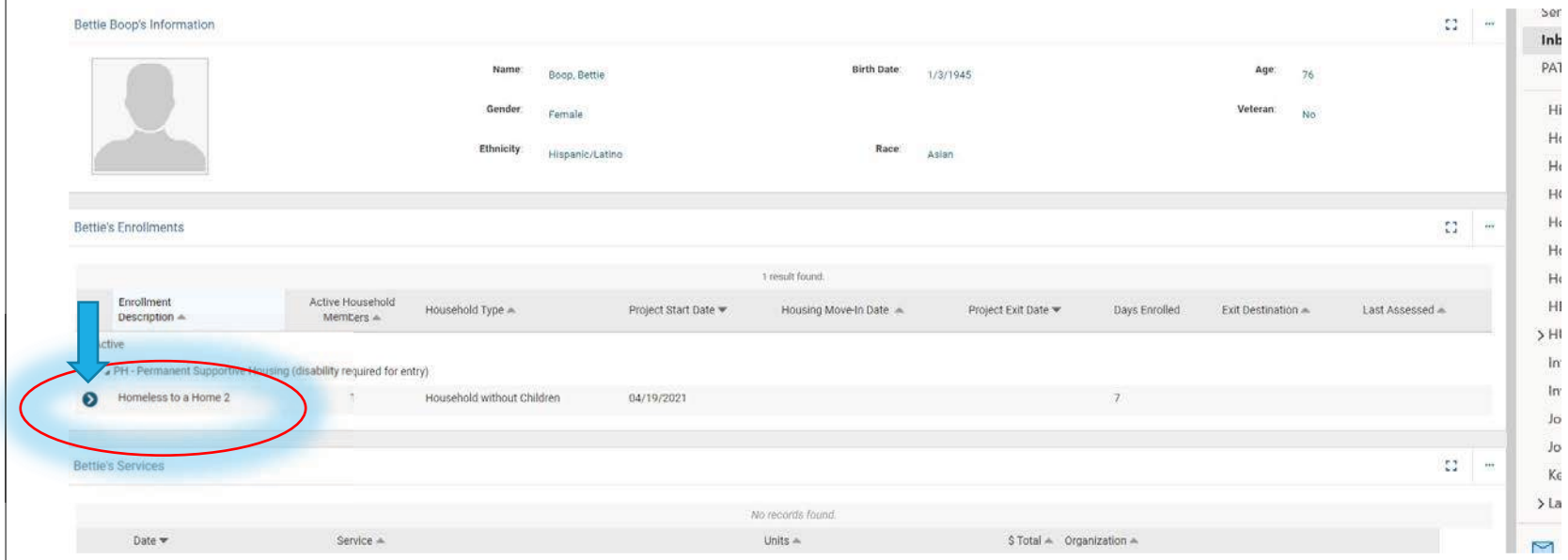
This message will appear when you have successfully completed the intake.



Adding a Family Member to an Existing Account in ClientTrack

Begin on the Head of Household's page.

