

June 1, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY WELFARE DIRECTOR LETTER**

This letter informs County Child Welfare Agencies and Tribes participating in the Bringing Families Home (BFH) Program of the revised Monthly Data Report (BFH 17) for the BFH Program (10/19). The BFH 17 captures individual level data on each BFH household regarding program enrollment, housing, expenditures, exits, and limited child welfare data while in the BFH Program. This report is effective with the October 2019 report month.



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

June 1, 2020

ALL COUNTY WELFARE DIRECTOR LETTER

TO: ALL COUNTY WELFARE DIRECTORS  
CALIFORNIA FEDERALLY RECOGNIZED TRIBAL  
GOVERNMENTS

FROM: M. AKHTAR KHAN, Chief  
Research Services Branch  
Administrative Division

SUBJECT: REVISION OF BRINGING FAMILIES HOME (BFH) PROGRAM  
MONTHLY DATA REPORT BFH 17 (10/19)

REFERENCE: [ASSEMBLY BILL \(AB\) 1603, CHAPTER 25, STATUTES OF 2016;](#)  
[SENATE BILL \(SB\) 80, CHAPTER 27, STATUTES OF 2019; AB](#)  
[74, CHAPTER 23, STATUTES OF 2019; WELFARE AND](#)  
[INSTITUTIONS CODE \(WIC\) SECTIONS 16523-16523.1](#)

The purpose of this letter is to inform county child welfare agencies and tribes participating in the Bringing Families Home (BFH) Program of the revised BFH 17 monthly data report. During the 2019-2020 fiscal year, the California Department of Social Services (CDSS) Housing and Homelessness Branch (HHB) and Data Systems and Survey Design Section (DSSDS) have worked with BFH counties and the County Welfare Directors Association to revise the BFH 17 report. The report is effective with the October 2019 report month.

**Background**

The BFH Program, created by Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016) and updated by Senate Bill (SB) 80 (Chapter 27, Statutes 2019), aims to provide housing-related services to families receiving child welfare services, increase the number of families reunifying, and prevent foster care placement. Per Welfare and Institutions Code (WIC) Sections 16523-16523.1, county child welfare agencies and tribes operating BFH programs must use evidence-based housing models and

practices, such as Rapid Re-housing, Supportive Housing, and/or subsidies to make rental housing affordable.

The BFH 17 report was created to fulfill the data requirements as outlined in WIC Section 16523.1(e)(4) and additional data needs as defined by CDSS. The report captures individual level data on each BFH household regarding BFH enrollment, housing, expenditures, exits, and limited child welfare information.

### **Summary of Changes**

Below is an overview of the major changes that have been made to the BFH 17 report.

#### **Items Removed:**

- Removed data elements related to client participation in additional services (i.e., Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], CalWORKs, CalFresh, Medi-Cal, SSI/SSDI/CAPI, General Assistance/Relief, mental health treatment, substance use disorder treatment, other child welfare case plan related service) at entry and exit
- Removed data elements pertaining to the denial of BFH applicants. This report will no longer track program denials and referrals (although counties and tribes are encouraged to continue tracking these data elements internally)
- Removed expenditures for moving costs, making home habitable, utilities, modifications for special needs of child/caretaker, and legal services. These expenditures must now be tracked in “other” and a brief explanation will be provided. The expenditure categories that will now be tracked are temporary housing subsidies, permanent housing subsidies, deposits, credit repairs, payment in arrears, and other (e.g., utilities, moving costs, making home habitable)

#### **Items Added:**

- Added housing status change – this is for permanently housed clients and tracks if they have a change in housing status after entering permanent housing (e.g., go from permanently housed to temporary housed, change permanent housing)
- Added an element to track each BFH child’s status in the child welfare system at the time of exit

### **Completion and Submission**

All BFH counties and tribes must enter each BFH household’s data into the BFH 17 report workbook, and are required to use the revised BFH 17 report workbook beginning with the data for the month of October 2019 or their first month of implementation. The report is due on or before the 20<sup>th</sup> calendar day of the month following the report month. Due to the transition between reports, the CDSS will provide counties and tribes specific

instructions and due dates for the reporting period of October 2019 through June 2020. Counties and tribes are required to submit the report via Secure File Transfer (SFT) to DSSDS using the county's/agency's designated BFH 17 SFT file. The revised BFH 17 instructions are attached in PDF as reference material and BFH 17 workbooks will be transmitted to counties and tribes via SFT or email.

### **Contacts**

If you have any questions regarding the completion of this report, please contact DSSDS at (916) 651-8269 or email the BFH 17 report inbox at [admbfh17@dss.ca.gov](mailto:admbfh17@dss.ca.gov). Any program and/or policy related questions should be directed to HHB at (916) 651-5155 or via [housing@dss.ca.gov](mailto:housing@dss.ca.gov).

Attachments

**BRINGING FAMILIES HOME PROGRAM  
MONTHLY REPORT  
BFH 17 (10/19)  
REPORT INSTRUCTIONS**

**CONTENT**

The monthly BFH 17 (10/19) report provides Bringing Families Home (BFH) Program data collected by local agencies (i.e., tribal entities, county child welfare or social services departments) to the California Department of Social Services (CDSS). Information is collected on program enrollment, housing, expenditures, exits and limited child welfare data while in the BFH Program.

**PURPOSE**

The purpose of this report is to provide CDSS with the BFH data needed to track program implementation, spending, and for program evaluation purposes. This report provides county, tribes, and state entities with information needed for continuous quality improvement of BFH, budgeting, staffing, program planning, evaluation, and other purposes.

**COMPLETION AND SUBMISSION**

The reporting agency is responsible for ensuring that this report is fully and accurately completed. The report should be reviewed for completeness and accuracy prior to being submitted to CDSS.

Reports are to be submitted on or before the 20<sup>th</sup> calendar day of the month following the report month. If the report's due date is on a Saturday, Sunday or state holiday, the report is due on the next business day. The BFH 17 report will be submitted to CDSS by uploading the Excel file(s) to the CDSS Secure File Transfer (SFT) site at <https://user.st.cdt.ca.gov>. The reporting agency will need to save a copy of each month's report that is uploaded to the SFT for the grantee's records. These copies will be used if a revision is needed.

