

PRACTICE

Glossary

This glossary defines common terms related to homelessness, impact evaluations, and randomized evaluations.

HOMELESSNESS TERMINOLOGY

There are myriad definitions of homelessness that cover different populations and are used for different legal and programmatic purposes. The following are examples of common terms and definitions from various federal agencies.

Homelessness (Department of Housing and Urban Development (HUD)¹)

Category 1: Literal Homelessness: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; or
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Note: An individual or family only needs to meet one of the three subcategories to qualify as Homeless Category 1: Literally Homeless.

¹ HUD Exchange. [Four Categories of the Homeless Definition.](#)

Category 2: Imminent Risk of Homelessness: An individual or family who will imminently lose their primary nighttime residence, provided that:

1. Residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified; and
3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Note: Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

Category 3: Homeless Under Other Federal Statutes: Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

1. Are defined as homeless under the other listed federal statutes;
2. Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application;
3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
4. Can be expected to continue in such status for an extended period of time due to special needs or barriers

Note: HUD has not authorized any Continuum of Care (CoC) to serve the homeless under Category 3. HUD determines and approves the use of CoC Program funds to serve this population based on each CoC's Consolidated Application. See [24 CFR 578.89](#). Individuals and families that qualify as homeless under Category 3 may be served by the ESG program if they meet required eligibility criteria for certain ESG components.

Category 4: Fleeing/Attempting to Flee Domestic Violence: Any individual or family who:

1. Is fleeing, or is attempting to flee, domestic violence;
2. Has no other residence; and
3. Lacks the resources or support networks to obtain other permanent housing

Note: For the purposes of this binder, "Domestic Violence" includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or [makes] him or her afraid to return to, their primary nighttime residence (including human trafficking).

Specific Experiences of Homelessness

Families with Chronic Patterns of Homelessness: People in families with children in which the head of household has a disability and has either been continuously homeless for one year or more or has had at least four episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months.²

Homeless Children and Youth: Under the McKinney-Vento Act (42 U.S.C. § 11434a(2)), “homeless children and youth” are those who lack a fixed, regular, and adequate nighttime residence, including:

- those who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- those who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 11302(a)(2)(C) 1 of this title);
- those who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- migratory children (as such term is defined in section 6399 of title 20) who qualify as homeless for the purposes of this part because the children are living in circumstances described in clauses (i) through (iii).^{3,4}

Individuals with Chronic Patterns of Homelessness: an individual with a disability who has been continuously homeless for one year or more or has had at least four episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months.⁵

Sheltered Homelessness: people who are staying in emergency shelters, transitional housing programs, or safe havens.⁶

² HUD User. [2024 AHAR Report: Part 1 - PIT Estimates of Homelessness.](#)

³ SchoolHouse Connection. [What is the McKinney-Vento Act?](#)

⁴ US House of Representatives. [42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths](#)

⁵ HUD User. [2025 AHAR Report: Part 1 - PIT Estimates of Homelessness.](#)

⁶ HUD User. [2025 AHAR Report: Part 1 - PIT Estimates of Homelessness.](#)

Unsheltered Homelessness: People whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (for example a car, public park, abandoned building, bus or train station, airport, or camping ground).⁷

IMPACT EVALUATIONS: FOUNDATIONS

Module 1: Overview of Impact Evaluations

Counterfactual: What would have happened to the participants of an intervention had they not received the intervention. The counterfactual can never be observed; it can only be inferred from a comparison group.

Comparison Group: A group constructed to represent a counterfactual. They are generally composed of people or units similar to those in the intervention group but do not receive the intervention being evaluated or may receive an alternate version of the program. The comparison group is often called a “control group.”

Impact: The impact of the intervention is the effect of the treatment. The impact is estimated by measuring the differences in outcomes between the intervention group and the comparison group.

Evaluation: Making a judgment about the amount, number, or value of something; assessment.

Program Evaluation: The [CDC](#) defines program evaluation as a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement.