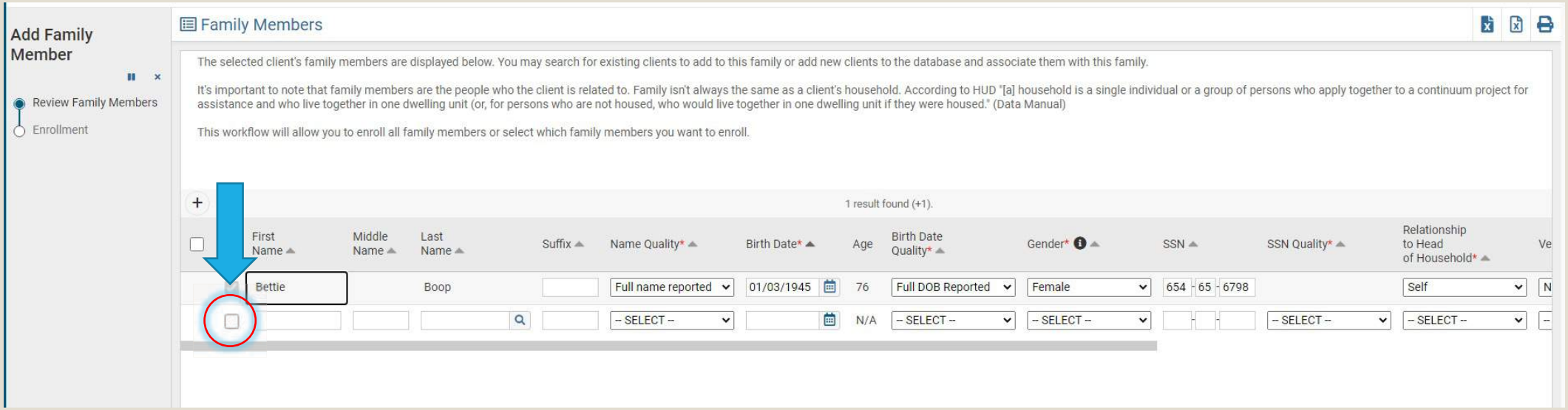


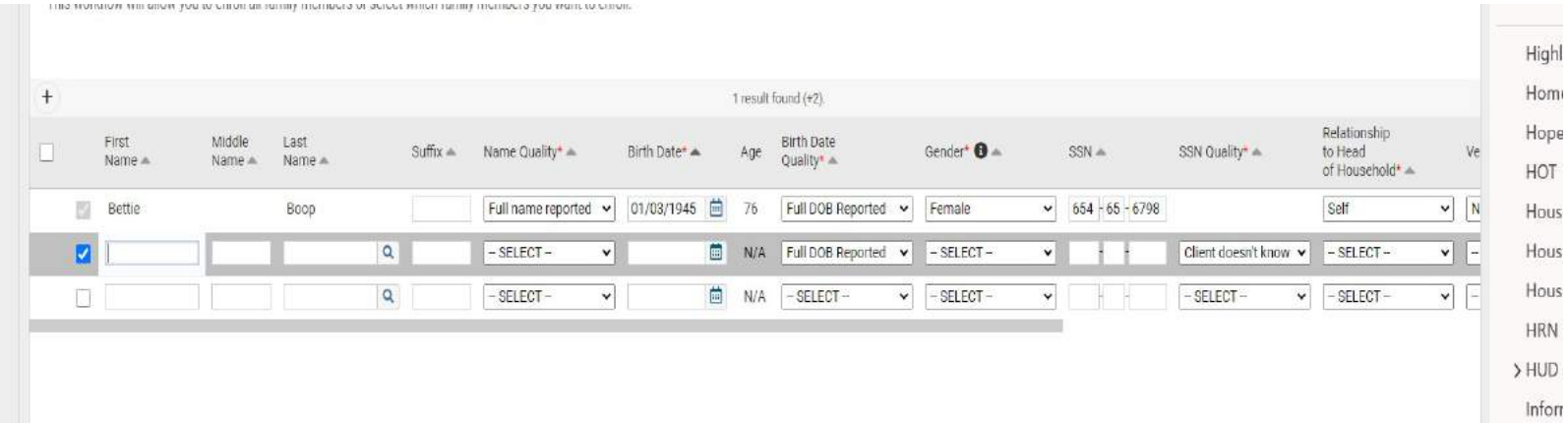


Select your program and click on the blue action wheel

Select “Add Family Member.”

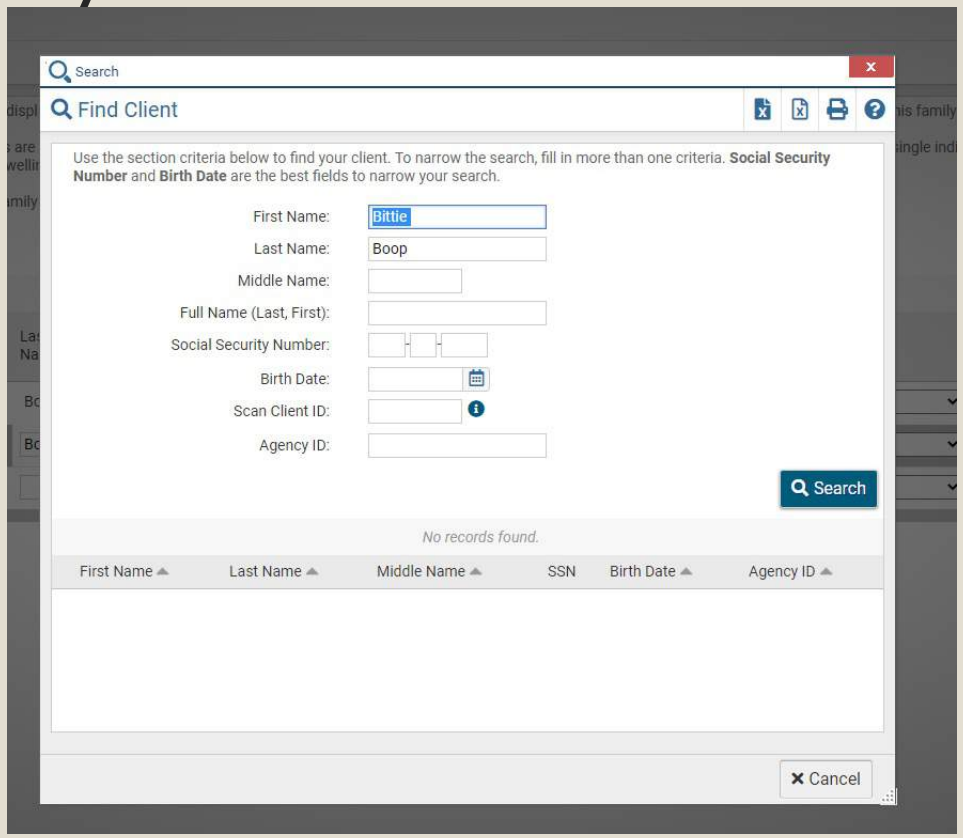
Click this box.