**The revision process has been updated.** If a revision is needed to a previously submitted report, the grantee shall submit a revised report for all applicable month(s). For each month with an error, the Report Version dropdown cell for the case with the error will need to be updated to "Revised" and the "Revised Record Explanation" cell must be completed. The revised report(s) for the month(s) with the error(s) will need to be uploaded to the SFT. Once these documents have been uploaded, email the BFH 17 inbox notifying CDSS that a revision was completed.

For questions regarding policy and reporting, contact the Housing and Homelessness Bureau at (916) 651-5155 or email the Housing inbox at [housing@dss.ca.gov](mailto:housing@dss.ca.gov). For questions regarding the completion or submission of this report, contact the Data

Systems and Survey Design Section (DSSDS) at (916) 651-8269 or email the BFH 17 report inbox at [admbfh17@dss.ca.gov](mailto:admbfh17@dss.ca.gov). For technical assistance with the automated form, email the DSSDS tech unit inbox at [admdssdachts@dss.ca.gov](mailto:admdssdachts@dss.ca.gov). **Do not send report forms, personal identifiable information (PII), or encrypted emails to the Housing inbox, the BFH 17 inbox, or the tech support inbox.**

## **GENERAL INSTRUCTIONS**

The BFH 17 report form consists of two sheets: Agency-Report Information and Case History. Reporting agencies must complete all elements on both the Agency-Report Information and Case History sheets.

- **Agency-Report Information:** Use the dropdown menu to select the submitting reporting agency. Enter the date the report is submitted to CDSS, the report month, and report year. Enter the name, job title or classification, telephone, extension, and email of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the name, job title or classification, telephone, extension, and email of the contact person's supervisor.
  - **Note:** The report month, year, and submission date will need to be updated for each report month.
  - **Note:** The county code for the county can be found under the agency name on the Agency-Report Information sheet of the BFH17 Staff Monthly Report Form report form. This item is automatically populated when the agency name is selected from the Agency Name dropdown menu.
- **Case History:** For every household enrolled in BFH, enter the data required for each item.
  - **Note:** The first BFH household must be entered in Row 5 of the Case History sheet. No rows can be skipped between client entries. Blank rows between clients will require report revisions.

CDSS strongly recommends autosaving the report workbook every ten to twenty minutes. Instructions on how to make the workbook autosave can be found at <https://www.extendoffice.com/documents/excel/2588-excel-change-autosave-time.html>.

It is also strongly recommended to have the report scan for errors before it is sent to CDSS. To scan the report for errors, press “CTRL”, “SHIFT”, and “S” simultaneously. This will create a word document that tells the user which cells have errors.

## **DEFINITIONS**

**Approval:** Enrolled in BFH or authorized to receive BFH services and/or financial assistance.

**Barriers to housing entry:** Obstacles that limit a family's ability to apply for and/or obtain stable housing. Barriers to housing entry include, but are not limited to, evictions,

criminal record, poor credit, and no or low income. Barriers to housing do not affect a household's eligibility for BFH. A family can have multiple barriers. Barriers (in any form or combination) should not be used to disqualify families from receiving BFH services and/or financial assistance. Doing so would not be in line with housing first principles.

Barriers to housing retention: Obstacles that may negatively impact a family's ability to stay housed. Barriers to housing retention include, but are not limited to, substance abuse, health issues, and no or low income. Barriers to housing retention do not affect a case's eligibility for BFH. A family can have multiple barriers. Barriers (in any form or combination) should not be used to disqualify families from receiving BFH services and/or financial assistance, nor from providing the family with housing search assistance upon BFH approval. Doing so would not be in line with housing first principles.

BFH Caretaker(s): The caretaker(s) (i.e., parent) applying for BFH and who have a child welfare case plan (i.e., family reunification (FR) and/or family maintenance (FM) plan).

BFH Child(ren): These are children who are (or were) in the care of the BFH caregiver(s) and have open FR or FM cases. ***Do not include other children in the household who do not have an open child welfare case.*** Children may be added later to the case if they become eligible.

BFH Household: BFH Household includes the BFH Caregiver(s) and any BFH child(ren) who are in the physical custody of the BFH Caregiver. ***This term is used for the purposes of the BFH 17, specifically BFH Household income and exits.***

- **Note**: Do not include any non-BFH child(ren) or other individuals who are living in the same residence (i.e., relatives who are not the caregiver to the BFH child(ren), other adults residing with the BFH caregiver).

BFH Services: BFH services include, but are not limited to, case management, landlord engagement, temporary housing, permanent housing, and barrier mitigation.

Bridge Housing: A time-limited, temporary housing type that is intended to help support independent living while waiting for permanent housing. Bridge housing may be, but is not limited to, shared housing or transitional housing.

Change in housing status: This data element is intended to track the change in housing status only **after** the client enters (or retains) permanent housing. Examples of data to be tracked in this category include but are not limited to: moving from one permanent housing unit to another, moving out of permanent housing into temporary housing or homelessness, moving into a new permanent housing situation after having lost permanent housing and spending time in temporary housing again.

- **Note**: If a client has not been permanently housed, then they should not be recorded here (e.g., moving between temporary housing and/or homelessness).

- **Example:** Jane enters permanent housing in January. In April she leaves the permanent housing unit because the landlord is threatening to evict her due to violations of her lease. Jane moves into a shelter on April 20<sup>th</sup>. In the April report, for “Change in Housing Status”, “Temporary Housing” is selected. On June 1<sup>st</sup> she moves into a new permanent housing unit. In the June report, “Permanent Housing” is selected.
- **Example:** John moved into permanent housing in January. His permanent housing situation was to move in with his sister and pay half the rent. In March it becomes clear that the shared housing solution will not be sustainable, so John moves into a different apartment on March 30<sup>th</sup>. In the March report, for “change in housing status” the “change in permanent housing” option is selected because he moved from one permanent housing option into another.
- **Example:** In January, Lee moves from a shelter into a motel. No option is selected for “change in housing status” because Lee has not been permanently housed.

County Code: The code associated with each county. For example, the code for Alameda is (01). The county code can be found on the County Report Information Tab of the BFH 17 report form. This item is automatically populated when the county name is selected from the Submitting Agency dropdown menu.

CWS referral: When a child has been referred to Child Welfare Services (CWS) but has not had a court hearing to determine if the child will receive FR or FM.

CWS case closed – Family stabilized: When a family maintenance plan has successfully closed, and the family is intact.

