# Santa Barbara County Continuum of Care

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# HMIS 5.12 workflow Adding New Clients



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### Access HMIS Web Portal

Access the Santa Barbara portal at: <u>http://ctagroup.org/santa-barbara-hmis/</u>



#### The Five (5) Icons:

- Login to HMIS
- User Central: documents and forms
- Training: sign up for a training or access online video library
- Partner Agencies: List of Agencies that use HMIS
- Help: click to send a Help Request

### Access Home Page Dashboard

Access HMIS by entering your username and password. Your Home Page Dashboard appears

🔓 Home > Home Pa	ige Dashbo	ard				Type here for Global Search
Last Viewed Favorites	System New	ıs (1)	Agency News (0	) 🔤	🖉 Counts Report	
lientPoint	Date	Headline			My Clients With An Entry But No Exit:	My Clients With NULL UDEs:
CallPoint	10/01/201	4 2014 HUD Data Standards ha	ave arrived!			
ResourcePoint	i l				0	U
ShelterPoint	1				My Clients With Expiring ROIs:	My Clients With Recent Exits:
ActivityPoint					My energy man exprining hors.	ing orients that Recent Exits.
SkanPoint					0	0
Reports						
Admin	Add System	News		View All		
Logout	Eollow II	In List (1)				
	Client ID	Turne (1)	Data	Time Develope		
	61245	Goal	12/31/2012	Past		

#### Menu Bar (left side of screen)

Click to access **Client Point** (red arrow) or other available option. Example: click **SkanPoint** to enter client data using bar-coded client ID cards.

**Note**: modules displayed in this screenshot may not display on your home page. Available modules depend on your access level and the modules your agency has selected to use.

#### Counts Report (orange arrow)

A Counts Report provides a quick and easy way to keep tabs on your clients. If a number appears on a report: click on that number to see your clients.

The Counts Report section usually comes with these 4 reports:

- My Clients with an Entry but no Exit: details how many clients are currently enrolled in your program.
- My Clients with Null UDEs: details clients with one or more missing UDEs (universal data elements)
- My Clients with Expiring ROIs: details clients whose ROI (release of information) expires within a month
- My Clients with Recent Exits: details clients who have exited your program within the past month

Other Counts reports are available. Check with your Agency Administrator for details.

# Client Point: Client Search page

Click **Client Point** to access the Client Search page.

how to add a new client

Client already in HMIS?	Client Search				
Search for client, by:		👔 Please Search the St	ystem before addi	ng a New Client.	
□ Name OR		(i) Items in Italics are for Data Entry	y ONLY and will no	ot be used for Search Results.	
□ SSN OR		First Middle Last	Suffix		
🛛 Client ID #	Name				
Click Exact Match	Name Data Quality	-Select-		Date of Birth	
Click <b>Search</b>	Alias			DOB Data Quality	-Select-
If there is a match:	Social Security Number			Gender	-Select-
Client's name will appear at	Social Security Number Data Quality	-Select-		Primary Race	-Select-
bottom of screen	U.S. Military Veteran?	-Select-		Secondary Race	-Select-
	Exact Match			Ethnicity	-Select-
Client Results	Search ACTIVE Clients	۲			
	Search INACTIVE / DELETED Clients	0			
ID Name 📥	Search ALL Clients	0			
265957 Client, Test	Search Clear Add Ner	w Client With This Information Add Anonymous Client			
	Client Number				
	Enter or scan a Client ID number to go direct	ly to that Client's profile.			
No match?	Client ID #	Submit			
Client not in HMIS?					
See next page for details on					

**Did you find a match?** Skip to page 11 Release of Information.

### Adding a New Client

Enter as much client information as possible. In this screenshot, the following client information was collected:

Name	Date of Birth	<u>Note</u>
Name Data Quality	DOB Data Quality	Client doesn't know?
Social Security Number	Gender	Select 'Client doesn't know'
Social Security Data Quality US Military Veteran?	Primary Race Ethnicity	<b>Client refuses to answer?</b> Select 'Client refused'

		🚺 Please Search th	ne System before add	ding a New Client.	
	(i) Iter	ms in Italics are for Data E	Entry ONLY and will n	ot be used for Search Results.	
	First Middle	Last	Suffix		
lame	New	Client			
Vame Data Quality	Full Name Reported	•		Date of Birth	06 / 06 / 1967 🧖 💸
Alias				DOB Data Quality	Full DOB Reported (HUD)
Social Security Number	123 - 45 - 6789			Gender	Male 👻
Social Security Number Data Quality	Full SSN Reported (HUD)	•		Primary Race	White (HUD)
J.S. Military Veteran?	Yes (HUD) 🔹			Secondary Race	-Select-
Exact Match				Ethnicity	Hispanic/Latino (HUD) -
Search ACTIVE Clients	۲				
Search INACTIVE / DELETED Clients	•				
Search ALL Clients	0				