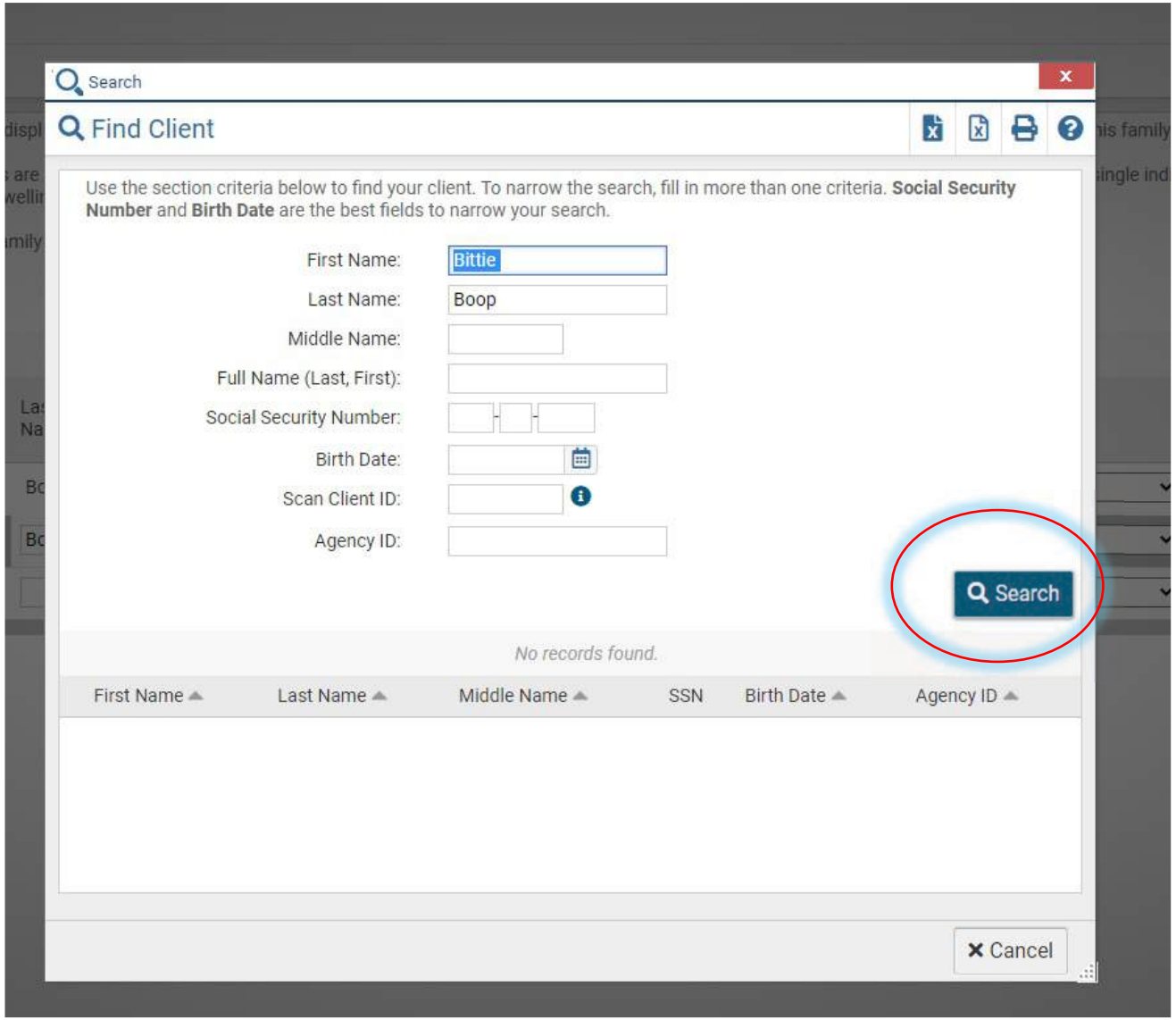


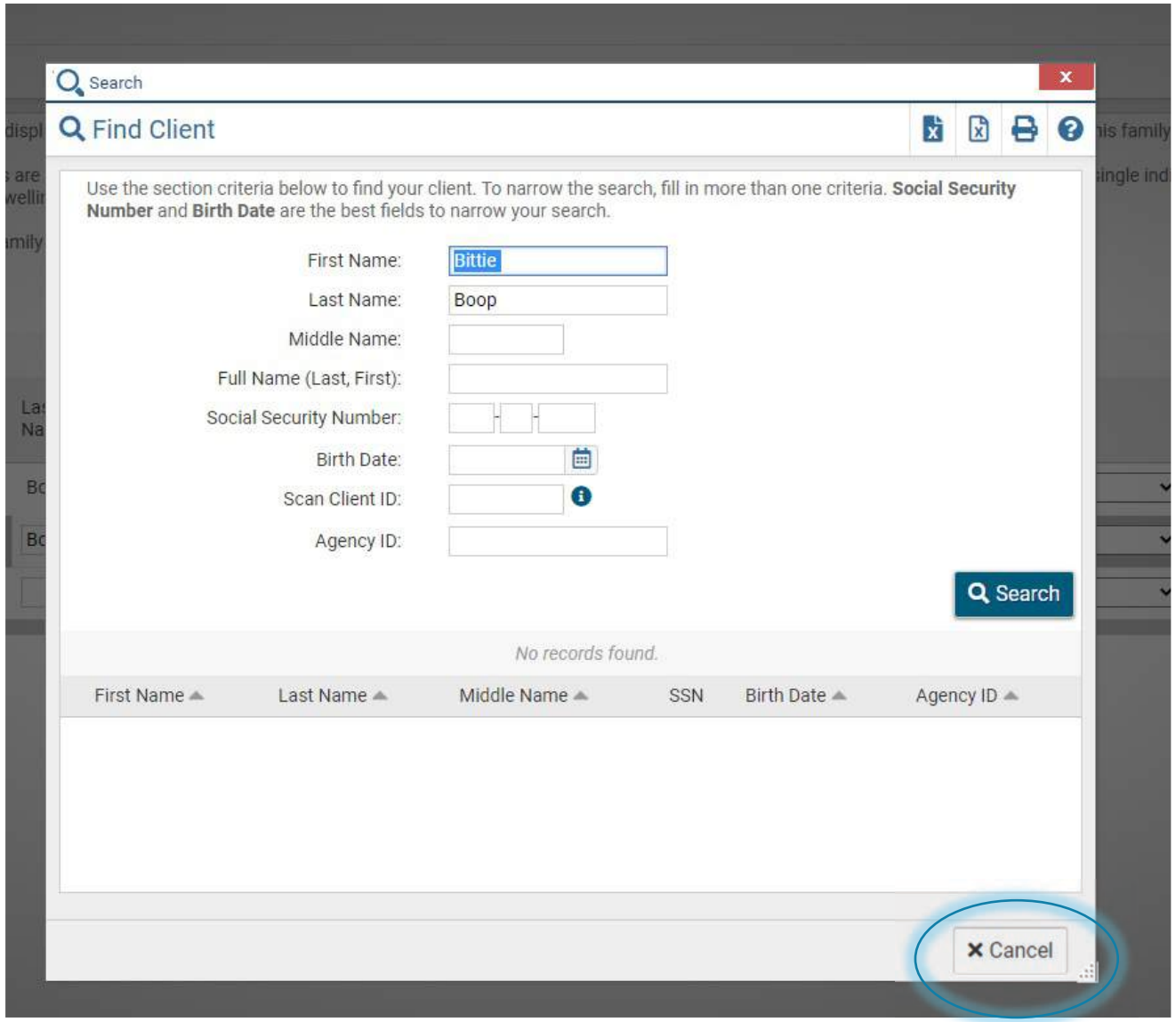
Add the family member's first and last names.

ClientTrack will look to see if there is another client with the same information you enter here.



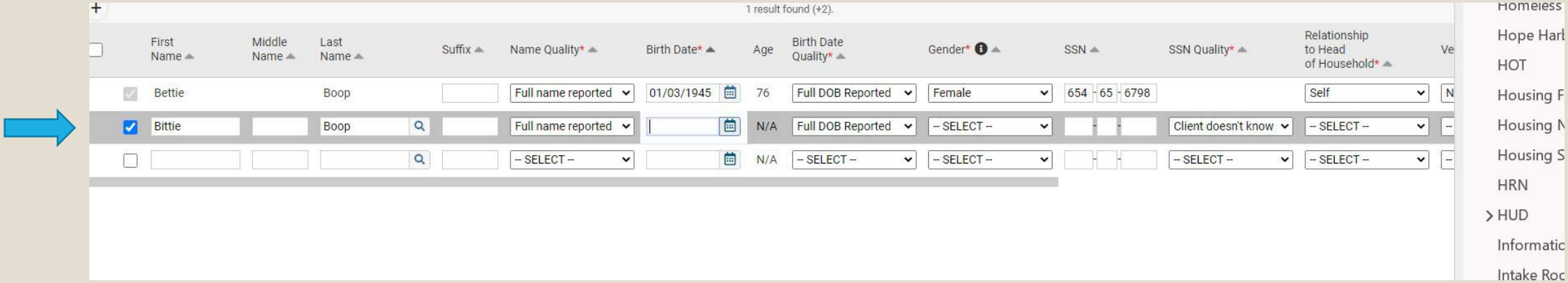
Click the Search button.





If nothing shows up, then click "Cancel."

Begin entering the family member's demographic information.



1 result found (+2).

First Name	Middle Name	Last Name	Suffix	Name Quality*	Birth Date*	Age	Birth Date Quality*	Gender*	SSN	SSN Quality*	Relationship to Head of Household*	Ve
Bettie		Boop		Full name reported	01/03/1945	76	Full DOB Reported	Female	654 - 65 - 6798		Self	N
Bittie		Boop		Full name reported		N/A	Full DOB Reported	-- SELECT --	- -	Client doesn't know	-- SELECT --	--
				-- SELECT --		N/A	-- SELECT --	-- SELECT --	- -	-- SELECT --	-- SELECT --	--

Homeless
Hope Harb
HOT
Housing F
Housing N
Housing S
HRN
HUD
Informatic
Intake Roc