Exit: When a BFH case is no longer receiving any BFH services and/or financial assistance.

Exit Reason – Achieved housing stability: When the BFH Household is exiting into permanent housing and the county/tribe expects the family to be able to maintain housing long-term (either via voucher, permanent housing assistance, or the family is self-sufficient).

Exit Reason – Client ceases to engage/whereabouts unknown: The BFH Household’s housing type/residence or whereabouts is unknown to the county/tribe.

- **Example:** The county has given the BFH Household temporary housing at a motel but cannot locate the BFH Household. After several attempts to contact the household and no response, the county discontinues the BFH Household.

Exit Reason – CWS Closed/FR failed: The court has ruled to terminate parental rights and the BFH child shall be permanently placed out of the home of the BFH Caretaker(s). In this case, the county/tribe should connect the BFH Caretaker(s) to other housing resources in the community and aid in the client’s transition out of BFH to ensure that the BFH Caretaker(s) do not return to homelessness (i.e., a warm handoff

between programs).

Exit Reason – Other: This option is to capture any other exit reasons that have not already been listed (e.g., a client chooses to exit into sober living transitional housing). When writing in the reason, please be specific.

Exit Reason – Requested discontinuance: The BFH Household elects to no longer participate in BFH.

Exit Reason - Self resolved: Client was able to secure housing without assistance. For example, the BFH Household was in temporary housing provided by BFH and is able to find and secure permanent housing on their own without financial assistance or housing navigation from BFH for their permanent housing.

Exit Type – Community housing program: When the BFH Household exits BFH into another community housing program (e.g., CalWORKs Housing Support Program).

Exit Type – Homeless: When the BFH Household exits BFH and is homeless (e.g., in a shelter, couch surfing, sleeping in their car or tent) after being permanently housed.

Exit Type – Never housed: When the BFH Household exits BFH and they were never permanently housed (i.e., they remain homeless).

Exit Type – Permanent housing: When the BFH Household exits and is in permanent housing. The permanent housing need not be funded by BFH (e.g., the family could be paying rent on their own, the unit could be funded by a housing choice voucher).

Exit Type – Retained housing (imminent risk): When the BFH Household entered BFH at imminent risk of losing their housing and are exiting in the same housing but are now stably housed.

Exit Type – Temporary housing: When the BFH household exits and is in temporary housing (e.g., receiving inpatient treatment, transitional housing, incarceration, shelter, motel).

Exit Type – Unknown: When the BFH Household exits BFH and the household's housing is unknown. This may happen if the BFH Household stops communicating with the caseworker and the household cannot be located.

Expenditures: Costs paid on behalf of the family using either BFH state funds or county match funds. Do not include clients' personal funds or other local or community funds.

Family maintenance: Family maintenance (FM) provides services to families in crisis to prevent or remedy abuse or neglect, allowing social workers to work with the family while keeping the child in the home. Per Welfare Institutions Code (WIC) Section

16501 (g).

Family reunification: Family reunification (FR) provides intervention and support services for a limited time period to caregivers and children who have been removed from the home to make the family environment safe for the child to return. Per WIC Section 16501 (h).

Family Unification Program: Family Unification Program (FUP) is a program where Housing Choice Vouchers are provided to families who have a child/children taken out of their care and need permanent housing in order to get the child(ren) returned to their care, at risk of having children taken out of their care, or for eligible youths leaving foster care.

Gross BFH household income: Annual income of the BFH Household prior to taxes or deductions. Includes both earned income (i.e., wages from a fulltime or part-time job) and unearned income (e.g., CalWORKs, SSI, child support). If the BFH child is placed in out-of-home care, the child's income does not count in this calculation. Do not include the income of other people who are living in the same residence but who are not the BFH Caregiver(s) or BFH children.

Housing Choice Vouchers: Federal vouchers administered locally by public housing agencies. This voucher is a type of rental subsidy that goes directly to the landlord on behalf of the family, and the family pays the difference between the rent and the subsidy. Families are able to choose any housing that meets the requirements of the voucher program.

Homeless Management Information System (HMIS) Identification Number (ID): The identification number generated by the HMIS that is used to identify the HMIS client.

Housing intervention at exit: The type of housing intervention the client received prior to exiting BFH.

Imminent threat of losing housing: An individual or family who will imminently lose their housing (i.e., house they own, rent, live in without paying rent, sharing with others, or a room in hotel/motel not paid by federal, state, or local government). Imminent threat of losing housing includes a court ordered eviction, primary residence is a room in a hotel/motel and the family lacks the resources necessary to reside there for more than 14 days, and/or evidence that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days (including an oral statement from the individual or family that is found to be credible).

Monthly expenditures – Other: Additional housing-related costs associated with the BFH case. Some examples include transportation costs, making the home habitable, minor household repairs, moving costs, storage costs, legal services, etc.

Non-BFH Child(ren): Children who are cared for by a BFH Caregiver and do not have a current child welfare case.

- **Note:** Non-BFH children should not be included on the BFH 17 report.

Payment in arrears: Payments made for past bills or rental payments that are preventing the BFH household from securing housing or receiving adequate utilities.

Permanent housing: Housing for the family that is meant to be long-term. This does not necessarily mean that this current home is their “forever home,” or that the household will stay there for multiple years; rather, permanent housing means that there is no time limit on how long the family may reside in the housing. Permanent housing may be subsidized or unsubsidized.

Rapid Rehousing: Rapid Rehousing (RRH) is a housing intervention that provides short-term rental assistance and services through a progressive engagement model with the goal of stabilizing the family so that they may take over rental payments and be self-sufficient. The core components of RRH are housing identification, rent and move-in assistance, and case management.

Temporary housing: Housing that is time-limited and not intended or designed to be permanent.

Temporary housing - Incarcerated: This includes BFH households where the BFH caretaker is in prison, jail, or juvenile detention centers.

Temporary housing - Inpatient treatment: Inpatient treatment refers to centers and organizations treating addiction, substance abuse, mental health, physical health and recovery, or other such health-related/treatment centers that are needed for the health and/or sobriety of an individual or is court ordered (e.g., inpatient addiction treatment, psychiatric care, post-operation rehabilitation). The inpatient treatment may be paid privately, by a community-based organization, or by federal, state, or local governments.

Temporary housing - Motel: The motel may be paid privately or by federal, state, or local governments.