#### Ready to add new client?

- □ Click Add New Client With This Information (black arrow)
- Pop up window appears. Select
   Add Client Only
- Page refreshes to client's Summary page

#### Add New Client With This Information greyed out? (not able to add client)

- You did not search for this client before trying to enter as a new client
- □ Click **Search** to see if client is in HMIS
- □ Client not in HMIS? Add New Client With This Information should no longer be greyed out

# New Client: Summary page (top of page)

Client Information displays on the top half of the Summary page:

Client's HMIS number and Name (blue arrow)

- Menu bar (black arrow):
  - Click on a tab to access that tab's function
  - o Example: click Client Profile to update the client's record and demographic data fields

#### Photo icon (orange arrow)

#### How to add client's photo

0

- To add photo: click on **Client Profile** tab
- Click Change (under the Photo icon)
- Click Browse. Select photo. Click Upload
- Client Record (green arrow) o Details the date and time client was added to HMIS
  - Details Client Record data (examples: Name, Date of Birth)

(	Client - (26737	6) Client, New				_	-					4
🧃 (2 Re	67376) Client, New lease of Information	n: None										
Client	t Information						Service	Transaction	5			
Su	mmary	Client Profile	Households	ROI	Entry / E	xit	Case Ma	nagers	Case Plans	Measurements	Activities	Assessments
Add	ed to the system 10	)/04/2014 03:33 PM										
	Name	Client, New				Gender	-	Male				
	Date of Birth	06/06/1967 (Age 47	)			Primary	/ Race	White (HUD	)			7
	Social Security	123-45-6789				Second	dary Race					
						U.S. Mil	litary	Yes (HUD)				

#### New Client: Summary page (bottom of page)

The boxes are in order of how best to enter new client data. A typical configuration includes the following:

Type		Head of	Relationsh	in	Provider			Permission	Start Date	End Date
arch Existing Householde	Start New Household	Household	inclusion31		Add ROI			No matche	15.	
Case Managers	Start New Household				Entry/I					
Name Drovida	* Db.	ana Number			Chicry/		Tune	1	Entry Data	Exit Data
dd Case	r Plu	ne Number			Add Entry /	Exit	Type	No matche	Entry Date	Exit Date
lanager		No matches.		1						
Measurements				Ì	Service	s				
Type Late	st Point		Total Da	ite	Start Dat	e	End Date		Provider	\$
Add New Measurement		No matches.			Add Service	Add Multiple Services		No matche	:5.	
SPDATs and Additional F	Required Questions						c			
Survey location							G			
On a regular day, wher time of day is easiest to	e is it easiest to find yo o do so?	u and what					G			
Is there a phone numb can safely get in touch	er and/or email where s with you or leave you a	omeone message?					G			
How many months has homeless?	the client or client's far	nily been	G							
For the VI-FSPDAT, how family need to be hous	v many people in the cli ed?	ent's G								
🔍 VI-SPDAT v2.0										
Start Date *		PRE-SURVEY	A. HISTO HOUSING HOMELES	RY OF AND SNESS	B. RISKS	C. S DAII	OCIALIZATION & _Y FUNCTIONS	D. WELLNES	5 GRA	ND TOTAL
Add										
VI I SFDAT V2.0		A. HIS RVEY HOUSI	TORY OF NG AND	B. RISKS	C & FI	. SOCIALIZATION DAILY JNCTIONS	D. WELLNESS	E. FAMIL	Y UNIT GI	RAND TOTAL
Start Date *	PRE-SU	HOME	ESSNESS							
Start Date*	PRE-SU	HOMEI	ESSNESS							

- Households: create a new household or update an existing household
- **Release of Information**: add an ROI for client or for the entire household
- Case Manager: assign yourself or another person as the case manager. Adding a case manager
- **Entry/Exits**: add a project entry or project exit for a client or for the household. Access a project entry to add an Interim, Update or Annual Assessment
- Services: add a service transaction for a client or for a household
- **Restricted ROI**: enter client restrictions here, then contact CTA and give detail of the restrictions, before entering in any information into the system
- VI-SPDAT v2.0: updated VI-SPDAT Assessment tool
- VI- F SPDAT v2.0: Family Assessment tool

\*NOTE- The boxes you can see and their order varies on agency preference, if you want to modify them please have your agency admin submit a case

### Creating the Household

Selected Clients

Name

267376 Client, New

ID

Social Security

123-45-6789

Number

Date of Birth

06/06/1967

Alias

**Client single?** Skip this page. Go to page 11: Release of Information.

**Client in a Household?** Best practice is to add each family member into HMIS by following the steps outlined on pages 9 & 10.