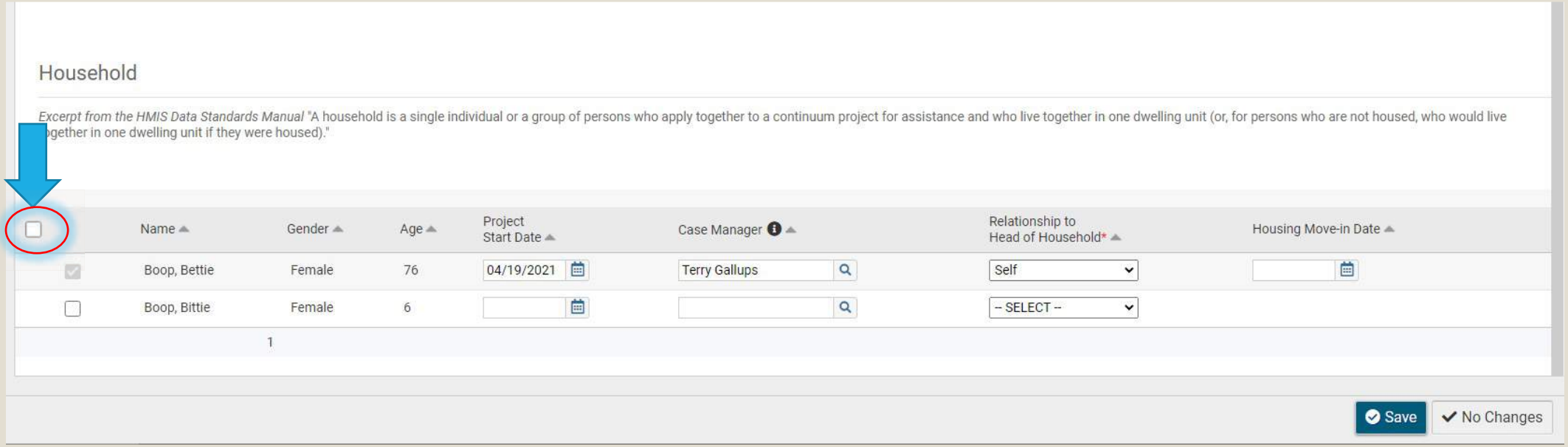
Click "Save and Close."

1 result found (+2).

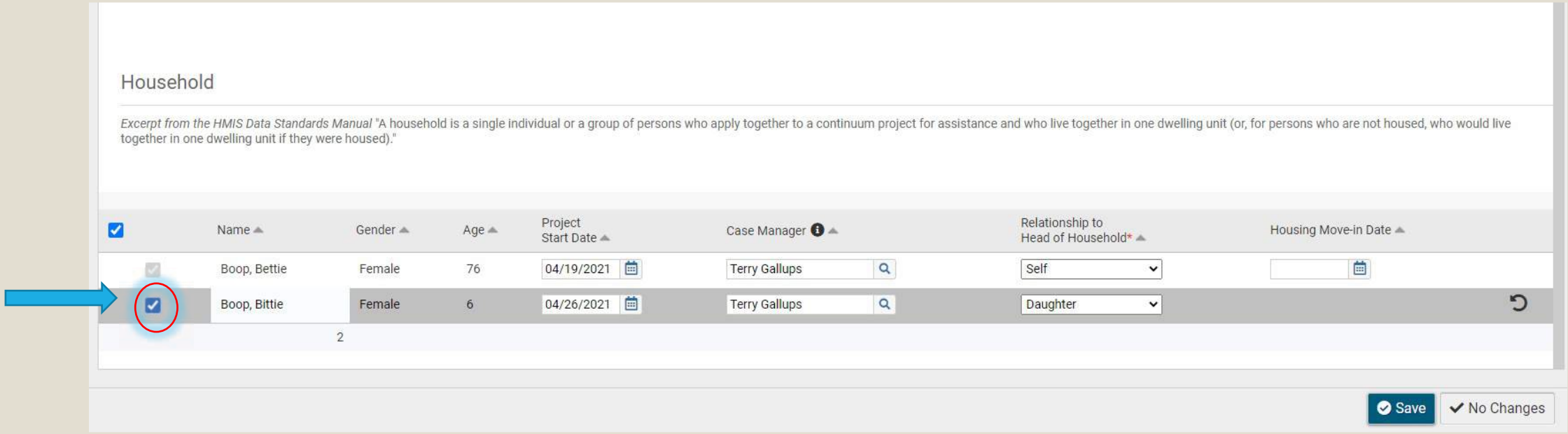
Birth Date*	Age	Birth Date Quality*	Gender*	SSN	SSN Quality*	Relationship to Head of Household*	Veteran Status*	Race*	Ethnicity*	Pregnancy Status	Pregnancy Due Date
01/03/1945	76	Full DOB Reported	Female	654 - 65 - 6798		Self	No	Asian	Hispanic/Latino		
04/15/2015	6	Full DOB Reported	Female	205 - 68 - 7145		Daughter		Asian	Hispanic/Latino		
	N/A	-- SELECT --	-- SELECT --	- -	-- SELECT --	-- SELECT --	-- SELECT --	...	-- SELECT --		