Temporary housing - Other: This item captures a temporary shelter option that was not represented in the other temporary shelter options. This shelter may be paid by federal, state, local, or other community-based organization.

Temporary housing - Shelter: The shelter may be no cost or paid privately, by a community-based organization, or by federal, state, or local governments.

Unsheltered: When an individual or family is sleeping in a space not ordinarily meant for human habitation (e.g., sleeping on the streets, car, abandoned building, park).

## **REPORT FORM TAB - ITEM INSTRUCTIONS**

### **FOR CDSS USE**

- **Report Period:** *This cell is automatically calculated and is changed when the report month is chosen on the “Agency-Report Information” sheet.* This cell cannot be edited.
- **Agency:** *This cell is automatically calculated when the agency is selected on the “Agency-Report Information” sheet.* This cell cannot be edited.
- **Client ID:** *This cell is automatically calculated and cannot be edited.*
- **Case Status:** *This cell is automatically calculated and cannot be edited.*
- **Report Version:** This cell **only** needs to be used if a case record needs to be revised or deleted. This cell will start as “Initial”. If a revision is needed in a previously submitted report month, use the in-cell dropdown to select “Revised”. If this cell is changed to revised, the “Revised Record Explanation” cell **must** also be completed. If a case should not have been included on the BFH 17 report or is a duplication, use the in-cell dropdown to select “Delete”.

### **PART A. BFH HOUSEHOLD COMPOSITION**

Part A collects monthly information on the BFH household composition. Enter data into this section when creating case records.

**Note:** A new row will populate each time the last name of a client is entered.

**Note:** Each BFH Case must have at least one eligible parent/caretaker adult and one child. BFH Caretaker 2, BFH Caretaker 3, and BFH Child 2 through BFH Child 10 are only to be completed if there are additional caretakers and/or children in the BFH household.

**Note:** BFH children should only be included if they have a CWS/CMS ID.

**Note:** Social Security Numbers (SSN) and Housing Management Information System (HMIS) identification numbers (ID) are used to locate the clients in the CWS/CMS and HMIS (when applicable) when unable to locate in the system via last name, first name, and date of birth.

**Note:** All of the information in this section should not change or be updated unless it was originally entered incorrectly.

1. **Cell 1: BFH Caretaker 1 – Last name:** Enter the last name of BFH Caretaker 1.

2. Cell 2: BFH Caretaker 1 – First name: Enter the first name of BFH Caretaker 1.
3. Cell 3: BFH Caretaker 1 – Birth date: Enter the birth date of BFH Caretaker 1 (MM/DD/YYYY).
4. Cell 4: BFH Caretaker 1 – CWS/CMS ID: If available, enter the Child Welfare Services/Case Management System (CWS/CMS) Client Identification number for BFH Caretaker 1 (19-digit number).
5. Cell 5: BFH Caretaker 1 – SSN: If available, enter the SSN of BFH Caretaker 1 (XXX-XX-XXXX).
6. Cell 6: BFH Caretaker 1 – HMIS ID: If available, enter the HMIS ID of BFH Caretaker 1.
7. Cell 7: BFH Caretaker 2 – Last name: When applicable, enter the last name of BFH Caretaker 2. If there is no additional caretaker, Cell 7 should remain blank.
8. Cell 8: BFH Caretaker 2 – First name: When applicable, enter the first name of BFH Caretaker 2. If there is no additional caretaker, Cell 8 should remain blank.
9. Cell 9: BFH Caretaker 2 – Birth date: When applicable, enter the birth date of BFH Caretaker 2 (MM/DD/YYYY). If there is no additional caretaker, Cell 9 should remain blank.
10. Cell 10: BFH Caretaker 2 – CWS/CMS ID: When applicable and available, enter the CWS/CMS ID for BFH Caretaker 2 (19-digit number). If there is no additional caretaker, Cell 10 should remain blank.
11. Cell 11: BFH Caretaker 2 – SSN: When applicable and available, enter the SSN of BFH Caretaker 2 (XXX-XX-XXXX). If there is no additional caretaker, Cell 11 should remain blank.
12. Cell 12: BFH Caretaker 2 – HMIS ID: When applicable and available, enter the HMIS ID of BFH Caretaker 2. If there is no additional caretaker, Cell 12 should remain blank.
13. Cell 13: BFH Caretaker 3 – Last name: When applicable, enter the last name of BFH Caretaker 3. If there is no additional caretaker, Cell 13 should remain blank.
14. Cell 14: BFH Caretaker 3 – First name: When applicable, enter the first name of BFH Caretaker 3. If there is no additional caretaker, Cell 14 should remain blank.

15. Cell 15: BFH Caretaker 3 – Birth date: When applicable, enter the birth date of BFH Caretaker 3 (MM/DD/YYYY). If there is no additional caretaker, Cell 15 should remain blank.
16. Cell 16: BFH Caretaker 3 – CWS/CMS ID: When applicable and available, enter the CWS/CMS ID for BFH Caretaker 3 (19-digit number). If there is no additional caretaker, Cell 16 should remain blank.
17. Cell 17: BFH Caretaker 3 – SSN: When applicable and available, enter the SSN of BFH Caretaker 3 (XXX-XX-XXXX). If there is no additional caretaker, Cell 17 should remain blank.
18. Cell 18: BFH Caretaker 3 – HMIS ID: When applicable and available, enter the HMIS ID of BFH Caretaker 3. If there is no additional caretaker, Cell 18 should remain blank.
19. Cell 19: BFH Child 1 – Last name: Enter the last name of BFH Child 1.
20. Cell 20: BFH Child 1 – First name: Enter the first name of BFH Child 1.
21. Cell 21: BFH Child 1 – Birth date: Enter the birthdate of BFH Child 1 (MM/DD/YYYY).
22. Cell 22: BFH Child 1 – CWS/CMS ID: Enter the CWS/CMS ID of BFH Child 1 (19-digit number).
23. Cell 23: BFH Child 1 - SSN: If available, enter the SSN of BFH Child 1 (XXX-XX-XXXX).
24. Cell 24: BFH Child 1 – BFH status at approval: Enter the BFH status of BFH Child 1 at approval. Select one of the following using the in-cell dropdown menu;
  - CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
25. Cell 25: BFH Child 1 – BFH status at exit: Enter the BFH status of BFH Child 1 at exit. Select one of the following using the in-cell dropdown menu;
  - CWS referral
  - In Home – Family Maintenance
  - Out of Home – Family Reunification
  - Out of Home – Family Reunification Terminated
  - CWS Case Closed – Family Stabilized