Write down the HMIS # for each family member added. Go the Head of Household's Summary page.

Households       ID Type     Head of Household     Relationship       Search Existing Households     Start New Household     New page appear	Click <b>Start New Household</b> (blue arrow) rs. At the top of the page <b>is Household Type</b> .
Add New Household Household Type	Select best match (black arrow). Then scroll down to bottom of page to <b>Client Number</b> section.
Household Type *       Two Parent Family         Client Number         Enter or Scan a Client ID to add that Client to this Household.	Add the HMIS number of the client to add to the Household. In this example HMIS # 267449 was entered (red arrow).

Gender Banned Household Count

0 🔍

Male

Click **Submit**. Client will appear in **Selected Clients** (green arrow)

**Need to add more members?** Enter HMIS # in Client ID #, then click Submit (red arrow)

Finished adding members? Click Continue.

# Creating the Household

(	(55790) Two Parent Fai	mily				Save	Save	e & Exit	Exit
н	Household Type *	Two Par	rent Family						
D	come US\$0.00 monthly (US\$0.00 annual)								
-	lient Count	3							
I	Household Members		1						
Na	Household Members	Age	Head of Househo	Relationship to Head Id of Household	Joined H	ousehold '	1	Previous Associations	Househol Count
Na	Household Members ame 267376) Client, New	<b>Age</b> 47	Head of Househo Yes 👻	Relationship to Head Id of Household Self •	Joined H	lousehold '	<u>8</u>	Previous Associations	Househol Count
Na (2	Household Members ame 267376) Client, New 267450) Client, Nouveau	<b>Age</b> 47 15	Head of Househo Yes • No •	Relationship to Head d of Household Self Step-daughter	Joined H 10 / 07 10 / 07	lousehold * / 2014 / 2014	27) Z.	Previous Associations 0 Q 0 Q	Househol Count

Once relationships have been correctly defined: click Save & Exit

view Household Data		2
It is strongly recommended to re	view the fields fo f Household, and	r Head of Household
Type for all Clients to ensure the	e information is o	orrect.
Would you like to review this data now?	e information is o	orrect.

Pop-up window appears. Click No.

How to add client data will be covered later in this manual.

Clicking No returns takes you to the Summary page of the Head of Household. Household information appears in the **Households** box.

	ID	Туре	Head of Household	Relationship
1	55790	Two Parent Family		
		*Client, New	Yes	Self
		Client, Nouveau	No	Step-daughte
		Client, Nuevo	No	Wife

Clicking Continue takes you to the **Household Information** page

Members appear in the **Household Members** section (blue arrow).

Select Head of Household. Then select the relationship to head of household for each family member.

In this example:

26736 is the Head of Household 267450 is the Step-daughter 267449 is the Wife

### **Open HMIS Release of Information**

Please enter a client's ROI into HMIS in accordance with the separate "Adding an ROI" workflow document, available on the <u>HMIS portal</u>.

# Case Managers

Assigning yourself (or other person in your agency) as the case manager activates the Counts Reports function.

A client may have several case managers at multiple agencies. Knowing who a client's case managers are allows for collaboration in providing services to the client.

Case M	lanagers		
Name	Provider	Phone Number	Click Add Case Manager (blue arrow)
Add Case Manager		No matches.	. Case Manager page appears.
se Nanager			
Case Manag	ger - (267376) Client, New		
▼ Household	Members	Clie	ent in a household?
To include H	lousehold members for this Case Manager, click e. Only members from the SAME Household ma	the box beside each Click	ck to include all household members (black arrow).
🗹 (55790) Two	Parent Family		
(267376) Cli	ient, New	Click	ck Me (green arrow) to add yourself as the case manager, <u>OR</u>
V (267450) Cli	ient, Nouveau	click	ck <b>ServicePoint User</b> (purple arrow) to select someone else from
(267449) Cli	ient, Nuevo	your	ur agency to be the case manager.
Туре	ServicePoint User     Me     Other		
Select User*	Community Technology Alliance (CTA) (1) Search My	Provider Clear If cli	click <b>ServicePoint User</b> : select the case manager from the drop wn list (red arrow).
	-Select-		
Name*		Nam	me: the case manager's name annears once a case manager is
Title		solo	arted
Phone Number		Selec	
Email Address		T;+1,	tle / Phone Number / Email Address, this information will appear i
Provider*	Community Technology Alliance (CTA) (1) Search My	y Provider Clear this	is information was added to their HMIS license.
Start Date *	10 / 08 / 2014 🕂 🖏 💙 🧸		
End Date	/ / 🔊 💐	Click	ck Add Case Manager.
	Add Case N	Managar Cancel	