Save | Save & Close

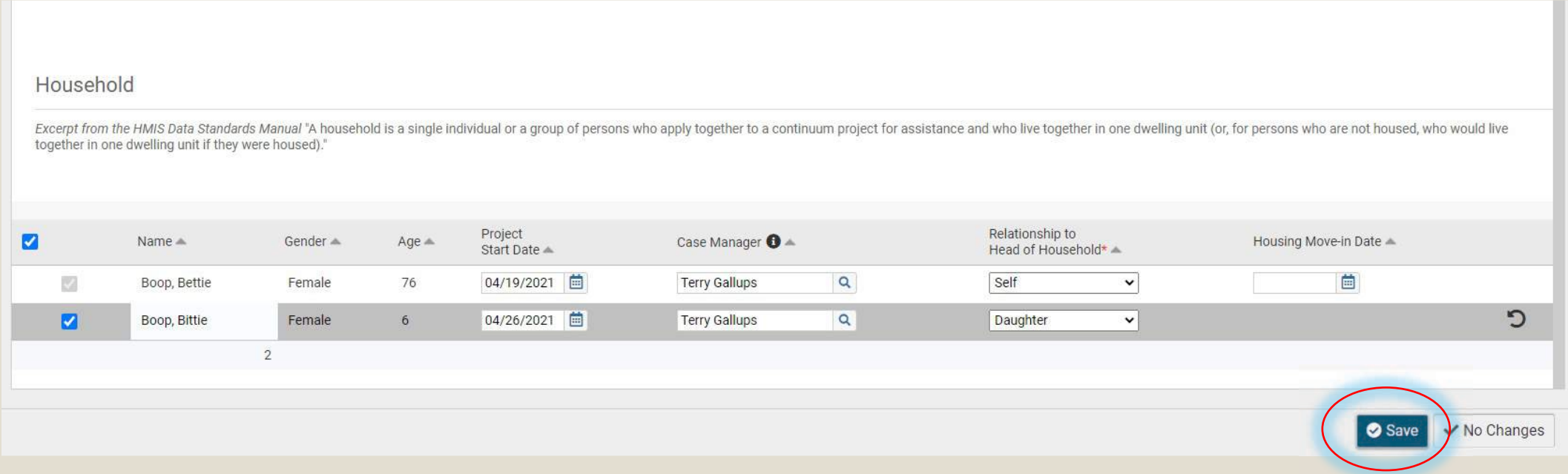
Click this box to enroll the family member in the program.



This box will automatically be checked.



Click “Save.”


Household
Excerpt from the HMIS Data Standards Manual "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."
Name
Gender
Age
Project Start Date
Case Manager
Relationship to Head of Household*
Housing Move-in Date
Boop, Bettie
Female
76
04/19/2021
Terry Gallups
Self
Boop, Bittie
Female
6
04/26/2021
Terry Gallups
Daughter
2
Save
No Changes

Complete these sections.

Add Family Member

- Review Family Members
- Enrollment
- Boop, Bittie
- Entry Assessments

+ Universal Data Assessment

Complete the information below related to the selected client's housing status and other relevant information. N
data. Changing any project setup data with existing enrollments may affect or break the logic for 3.917. 3.917 m

Clicking this button will fill in default information from the selected client's most recent assessment of the same type.
Note: Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data.

ng in any 3.917

Default Client's Last Assessment

Assessment Date: * 04/26/2021
Age at Assessment: 6
Assessment Type: * Entry
Assessor: * Terry Gallups
Program: Homeless to a Home 2
Disabling Condition: * -- SELECT --