26. Cell 26: BFH Child 2 – Last name: When applicable, enter the last name of BFH Child 2. If there is no second eligible child, leave Cell 26 blank.
27. Cell 27: BFH Child 2 – First name: When applicable, enter the first name of BFH Child 2. If there is no second eligible child, leave Cell 27 blank.
28. Cell 28: BFH Child 2 – Birth date: When applicable, enter the birthdate of BFH Child 2 (MM/DD/YYYY). If there is no second eligible child, leave Cell 28 blank.
29. Cell 29: BFH Child 2 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 2 (19-digit number). If there is no second eligible child, leave Cell 29 blank.
30. Cell 30: BFH Child 2 - SSN: When applicable and available enter the SSN of BFH Child 2 (XXX-XX-XXXX). If there is no second eligible child, leave Cell 30 blank.
31. Cell 31: BFH Child 2 – BFH status at approval: When applicable, enter the BFH status of BFH Child 2 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no second eligible child, leave Cell 31 blank.
32. Cell 32: BFH Child 2 – BFH status at exit: Enter the BFH status of BFH Child 2 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no second eligible child, leave Cell 32 blank.
33. Cell 33: BFH Child 3 – Last name: When applicable, enter the last name of BFH Child 3. If there is no third eligible child, leave Cell 33 blank.
34. Cell 34: BFH Child 3 – First name: When applicable, enter the first name of BFH Child 3. If there is no third eligible child, leave Cell 34 blank.
35. Cell 35: BFH Child 3 – Birth date: When applicable, enter the birthdate of BFH Child 3 (MM/DD/YYYY). If there is no third eligible child, leave Cell 35 blank.
36. Cell 36: BFH Child 3 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 3 (19-digit number). If there is no third eligible child, leave Cell 36

blank.

37. Cell 37: BFH Child 3 - SSN: When applicable and available, enter the SSN of BFH Child 3 (XXX-XX-XXXX). If there is no third eligible child, leave Cell 37 blank.
38. Cell 38: BFH Child 3 – BFH status at approval: When applicable, enter the BFH status of BFH Child 3 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no third eligible child, leave Cell 38 blank.
39. Cell 39: BFH Child 3 – BFH status at exit: Enter the BFH status of BFH Child 3 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no third eligible child, leave Cell 39 blank.
40. Cell 40: BFH Child 4 – Last name: When applicable, enter the last name of BFH Child 4. If there is no fourth eligible child, leave Cell 40 blank.
41. Cell 41: BFH Child 4 – First name: When applicable, enter the first name of BFH Child 4. If there is no fourth eligible child, leave Cell 41 blank.
42. Cell 42: BFH Child 4 – Birth date: When applicable, enter the birthdate of BFH Child 4 (MM/DD/YYYY). If there is no fourth eligible child, leave Cell 42 blank.
43. Cell 43: BFH Child 4 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 4 (19-digit number). If there is no fourth eligible child, leave Cell 43 blank.
44. Cell 44: BFH Child 4 - SSN: When applicable and available, enter the SSN of BFH Child 4 (XXX-XX-XXXX). If there is no fourth eligible child, leave Cell 44 blank.
45. Cell 45: BFH Child 4 – BFH status at approval: When applicable, enter the BFH status of BFH Child 4 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification

- Out of home – Family reunification terminated  
If there is no fourth eligible child, leave Cell 45 blank.
46. Cell 46: BFH Child 4 – BFH status at exit: Enter the BFH status of BFH Child 4 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no fourth eligible child, leave Cell 46 blank.
47. Cell 47: BFH Child 5 – Last name: When applicable, enter the last name of BFH Child 5. If there is no fifth eligible child, leave Cell 47 blank.
48. Cell 48: BFH Child 5 – First name: When applicable, enter the first name of BFH Child 5. If there is no fifth eligible child, leave Cell 48 blank.
49. Cell 49: BFH Child 5 – Birth date: When applicable, enter the birthdate of BFH Child 5 (MM/DD/YYYY). If there is no fifth eligible child, leave Cell 49 blank.
50. Cell 50: BFH Child 5 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 5 (19-digit number). If there is no fifth eligible child, leave Cell 50 blank.
51. Cell 51: BFH Child 5 - SSN: When applicable and available, enter the SSN of BFH Child 5 (XXX-XX-XXXX). If there is no fifth eligible child, leave Cell 51 blank.
52. Cell 52: BFH Child 5 – BFH status at approval: When applicable, enter the BFH status of BFH Child 5 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no fifth eligible child, leave Cell 52 blank.
53. Cell 53: BFH Child 5 – BFH status at exit: Enter the BFH status of BFH Child 5 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no fifth eligible child, leave Cell 53 blank.

54. Cell 54: BFH Child 6 – Last name: When applicable, enter the last name of BFH Child 6. If there is no sixth eligible child, leave Cell 54 blank.
55. Cell 55: BFH Child 6 – First name: When applicable, enter the first name of BFH Child 6. If there is no sixth eligible child, leave Cell 55 blank.
56. Cell 56: BFH Child 6 – Birth date: When applicable, enter the birthdate of BFH Child 6 (MM/DD/YYYY). If there is no sixth eligible child, leave Cell 56 blank.
57. Cell 57: BFH Child 6 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 6 (19-digit number). If there is no sixth eligible child, leave Cell 57 blank.
58. Cell 58: BFH Child 6 - SSN: When applicable and available, enter the SSN of BFH Child 6 (XXX-XX-XXXX). If there is no sixth eligible child, leave Cell 58 blank.
59. Cell 59: BFH Child 6 – BFH status at approval: When applicable, enter the BFH status of BFH Child 6 at approval. Select one of the following using the in-cell dropdown menu;
- Child Welfare Services referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no sixth eligible child, leave Cell 59 blank.
60. Cell 60: BFH Child 6 – BFH status at exit: Enter the BFH status of BFH Child 6 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no sixth eligible child, leave Cell 60 blank.
61. Cell 61: BFH Child 7 – Last name: When applicable, enter the last name of BFH Child 7. If there is no seventh eligible child, leave Cell 61 blank.
62. Cell 62: BFH Child 7 – First name: When applicable, enter the first name of BFH Child 7. If there is no seventh eligible child, leave Cell 62 blank.
63. Cell 63: BFH Child 7 – Birth date: When applicable, enter the birthdate of BFH Child 7 (MM/DD/YYYY). If there is no seventh eligible child, leave cell 108 blank.
64. Cell 64: BFH Child 7 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 7 (19-digit number). If there is no seventh eligible child, leave Cell 64

blank.

