

**Data Specifications for Congregate Meal Programs**  
**Updated June 2020 for COVID-19**

Field Name	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 – 5 characters	98104
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1928 – use 4 digit years.
Race	Integer	What is the client's race?
	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
Ethnicity	Text	What is the client's ethnicity?
	u	Unknown
	y	Hispanic or Latino
	n	Not Hispanic or Latino
Income	Integer	Refer to <a href="#">Income Guidelines</a> for \$ amounts for the categories listed below.
	0	Unknown
	1	Very Low (< 30% Median)
	2	Low (< 50% Median)
	3	Moderate (< 80% Median)
	4	Above Moderate (> 80% Median)
Live Alone	Text	Does the client live alone?
	u	Unknown
	y	Yes
	n	No
Gender	Text	What is the client's gender?
	u	Unknown
	f	Female
	m	Male
	o	Other (e.g. transgender)
Limited English	Text	Does the client have limited English proficiency?
	u	Unknown
	y	Yes
	n	No
Disability Status	Text	Description:
	u	Unknown
	y	Yes
	n	No
Homeless	Text	Is the client homeless or living in a temporary shelter?
	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
Veteran	Text	Is the client a veteran?
	u	Unknown
	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

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Field Name	Data Type, Codes and Maximum Length	Description/Example
	6	Other
Service Month	Date	Use first day of month for reporting period, e.g., 1/1/2016
Units Provided	Integer	Total # of meals provided to this client during service month.
Service Type	Code	What type of meal service did the client receive?
	n2	Congregate Dining
	n3	Emergency Meals
	n9	CV-19 Response Congregate Meals (Virtual/In-Person)
	n10	CV-19 Response Groceries
	n11	CV-19 Response Home Delivered Meals (Pick-up and Home Delivered)
	<b>Volunteer/staff meals: Report using n9 if meals are eaten together and on site, or n11 if meals are taken home for consumption.</b>	
Site	Text	Site name *This field only applies to programs with multiple sites. Do not include this field if your program has only one site.

**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.
- 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".

**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 access this server.
- Please send your contract specialist an email letting them know that when 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\_Jan2020.xls for My Service Mind's January 2020 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.