Health Insurance

Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

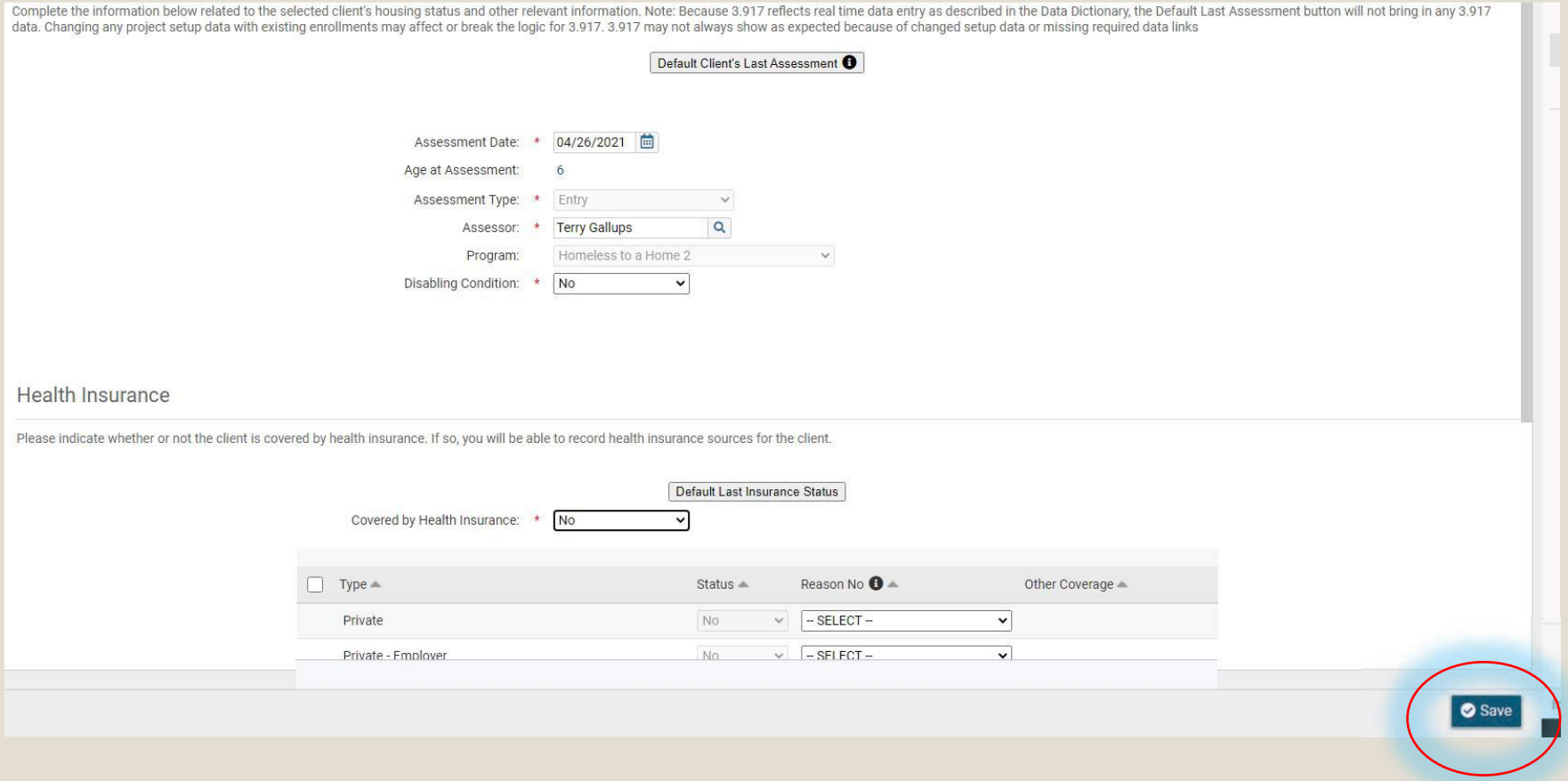
Default Last Insurance Status

Covered by Health Insurance: -- SELECT --

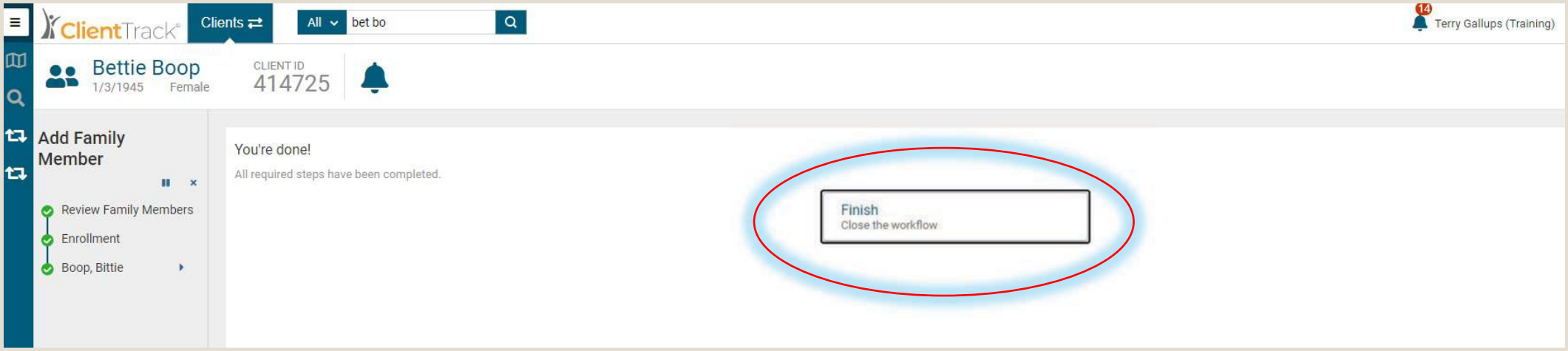
Type	Status	Reason No	Other Coverage
Private	-- SELECT --	-- SELECT --	
Private - Employer	-- SELECT --	-- SELECT --	

Save

Click "Save."


Complete the information below related to the selected client's housing status and other relevant information. Note: Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data. Changing any project setup data with existing enrollments may affect or break the logic for 3.917. 3.917 may not always show as expected because of changed setup data or missing required data links
Default Client's Last Assessment
Assessment Date: * 04/26/2021
Age at Assessment: 6
Assessment Type: * Entry
Assessor: * Terry Gallups
Program: Homeless to a Home 2
Disabling Condition: * No
Health Insurance
Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.
Default Last Insurance Status
Covered by Health Insurance: * No
Type
Status
Reason No
Other Coverage
Private
No
-- SELECT --
Private - Employer
No
-- SELECT --
Save

Click “Finish.”



You'll notice that this information has changed to reflect a family status.

Bettie Boop's Dashboard

Bettie Boop's Information

Name:	Boop, Bettie	Birth Date:	1/3/1945	Age:	76
Gender:	Female			Veteran:	No
Ethnicity:	Hispanic/Latino	Race:	Asian		

Bettie's Enrollments

1 result found.