65. Cell 65: BFH Child 7 - SSN: When applicable and available, enter the SSN of BFH Child 7 (XXX-XX-XXXX). If there is no seventh eligible child, leave Cell 65 blank.
66. Cell 66: BFH Child 7 – BFH status at approval: When applicable, enter the BFH status of BFH Child 7 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no seventh eligible child, leave Cell 66 blank.
67. Cell 67: BFH Child 7 – BFH status at exit: Enter the BFH status of BFH Child 7 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no seventh eligible child, leave Cell 67 blank.
68. Cell 68: BFH Child 8 – Last name: When applicable, enter the last name of BFH Child 8. If there is no eighth eligible child, leave Cell 68 blank.
69. Cell 69: BFH Child 8 – First name: When applicable, enter the first name of BFH Child 8. If there is no eighth eligible child, leave Cell 69 blank.
70. Cell 70: BFH Child 8 – Birth date: When applicable, enter the birthdate of BFH Child 8 (MM/DD/YYYY). If there is no eighth eligible child, leave Cell 70 blank.
71. Cell 71: BFH Child 8 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 8 (19-digit number). If there is no eighth eligible child, leave Cell 71 blank.
72. Cell 72: BFH Child 8 - SSN: When applicable and available, enter the SSN of BFH Child 8 (XXX-XX-XXXX). If there is no eighth eligible child, leave Cell 72 blank.
73. Cell 73: BFH Child 8 – BFH status at approval: When applicable, enter the BFH status of BFH Child 8 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification

- Out of home – Family reunification terminated
- If there is no eighth eligible child, leave Cell 73 blank.
74. Cell 74: BFH Child 8 – BFH status at exit: Enter the BFH status of BFH Child 8 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no eighth eligible child, leave Cell 74 blank.
75. Cell 75: BFH Child 9 – Last name: When applicable, enter the last name of BFH Child 9. If there is no ninth eligible child, leave Cell 75 blank.
76. Cell 76: BFH Child 9 – First name: When applicable, enter the first name of BFH Child 9. If there is no ninth eligible child, leave Cell 76 blank.
77. Cell 77: BFH Child 9 – Birth date: When applicable, enter the birthdate of BFH Child 9 (MM/DD/YYYY). If there is no ninth eligible child, leave Cell 77 blank.
78. Cell 78: BFH Child 9 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 9 (19-digit number). If there is no ninth eligible child, leave Cell 78 blank.
79. Cell 79: BFH Child 9 - SSN: When applicable and available, enter the SSN of BFH Child 9 (XXX-XX-XXXX). If there is no ninth eligible child, leave Cell 79 blank.
80. Cell 80: BFH Child 9 – BFH status at approval: When applicable, enter the BFH status of BFH Child 9 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no ninth eligible child, leave Cell 80 blank.
81. Cell 81: BFH Child 9 – BFH status at exit: Enter the BFH status of BFH Child 9 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized

If there is no ninth eligible child, leave Cell 81 blank.

82. Cell 82: BFH Child 10 – Last name: When applicable, enter the last name of BFH Child 10. If there is no tenth eligible child, leave Cell 82 blank.
83. Cell 83: BFH Child 10 – First name: When applicable, enter the first name of BFH Child 10. If there is no tenth eligible child, leave Cell 83 blank.
84. Cell 84: BFH Child 10 – Birth date: When applicable, enter the birthdate of BFH Child 10 (MM/DD/YYYY). If there is no tenth eligible child, leave Cell 84 blank.
85. Cell 85: BFH Child 10 – CWS/CMS ID: When applicable, enter the CWS/CMS ID of BFH Child 10 (19-digit number). If there is no tenth eligible child, leave Cell 85 blank.
86. Cell 86: BFH Child 10 - SSN: When applicable and available, enter the SSN of BFH Child 10 (XXX-XX-XXXX). If there is no tenth eligible child, leave Cell 86 blank.
87. Cell 87: BFH Child 10 – BFH status at approval: When applicable, enter the BFH status of BFH Child 10 at approval. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
- If there is no tenth eligible child, leave Cell 87 blank.
88. Cell 88: BFH Child 10 – BFH status at exit: Enter the BFH status of BFH Child 10 at exit. Select one of the following using the in-cell dropdown menu;
- CWS referral
  - In home – Family maintenance
  - Out of home – Family reunification
  - Out of home – Family reunification terminated
  - CWS case closed – Family stabilized
- If there is no tenth eligible child, leave Cell 88 blank.

<b>PART B. BFH HOUSEHOLD INFORMATION AT TIME OF APPROVAL</b>
--

Part B collects information on the BFH household at the time of approval.

**Note:** Cases that have been referred but have yet to be approved or denied should not be included on the report. Cases that are referred and eventually denied should not be included on the report. Cases in which the household voluntarily withdrew from BFH prior to being approved should not be included in the report. Only approved cases are

to be reported on the BFH 17.

**Note:** This information should not change or be updated unless it was originally entered incorrectly.

89. Cell 89: Approval date: Enter the date the BFH household was enrolled (MM/DD/YYYY).
90. Cell 90: At Approval – Where the household slept the previous night: Enter where the household slept the night before approval. Using the in-cell dropdown menu, select one of the following locations;
- Unsheltered
  - Staying with family/friends
  - Imminent threat of losing housing
  - Motel/Hotel
  - Shelter
  - Inpatient treatment
  - Incarceration
  - Other temporary shelter
91. Cell 91: At Approval – Cell 90 explanation: If Cell 90 was "Other temporary shelter" enter an explanation of the sleeping location.
92. Cell 92: At Approval – Self-reported gross income: Enter the BFH household's self-reported annual gross income. Round to the nearest dollar.
93. Cell 93: At Approval – Barrier to housing entry – Poor credit: Enter if poor credit is a barrier to housing entry. Enter "Y" for yes or "N" for no.
94. Cell 94: At Approval – Barrier to housing entry – Past evictions: Enter if past evictions are a barrier to housing entry. Enter "Y" for yes or "N" for no.
95. Cell 95: At Approval – Barrier to housing entry – Criminal record: Enter if a criminal record is a barrier to housing entry. Enter "Y" for yes or "N" for no.
96. Cell 96: At Approval – Barrier to housing entry – Poor rental history: Enter if a poor rental history is a barrier to housing entry. Enter "Y" for yes or "N" for no.
97. Cell 97: At Approval – Barrier to housing entry – Insufficient income: Enter if insufficient income is a barrier to housing entry. Enter "Y" for yes or "N" for no.
98. Cell 98: At Approval – Barrier to housing entry – Other: Enter if a reason other than those previously listed is a barrier to housing entry. Enter "Y" for yes or "N" for no.

