

**Kansas Balance of State
Homeless Management Information System Oversight Committee
Data Quality Assurance Plan Template**

Data Quality Assurance Plan Policies and Procedures

Purpose:

The following template is for an agency to declare its policies and procedures to ensure the data integrity of the Kansas Balance of State Homeless Management Information System (HMIS), MAACLInk.

Agency Name:

Program Name:

Please identify the program type category:

Federal Program	HMIS Project Types	Check
HUD		
Continuum of Care Program (CoC)	Transitional Housing, PH - Permanent Supportive Housing (disability required for entry), Street Outreach, Services Only, Safe Haven, PH - Housing Only, Homelessness Prevention, PH - Rapid Re- Housing, Coordinated Assessment	
Emergency Solutions Grant program (ESG)	Emergency Shelter, Street Outreach, Day Shelter, Homelessness Prevention, PH - Rapid Re Housing, Coordinated assessment	
Rural Housing Stability Assistance Program (RHSAP)		
Housing Opportunities for Persons with AIDS (HOPWA)	Emergency Shelter, Transitional Housing, PH - Permanent Supportive Housing (disability required for entry), Services Only, Homelessness Prevention	
HHS		
Runaway and Homeless Youth Programs (RHY)	Emergency Shelter, Transitional Housing, Street Outreach, Services Only	
Projects for Assistance in Transition from Homelessness (PATH)	Street Outreach, Services Only	
VA		
Grant and Per Diem Program (GPD)	Transitional Housing	
Supportive Services for Veteran Families (SSVF)	Homelessness Prevention, PH - Rapid Re- Housing	
Community Contract Emergency Housing (HCHV/EH)	Emergency Shelter	

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Non Federal Program

Emergency Assistance Provider		
Overnight Emergency Shelter Program		
Transitional Housing Program		

Please identify the annual number of households served for this program:

Less than 200 households

200 households or more

Please respond to the following questions for this program:

1. Who will be responsible for collecting all necessary client level information?
2. Who will be responsible for entering client level information into HMIS?
3. When will the person(s) responsible for entering information do so?
4. Where will the person(s) responsible for entering information do so?
5. If applicable, what is the program's total bed and unit count? Please specify number of individual beds and family beds.
6. What information will the program need or expect to have entered into HMIS?
7. What is the timeline between a client entering the program and their information being entered into HMIS?
8. Who will be responsible for running reports in a routinely manner to ensure accuracy and completeness of information entered into HMIS?
9. Who will be responsible for sending necessary reports to the Balance of State Coordinator?

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Signatures of Agency and BHOC Representatives

The Kansas Balance of State Continuum of Care (BoS) is focused on upholding the U.S. Department of Housing and Urban Development's (HUD) standards for HMIS data quality assurance. With your agency's dedication to HMIS usage, data quality and report sharing, the BoS will be able to improve funding streams and advocacy efforts throughout Kansas.

By signing below, the Agency's Executive Director or his/her designated equivalent indicates an agreement that their agency and any HMIS user(s) will:

- a. Uphold the integrity of this Data Quality Assurance Plan and Agreement.
- b. Allow monitoring of HMIS usage by BHOC.
- c. Comply with all corrective action plans and/or determined changes upon recommendation.

Agency Name (please print or type)

Date

Executive Director (please print or type)

Agency Site Administrator (please print or type)

Executive Director's Signature

Agency Site Administrator's Signature

Phone (include area code)

Phone (include area code)

Executive Director's Email (please print)

Agency Site Administrator's Email (please print)

Agency's Address (please include street, city, state and zip code)

BHOC Representative's Name (please print or type)

BHOC Representative's Signature

Date