

**Data Specifications for Home Delivered Meal Clients**  
**Updated January 2016**

Field	Data Type, Codes and Maximum Length	Description/Example
Client ID	text – 15 characters	Unique identification number assigned by agency.
Last Name	text - 20 characters	Smith
First Name	text - 15 characters	Jonathan
Middle Name	text - 15 characters	William
Street Address	text - 255 characters	511 15th Avenue S
City	text - 35 characters	Federal Way
Zip Code	text - 9 characters	98104 or 981043232
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1928
<b>Race</b>	<b>Integer</b>	<b>What is the client’s race?</b>
	0	Unknown
	1	American Indian or Alaska Native
	2	Asian, Asian American
	3	Black, African, African-American
	4	Hawaiian Native or Pacific Islander
	6	White
	7	Other
	8	Multi-Racial
<b>Ethnicity</b>	<b>Text</b>	<b>What is the client’s ethnicity?</b>
	u	Unknown
	y	Hispanic or Latino
	n	Not Hispanic or Latino
<b>Income</b>	<b>Integer</b>	<b>Refer to <a href="#">Income Guidelines</a> for \$ amounts for the categories listed below.</b>
	0	Unknown
	1	Very Low (< 30% Median)
	2	Low (< 50% Median)
	3	Moderate (< 80% Median)
	4	Above Moderate (> 80% Median)
<b>Live Alone</b>	<b>Text</b>	<b>Does the client live alone?</b>
	u	Unknown
	y	Yes
	n	No
<b>Gender</b>	<b>Text</b>	<b>What is the client’s gender?</b>
	u	Unknown
	f	Female
	m	Male
	o	Other (e.g. transgender)
<b>Limited English</b>	<b>Text</b>	<b>Does the client have limited proficiency in English?</b>
	u	Unknown
	y	Yes
	n	No
<b>Household with Children</b>	<b>Text</b>	<b>Is the client living in a household with children under age 18?</b>
	u	Unknown
	y	Yes
	n	No
<b>Disability Status</b>	<b>Text</b>	<b>Does the client have a disability?</b>
	u	Unknown
	y	Yes
	n	No
<b>Refugee Status</b>	<b>Text</b>	<b>Is the client an immigrant or refugee?</b>
	u	Unknown
	y	Yes
	n	No
<b>Homeless</b>	<b>Text</b>	<b>Is the client homeless or living in temporary shelter?</b>
	u	Unknown
	y	Yes
	n	No
<b>Veteran</b>	<b>Text</b>	<b>Is the client a veteran?</b>

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	u	Unknown
	y	Yes
	n	No
Nutritional Risk	Text	Client has received a score of 6 or greater on <a href="#">Nutritional Risk Screening</a> tool.
	u	Unknown
	y	Yes
	n	No
	Text	Does the client need help with the following Activities of Daily Living (ADL"s)?
Eating	y	Yes
	n	No
Toileting	y	Yes
	n	No
Walking	y	Yes
	n	No
Transferring	y	Yes
	n	No
Dressing	y	Yes
	n	No
Bathing	y	Yes
	n	No
Med Mgmt	y	Yes
	n	No
	Text	Does the client need help with the following Instrumental Activities of Daily Living (IADL"s)?
Cooking	y	Yes
	n	No
Shopping	y	Yes
	n	No
Chores	y	Yes
	n	No
Driving	y	Yes
	n	No
Heavy Housework	y	Yes
	n	No
Phoning	y	Yes
	n	No
Money Mgmt	y	Yes
	n	No
Sexual Orientation	Integer	What is the sexual orientation of the client?
	0	Unknown
	1	Bisexual
	2	Gay
	3	Heterosexual
	4	Lesbian
	5	Questioning
	6	Other
Service Month	Date – mm/dd/yyyy	Example: 1/1/2014 (always use first day of the month)
Units Provided	Integer	Number of meals delivered to client during the service month for this fund source
Service Type	Code	Type of meal or service. If a client received more than one type of service, use a separate row for each.
	n1	Home Delivered Meals
	n4	COPES Home Delivered Meals
	n5	Emergency Food Kit
	n6	Under Age 60 Home Delivered Meals
	n7	Produce Bag / Market Basket

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### Data File Guidelines

- Each client should have a unique identifier or Client ID. This ID # should be used consistently for the same client. ID #'s should not be reused. If a change to your data system causes ID #'s to change (e.g., you purchased a new software system) please let ADS staff know in advance of the change.
- Field names must be at the top of each column and must **exactly match** those in the data specifications.
- Fields can be in any order. You are not required to use them in the order listed above. The one exception is that the Client ID field must be the first column.
- If you do not have information for a particular field, and that field doesn't have a corresponding code or category for Unknown (usually "0" or "U"), please leave the field blank. There must be a first and last name for every client.
- If a client's date of birth is unknown, but the client is known to be over age 60, the agency may use a generic date of birth such as 1/1/1950 until the agency is able to submit the client's actual date of birth.
- Include only clients who had services during the reporting period. If a client did not have services in the reporting month, they should not appear on the report. Do not keep them on the report with a unit of "0".
- If a client had services using more than one service type, include a separate row for each service type.

### Submitting Data Files

- Providers will upload data files to City of Seattle's secure ftp server or through secure email. Contact your contract specialist for information on how to securely submit files.
- If using ftp to submit files, please send your contract specialist an email letting them know that you have uploaded the file.
- Data files may be submitted in either spreadsheet (Excel) or delimited (e.g., csv) format.
- Use a unique name for each file that clearly identifies both the provider and the service month. For example: MSM\_Jan2016.xls for My Service Mind's January 2016 data file.
- Data files with errors will be sent back for corrections.
- Data files are due by the 10<sup>th</sup> working day of the month. Payment of invoices is contingent upon receipt of all required reports, including monthly data files.

### Changes in 2016:

- Race and ethnicity are two separate fields.
- Single parent and unincorporated are no longer required.
- Sexual orientation is a new field.
- Getting places is no longer a required ADL field and Money Mgmt is a new IADL field.