Research Question: A clear, concise, and focused question that seeks to understand the effect of a given program or intervention on people’s outcomes.

Intervention Group: The group assigned to receive the intervention.

⁷ HUD User. [2025 AHAR Report: Part 1 - PIT Estimates of Homelessness](#).

Module 2: Creating a Theory of Change

Assumption: A precondition that underpins a theory of change or model. An assumption cannot always be directly observed or verified.

Hypothesis: A proposed explanation for the effects of a given intervention. We can think of this as a claim to be tested. Hypotheses are intended to be made prior to the implementation of the intervention.

Theory of Change: A supposition specifying steps in the pathways through which the intervention(s) could lead to an impact. A theory of change is a structured approach used in the design and evaluation of social programs. It maps the logical chain of how program inputs achieve changes in outcomes through activities and outputs. Common elements of a theory of change include:

- **Needs:** The needs of a population the intervention is designed to serve.
- **Input:** An activity carried out as part of a program or intervention.
- **Output:** A step in the planned implementation of a program or intervention – a.k.a. A direct result in response to the inputs.
- **Intermediate outcomes:** Observable changes or impacts caused by the program that are not the ultimate outcome of interest, but necessary along the way to achieve a final outcome.
- **Final outcomes:** Changes or impacts that are of ultimate interest to researchers and/or program implementers; these are often the overall goals of a program.

Module 3: Data and Measurement

Data Source: The specific tools, instruments, and records used to quantify and/or qualify an indicator.

Construct: A construct is the main concept of interest that can be measured. It may be abstract and have multiple valid definitions.

Indicator: An observable metric used to measure and monitor a given milestone, outcome, or construct.

Instrument: The tool used to measure an indicator.

Primary Data: Information that interested parties collect themselves for the purposes of a study or program evaluation. Primary data might include information from a survey, an intake form, or a focus group.

Reliability: Reliability in data refers to if the data will give you a consistent and precise measure. Reliable measures are consistent across both time and data collector.

Secondary Data: Information that already exists that was collected for a purpose other than the study at hand. Secondary data might be information that a city or state already has, like a list of homeowners or property taxes paid in a city, or the number of evictions in the past month.

Validity: Validity in data refers to whether what the data measures is related to the concept you are trying to investigate.

Module 4: Fundamentals of Ethical Research

Belmont Principles:

- **Beneficence:** Beneficence requires that researchers (1) do not harm and (2) maximize possible benefits and minimize possible harms. If risks outweigh potential benefits, conducting the research is not justified.
- **Justice:** Justice states that burdens and benefits of research should be fairly distributed among potential research participants. In practice, researchers should ensure that the study population represents the population experiencing the problem and the population that stands to benefit, either as a direct result of participation or as result of knowledge generated from the study.
- **Respect for Persons:** Respect for persons states that individuals should be treated as autonomous agents able to decide for themselves whether or not to participate in or allow their personal information to be used for research. This principle also recognizes that some people—such as minors, people who are incarcerated, and those who are otherwise vulnerable—may have diminished autonomy and that providing information may not be enough to allow them to make an informed decision in their best interest about their participation in research.

Ethics: The principles and practices that guide the responsible conduct of human subjects research, ensuring respect for participants, minimizing the risk of harm, and fairness in how research is designed, implemented, and used.

Informed Consent: A process in which prospective research participants are given clear, relevant, and understandable information about a study and freely choose whether to participate, without coercion or undue influence.

Institutional Review Board: An independent committee that reviews research involving human subjects to ensure that ethical standards are met, risks are minimized, informed consent is appropriately obtained, and participants' rights and safety are protected.

Module 5: Understanding Statistical Power

Effect Size: The magnitude of the impact—or effect—a program or policy has on the outcomes we are measuring.

Sample Size: The total number of units in the study, in both treatment and comparison groups. In a clustered randomization (see definition in Module 7), the sample size is the total number of units across clusters. The power increases with the sample size with everything else remaining constant.

