**Instructions:**

This information is being collected to inform the evaluation of the Family Unification Program (FUP) being conducted by a research team at the Urban Institute, Chapin Hall at the University of Chicago and Child Trends. This information will be used to inform the US Department of Health and Human Services Administration for Children and Families (HHS ACF) and the US Department of Housing and Urban Development to improve the administration of the FUP program. All the information you provide will be kept private to the extent permitted by law.

*The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to evaluate the effectiveness of the Family Unification Program.[3] Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Pergamit at mpergamit@urban.org.*

To conduct the evaluation, we would like to collect the following administrative data for families involved in the evaluation from [SITE]: public child welfare agency data, public housing authority data, and homeless management information system data. We understand that not all items may be available in the formats described below. The data may be delivered in any format.

Specifically, we would like to collect the following data elements:

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| **Public Child Welfare Agency** | |
| **Sample** | Every member of the household for families that are involved in the study |
| **Years** | [3 YEARS BEFORE THE FIRST FAMILY IS RANDOMIZED] – [2 YEARS AFTER THE LAST FAMILY IS RANDOMIZED] |
| **Data Element** | **Notes** |
| *Demographics* | *For each member of the family:* |
| Child Welfare ID | For linking |
| Research ID | For linking |
| Date of Birth |  |
| Race/Ethnicity |  |
| Sex |  |
| County Code | i.e. County FIPS Code or County Name |
| *Out of home placement data* | *For each out-of-home placement:* |
| Out of home placement start date | Date out-of-home placement started for each out-of-home placement episode |
| Removal start date | Date first removed |
| Removal reason | e.g. abuse, neglect, etc. |
| Placement setting | e.g. foster care, group home, etc. |
| Out of home placement end date | End date for each out-of-home placement episode |
| Date of discharge from foster care | Date removal ended |
| Discharge reason | e.g. reunification, guardianship, etc. |
| *Case data* | *For each case:* |
| Case open date | Date case opened |
| Case open reason | e.g. abuse, neglect, etc. |
| Case close date | Date case closed |
| Case close reason | e.g. reunification, guardianship, adoption etc. |
| *Investigations and Reports data* | *For each report:* |
| Report date | Date report was received |
| Report type | e.g. abuse, neglect, etc. |
| Report disposition | e.g. substantiated, founded, unsubstantiated, unfounded, etc. |
| Investigation start date | Date investigation was started |
| Investigation end date | Date investigation was ended |
| *Other* |  |
| TPR Date | Date of the Termination of Parental Rights (TPR) |
| TPR Parent/Child | Which parent and child the TPR was for |
| Ever TPR | For each parent, whether the parent has ever had a TPR |
| Age at first removal | For each child, age at first removal |

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| **Public Housing Authority** | |
| **Sample** | Every member of the household for families that are involved in the study |
| **Years** | [DATE FIRST FAMILY IS RANDOMIZED] – [2 YEARS AFTER THE LAST FAMILY IS RANDOMIZED] |
| **Data Element** | **Notes** |
| *Demographics* | *For each member of the family:* |
| Child Welfare ID | For linking |
| Research ID | For linking |
| Date of Birth |  |
| Relationship to the Head of the Household | (e.g. Head, Spouse, Youth) |
| Disability | Whether they have a disability |
| Race/Ethnicity |  |
| Sex |  |
| *Rental Assistance Data* | *For each certification:* |
| Effective start date | Date the certification period starts |
| Effective end date | Date the certification period ends |
| Type of assistance | e.g. Tenant-based voucher, project-based voucher, rental assistance, public housing, shelter plus care |
| Number of bedrooms | Number of bedrooms in the unit |
| Number of bathroom | Number of bathrooms in the unit |
| Square feet | Square feet of the unit |
| Year build | Year the unit was build |
| Zipcode | Zipcode of the Unit |
| Census tract | Census tract of the unit |
| Poverty level | Poverty level of the area the unit is in |
| UAP | Utility allowance the family receives |
| Family rent | The rent that the family pays the housing authority |
| HAP | Housing Choice Voucher Payment |
| Actual rent | Rent on the lease |
| Income type | e.g. Income, Asset |
| Income group | e.g. Welfare, Wages, Other |
| Income type description | e.g. TANF Assistance, Child Support, Unemployment |
| Income | Income Amount |
| Income excluded | Income NOT counted towards rent calculation |
| Income towards rent | Income counted towards rent calculation |
| *Voucher Data* | *For each voucher* |
| Date application received | Date application was received |
| Date voucher denied | Date the voucher was denied |
| Voucher denial reason | e.g. No show, sex offender in household, etc. |
| Date of voucher loss | Date the voucher was lost |
| Voucher loss reason | e.g. Port Out, Expired Voucher, Eviction, Over Income, etc. |
| *Lease Up and Exit Data* | *For each lease up* |
| Date of lease up | Date family signed a lease |
| Date exited housing | Date family gave up, lost, or broke the lease |
| Housing exit reason | e.g. Evicted, Lease Violation, Voluntary |
| *Other Data* |  |
| FSS program start date | Date family started the Family Self-Sufficiency Program |
| FSS progress | Progress on family’s plan |
| Escrow balance | Amount in family’s escrow account |
| FSS program end date | Date family ended the Family Self-Sufficiency Program |

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| **Homeless Management Information System** | |
| **Sample** | Every member of the household for families that are involved in the study |
| **Years** | [3 YEARS BEFORE THE FIRST FAMILY IS RANDOMIZED] – [2 YEARS AFTER THE LAST FAMILY IS RANDOMIZED] |
| **Data Element** | **Notes** |
| *Demographics* | *For each member of the family:* |
| Child Welfare ID | For linking |
| Research ID | For linking |
| Date of Birth |  |
| Disability | Whether they have a disability |
| Race/Ethnicity |  |
| Sex |  |
| *Program Data* | *For each homeless spell* |
| Program entry date | Date individual entered the program |
| Program exit date | Date individual exited the program |
| Program type | e.g. emergency shelter, transitional housing, etc. |
| Housing status at entry | e.g. literally homeless, unstably housed, imminently losing their housing, etc. |
| Prior night’s residence | e.g. rental by client, staying or living with family member, substance abuse treatment facility or detox center, etc. |
| Zipcode | Zipcode of last permanent address where client lived for at least 90 days |
| Assistance Provided | Types of assistance provided (e.g. back rent, move-in/security deposit) |
| Assistance Amount | Dollar amount of assistance provided |
| Exit Destination | e.g. rental by client, permanent supportive housing, emergency shelter |