99. Cell 99: At Approval – Barrier to housing entry – Cell 98 explanation: If Cell 98 is “Y”, provide an explanation.
100. Cell 100: At Approval – Barrier to housing retention – Substance abuse: Enter if substance abuse is a barrier to housing retention. Enter "Y" for yes or "N" for no.
101. Cell 101: At Approval – Barrier to housing retention – Physical health: Enter if physical health is a barrier to housing retention. Enter "Y" for yes or "N" for no.
102. Cell 102: At Approval – Barrier to housing retention – Mental health: Enter if mental health is a barrier to housing retention. Enter "Y" for yes or "N" for no.
103. Cell 103: At Approval – Barrier to housing retention – Insufficient income: Enter if insufficient income is a barrier to housing retention. Enter "Y" for yes or "N" for no.
104. Cell 104: At Approval – Barrier to housing retention – Other: Enter if there is a barrier to housing retention other than those previously listed. Enter “Y” for yes or “N” for no.
105. Cell 105: At Approval – Barrier to housing retention – Cell 104 explanation: If Cell 104 is “Y”, provide an explanation.

## **PART C. HOUSING**

Part C collects information on the BFH household's housing.

**Note:** This information should not change or be updated unless it was originally entered incorrectly.

106. Cell 106: Temporary Housing – Date: Enter the date the household entered temporary housing **for the first time** while in BFH (MM/DD/YYYY).
107. Cell 107: Temporary Housing – Type: Enter the type of temporary housing the BFH household entered. Using the in-cell dropdown menu, select one of the following;
- Motel
  - Shelter
  - Shared housing
  - Inpatient treatment
  - Bridge housing
  - Other
108. Cell 108: Temporary Housing – Cell 107 explanation: If Cell 107 is “Other”, provide an explanation.

109. Cell 109: Permanent Housing – Date: Enter the date the household entered permanent housing (MM/DD/YYYY).
110. Cell 110: Housing Intervention – Type: Enter the type of housing intervention the BFH household received. Using the in-cell dropdown menu, select one of the following;
- Rapid rehousing
  - Permanent Supportive Housing
  - Other
111. Cell 111: Housing Intervention – Cell 110 explanation: If Cell 110 was “Other”, provide an explanation.
112. Cell 112: Permanent Housing – Type: Enter the type of permanent housing the BFH household entered. Using the in-cell dropdown menu, select one of the following;
- Single-family apartment
  - Single-family house
  - Single-family trailer/mobile home
  - Shared housing
  - Other
113. Cell 113: Permanent Housing – Cell 112 explanation: If Cell 112 is “Other”, provide an explanation.
114. Cell 114: Permanent Housing – Zip code: Enter the zip code of the BFH household’s permanent housing.

#### **PART D. BFH HOUSING STATUS CHANGE**

Part D should be used when there is a change in the housing status of a BFH household. This is only to be done **after they have been permanently housed** and data has been entered in Part C.

**Note:** Changes in temporary housing situations (e.g., a household moves from a shelter to a motel) do not need to be tracked. Changes in permanent housing (e.g. changes in housing interventions, the household moves from permanent housing to temporary housing, or any other changes between permanent and temporary housing), should be tracked.

115. Cell 115: Change in Housing Status – Date: Enter the date of the change of the household’s housing status (MM/DD/YYYY).
116. Cell 116: Change in Housing Status – Current housing: Enter the current housing of the BFH household at the last check-in. Use the in-cell dropdown menu, select one of the following;

- Unhoused/Homeless
- Temporary housing
- Permanent housing
- Change in permanent housing

## **PART E. MONTHLY EXPENDITURES**

Part E collects expenditures spent on behalf of the BFH family during the report period.

**Note:** The data in this section is cleared when the report month is changed on the “Agency-Report Information” sheet of the workbook. Each month Part E must be updated for each case that has been entered in temporary or permanent housing.

**Note:** Expenditures should include **both** BFH funds (allocated by CDSS) **and** BFH match funds. Do not include other funds (e.g., third party funds not used as match); however, you may want to make a note in the comment section that additional non-BFH and non-match funds were used.

117. Cell 117: Monthly Expenditures – Total: ***Cell 117 is automatically calculated and is the sum of Cells 118 through 123.***

118. Cell 118: Monthly Expenditures – Temporary housing: Leave Cell 118 blank if a date has not been entered in Cell 106. If a date has been entered into Cell 106, enter the dollar amount of assistance issued during the report month for temporary housing. Round to the nearest dollar. If there are no expenditures for Cell 118 and a date has been entered into Cell 106, enter a “0”.

119. Cell 119: Monthly Expenditures – Permanent housing: Leave Cell 119 blank if a date has not been entered in Cell 109. If a date has been entered into Cell 109, enter the dollar amount of assistance issued during the report month for permanent housing. Round to the nearest dollar. If there are no expenditures for Cell 119 and a date has been entered into Cell 109, enter a “0”.

120. Cell 120: Monthly Expenditures – Deposits: Enter the dollar amount of assistance issued during the report month for deposits. Round to the nearest dollar. If there are no expenditures for Cell 120, enter a “0”.

121. Cell 121: Monthly Expenditures – Credit repair: Enter the dollar amount of assistance issued during the report month for credit repair. Round to the nearest dollar. If there are no expenditures for Cell 121, enter a “0”.

122. Cell 122: Monthly Expenditures – Payments in arrears: Enter the dollar amount of assistance issued during the report month for payments in arrears. Round to the nearest dollar. If there are no expenditures for Cell 122, enter a “0”.