Statistical Power: The likelihood of avoiding a false negative. In other words, it is the probability that your statistical test will find an effect if there is one. Researchers generally try to set power to at least 80 percent.

Statistical Significance Level: The likelihood of obtaining a false positive. Statistical tests are typically performed at significance levels of 1 percent, 5 percent, or sometimes 10 percent to determine whether one group (e.g., the intervention group) is different from another group (e.g., the comparison group) on outcome indicators of interest.

RANDOMIZED EVALUATIONS: KEY COMPONENTS AND CONSIDERATIONS

Module 6: Introduction to Randomization

Causal Impact: Any change in outcomes that can be attributed to the program itself rather than a confounding variable; the difference between an outcome with the program and the outcome that would have been seen in the absence of the program.

Balance: When the treatment and comparison groups have similar average baseline characteristics. By design, randomization creates groups that will have similar characteristics on average. However, even when randomization is done correctly, average values of some characteristics may differ across groups due to random chance.

Confounding Variable: A factor other than the intervention that is likely to impact the outcome of interest and, when not controlled for in the analysis, differs between treatment and comparison groups, thereby biasing estimates of a program's impact.

Estimate: In statistics, a “best guess” about an unknown value in a population (such as the effect of a program on an outcome) according to a rule (known as the “estimator”) and the values observed in a sample drawn from that population.

Impact: The impact of the intervention is the effect of the treatment; that is, what actually happened as a result of a program compared to the counterfactual. Because we can never know the counterfactual, program evaluations estimate impact by measuring the differences in outcomes between the treatment group and the comparison group.

Random Assignment: Assigning study units to the intervention or comparison groups using a method based on chance alone, such as a lottery or random draw.

Randomized Evaluation/Randomized Controlled Trial (RCT): A method of impact evaluation in which eligible units are randomly assigned to one or more intervention groups and a comparison group, providing an estimate of the causal impact of an intervention by comparing outcomes across groups.

Random Sampling: The process of selecting units from a population of interest in a randomized manner to create a sample that is representative of the population.

Module 7: Opportunities for Randomization

Cluster: Groups with multiple observational units that will be randomized together (e.g., classrooms) are referred to as “clusters.” In cluster randomization the unit of observation is different from the unit of randomization (e.g., if you want to measure the impact of extended recess on student test scores, scores are measured at the individual level but students are randomized into intervention and comparison groups at the classroom level).

Intent-to-treat (ITT): The ITT is a method of estimating the effect of the program that compares the average outcomes of those assigned to the intervention group to the average outcomes of those assigned to the comparison group, regardless of whether individuals within those groups have actually received the treatment. The ITT measures the impact of delivering a program in the real world, where some people don’t take up the program when offered it, and others take up the program even when they are not expressly encouraged to do so. $ITT = (\text{avg. outcomes of those assigned to intervention}) - (\text{avg. outcomes of those assigned to comparison})$

Spillovers: Spillovers occur when the treatment indirectly affects those who have not been treated. Spillovers can be positive or negative.

Stratification: The process of dividing units in your sample into different subgroups based on specific characteristics (e.g., gender, urban/rural) and then randomizing within those groups to ensure balance on these characteristics.

Treatment Assignment, Treatment Status: An individual's treatment assignment is the group they were randomly assigned to: the intervention or comparison group. An individual's treatment status is what actually happened to them: were they treated or not?

Treatment-on-the-Treated (ToT): The ToT is a method of estimating the effect of the program on those people who choose to take it up due to the intervention. Intuitively, you can think of the ToT as a way of adjusting the ITT to reflect that not all of those assigned to treatment were treated while some who were assigned to the comparison group were treated.
$$\text{ToT} = \text{ITT} / ((\text{proportion of take-up in treatment}) - (\text{proportion of take-up in comparison})).$$

Unit of Randomization: The level of observation or unit (e.g., individual, family, zip-code, county) at which treatment and comparison groups are randomly assigned.