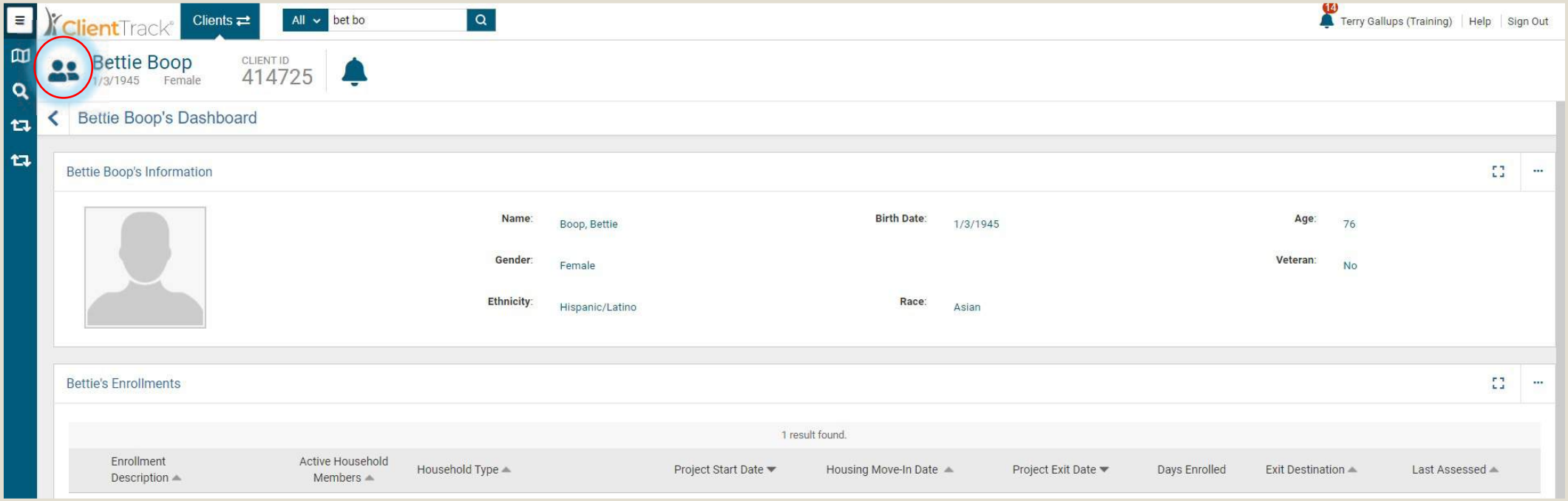
Enrollment Description	Active Household Members	Household Type	Project Start Date	Housing Move-In Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Active								
PH - Permanent Supportive Housing (disability required for entry)								
Homeless to a Home 2	2	Household with Children and Adults	04/19/2021			7		

Bettie's Services

No records found.

Date	Service	Units	$ Total	Organization
		0.00	$0.00	

To verify your work, click on the icon beside the head of household's name.



This is where the new family member's name will appear. Click the name to see the client's information.

The new account will show up.

usw.clienttrack.net/19/MainPage.aspx?Inline=top

ClientTrack | Clients | All | bet bo | Terry Gallups (Training) | Help | Sign Out

Bittie Boop
4/15/2015 Female
CLIENT ID 414728

Bittie Boop's Dashboard

Bittie Boop's Information

Name:	Boop, Bittie	Birth Date:	4/15/2015	Age:	6
Gender:	Female			Veteran:	No
Ethnicity:	Hispanic/Latino	Race:	Asian		

Bittie's Enrollments

1 result found.

Enrollment Description	Active Household Members	Household Type	Project Start Date	Housing Move-In Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Active								
PH - Permanent Supportive Housing (disability required for entry)								
Homeless to a Home 2	2	Household with Children and Adults	04/26/2021			0		4/26/2021

Bittie's Services

DATA QUALITY ERRORS

Greatest Common Errors

- Q2: Personally Identifiable Information Social Security Number (3.2)
- Q3: Universal Data Element Client Location (3.16)
- Q3: Universal Data Element Disabling Condition (3.8)
- Q4: Income and Housing Data Quality Income and Sources (4.2) at Annual Assessment

DATA ELEMENT	CLIENTID	ENROLLID	ENROLLDATE	EXITDATE	PROGRAMNAME	
Destination (3.12)	9727	113211	12/17/2020 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Destination (3.12)	10089	113401	1/28/2021 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Destination (3.12)	12712	113386	1/27/2021 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Destination (3.12)	18810	113273	1/14/2021 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Destination (3.12)	416573	113198	12/15/2020 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Income and Sources (4.2) at Exit	9727	113211	12/17/2020 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Income and Sources (4.2) at Exit	10089	113401	1/28/2021 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Income and Sources (4.2) at Exit	12712	113386	1/27/2021 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Income and Sources (4.2) at Exit	18810	113273	1/14/2021 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview
Income and Sources (4.2) at Exit	416573	113198	12/15/2020 0:00	3/4/2021 0:00	ESG CV HFG Street Outreach	Client disappeared/Not able to complete exit interview

Error Reports and Explanations