123. Cell 123: Monthly Expenditures – Other expenditures: Enter the dollar amount of assistance issued during the report month for other expenditures. Round to the nearest dollar. If there are no expenditures for Cell 123, enter a “0”.

124. Cell 124: Monthly Expenditures – Cell 123 explanation: If Cell 123 is not “0”, provide an explanation of other expenditures.

<b>PART F. EXIT</b>
---------------------

Part F collects the information on BFH household exits from the program. **Complete this section the month the BFH household exits.**

125. Cell 125: Exit – Date: Enter the date the household exits the BFH program (MM/DD/YYYY).

126. Cell 126: Exit – Type: Enter, using the dropdown menu, one of the following housing situations/types at exit:

- Permanent housing
- Temporary housing
- Community provide housing
- Homeless
- Never housed
- Retained housing (imminent risk)
- Unknown

127. Cell 127: Exit – Reason: Enter, using the dropdown menu, one of the following reasons for exiting the BFH program.

- Achieved housing stability
- Requested discontinuance
- Self-resolved
- CWS closed – FR failed
- Ceases to engage/whereabouts unknown
- Transition to non-BFH housing intervention
- Other

128. Cell 128: Exit – Cell 127 explanation: If Cell 127 was “CWS closed – FR failed”, “Requested discontinuance”, or “Other”, provide an explanation.

129. Cell 129: Exit – Housing intervention: Enter, using the dropdown menu, the type of intervention the household had at exit:

- RRH
- FUP voucher
- Housing choice voucher
- Other

- None

130. Cell 130: Exit – Cell 129 explanation: If Cell 129 was “Other”, provide an explanation.
131. Cell 131: Exit – Self-reported gross income: Enter the BFH household's self-reported annual gross income. Round to the nearest dollar.
132. Cell 132: Return to homelessness: Only record information in this cell if the case exited into permanent housing. Enter, using the dropdown menu, the number of months the BFH household spent in permanent housing before they lost their permanent housing and returned to homelessness. **The staff completes this item if/when the household’s homeless status becomes known to the county.**
- 0 to 6 months
  - 7 to 12 months
  - 13 to 18 months
  - 19 to 24 months

## **PART G. COMMENTS**

Use the Comments section to:

- Explain any major fluctuations in data, including major changes in procedures, programming or staffing that have affected the data.
- Provide any other comments the county/tribe determines necessary.
- If submitting a revised record, explain the reason for revision in the Revised Record Explanation box and list the updated cells.

**BRINGING FAMILIES HOME PROGRAM  
MONTHLY REPORT  
BFH 17 (10/19)  
VALIDATION RULES AND EDITS**

**PART A. BFH HOUSEHOLD COMPOSITION**

**If “Case Version” is changed to “Revised”**

The “Revised Record Explanation” must be completed

**If Cell 1 is completed**

Cell 2 must be completed  
Cell 3 must be completed  
Cell 19 through Cell 22 must be completed  
Cell 24 must be completed  
Cell 89 must be completed  
Cell 90 must be completed  
Cell 92 through Cell 98 must be completed  
Cell 100 through Cell 104 must be completed  
Cell 120 through Cell 123 must be completed

**If Cell 7 is completed**

Cell 8 must be completed  
Cell 9 must be completed

**If Cell 13 is completed**

Cell 14 must be completed  
Cell 15 must be completed

**If Cell 26 is completed**

Cell 27 through Cell 29 must be completed  
Cell 31 must be completed

**If Cell 33 is completed**

Cell 34 through Cell 36 must be completed  
Cell 38 must be completed

**If Cell 40 is completed**

Cell 41 through Cell 43 must be completed  
Cell 45 must be completed

**If Cell 47 is completed**

Cell 48 through Cell 50 must be completed  
Cell 52 must be completed

**If Cell 54 is completed**

Cell 55 through Cell 57 must be completed  
Cell 59 must be completed

**If Cell 61 is completed**

Cell 62 through Cell 64 must be completed  
Cell 66 must be completed

**If Cell 68 is completed**

Cell 69 through Cell 71 must be completed  
Cell 73 must be completed

**If Cell 75 is completed**

Cell 76 through Cell 78 must be completed  
Cell 80 must be completed

**If Cell 82 is completed**

Cell 83 through Cell 85 must be completed  
Cell 87 must be completed

**PART B. BFH HOUSEHOLD INFORMATION AT TIME OF APPROVAL****If Cell 89 is completed**

The date in Cell 89 must be after 07/01/2017

**If Cell 90 is "Other temporary shelter"**

Cell 91 must be completed

**If Cell 98 is "Y"**

Cell 99 must be completed

**If Cell 104 is "Y"**

Cell 105 must be completed

## **PART C. HOUSING**

### **If Cell 106 is completed**

Cell 107 must be completed  
Cell 118 must be completed

### **If Cell 107 is “Other”**

Cell 108 must be completed

### **If Cell 109 is completed**

Cell 110 must be completed  
Cell 112 must be completed  
Cell 114 must be completed  
Cell 119 must be completed

### **If Cell 110 is “Other”**

Cell 111 must be completed

### **If Cell 112 is “Other”**

Cell 113 must be completed

## **PART E. MONTHLY EXPENDITURES**

### **If Cell 123 is not “0”**

Cell 124 must be completed

## **PART F. EXIT**

### **If Cell 125 is completed**

Cell 25 must be completed  
The date in Cell 125 must be after the date in Cell 89  
Cell 126 must be completed  
Cell 127 must be completed  
Cell 129 must be completed  
Cell 131 must be completed

### **If Cell 125 and Cell 26 are completed**

Cell 32 must be completed

### **If Cell 125 and Cell 33 are completed**

Cell 39 must be completed

### **If Cell 125 and Cell 40 are completed**

Cell 46 must be completed

**If Cell 125 and Cell 47 are completed**

Cell 53 must be completed

**If Cell 125 and Cell 54 are completed**

Cell 60 must be completed

**If Cell 125 and Cell 61 are completed**

Cell 67 must be completed

**If Cell 125 and Cell 68 are completed**

Cell 74 must be completed

**If Cell 125 and Cell 75 are completed**

Cell 81 must be completed

**If Cell 125 and Cell 82 are completed**

Cell 88 must be completed

**If Cell 127 is "Other"**

Cell 128 must be completed

**If Cell 129 is "Other"**

Cell 130 must be completed