# Entry/Exits

Click Add Entry/Exit (blue arrow) The Entry Data page appears

Entry/Exits				
Program	Туре		Entry Date	Exit Date
Add Entry / Exit		No matche	:5.	
Droject Start Data - (2)				
	J) Lee, Tom			
Household Members				
10 To include House	hold members for this Entry members from the SAME H	/ Exit, click the ousehold may be	box beside each name selected.	e. Only
🔋 (5) Male Single Paren	t			
	20) I T			
Project Start Data - (.	zu) Lee, Tom	- Deuteers (07)		
Type *	HUD	a Barbara (27)		
Project Start Date *	02 / 01 / 2018 🥂	2 2 12 🔻 : 19	▼:18 ▼ PM ▼	
			Save & Continue	Cancel

**Client in a household**? Click the box to add all household members to the project entry (black arrow).

**Provider**: defaults to the provider you are in.

Have access rights to enter data in other providers?

Need to change the Provider? Select the correct Provider from the drop down menu (green arrow)

**Type:** select **HUD** (red arrow), unless you have been instructed to select something else (example: SSVF clients must select VA; PATH clients must select PATH)

**Entry Date**: defaults to today's date. Change date if need to change to an earlier date.

The **Entry Exit Data** page appears (see next page for details)

Click Save & Continue

#### Entry/Exit Data: Intake

HUD CoC & ESG Entry SO E (2017) SB	S SH WID CoC & ESG Exit (2017) SB SB	pdate (2017) Child Intake 2017 SB
(,	(	
Domestic Violence Questio	ns	
Household Member	HUD CoC & ESG Entry SO ES SH (2017) SB	Entry Date: 06/22/2018 10:04:25 AM
Household Member	HUD CoC & ESG Entry SO ES SH (2017) SB	Entry Date: 06/22/2018 10:04:25 AM
Household Member	HUD CoC & ESG Entry SO ES SH (2017) SB Client Location* CA-603  G	Entry Date: 06/22/2018 10:04:25 AM
Household Member (14133) test2, test Age: 27 Veteran: No (HUD)	HUD CoC & ESG Entry SO ES SH (2017) SB Client Location * CA-603  G Relationship to Head * Self (head of household)	Entry Date: 06/22/2018 10:04:25 AM
Household Member (14133) test2, test Age: 27 Veteran: No (HUD)	HUD CoC & ESG Entry SO ES SH (2017) SB Client Location * CA-603  G Relationship to Head * Self (head of household) of Household	Entry Date: 06/22/2018 10:04:25 /
Household Member (14133) test2, test Age: 27 Veteran: No (HUD)	HUD CoC & ESG Entry SO ES SH (2017) SB Client Location * CA-603 • G Relationship to Head * Self (head of household) of Household 01 / [01 / [1991 ] 3 3 3 4 G	Entry Date: 06/22/2018 10:04:25 AN

After clicking **Save**, the page refreshes.

**New Client** (black arrow) has a green checkmark. This means you have verified their demographics as accurate.

**New Client** is highlighted in blue. This means you are in New Client's file.

Next Step: Enter Intake data.

**Client an adult?** Click on **HUD CoC & ESG Entry** depending on your program (red arrow)

Client a child? Click on Child Intake 2017 SB (blue arrow)

#### Section 1: Client Location and Relationship to Head of Household

Household Members	HUD CoC & ESG Entry A	ll Other Projects (2017) SB	Entry D	ate: 05/09/2017 0	1:41:07 PM 虦	
(267376) Client, New Age: 47 Veteran: Yes (HUD)	Client Location *	CA-603 V G				<b>Client Location</b>
(267450) Client, Nouveau Age: 15	Relationship to Head * of Household	Self (head of household)			▼ G	Select <u>603</u>
(267449) Client, Nuevo	Date of Birth *	04 / 05 / 1980 🧖 🏹 🦉 G				(green arrow)
Age: 45 Veteran: No (HUD)	Date of Birth Type *	Full DOB Reported (HUD)	▼ G			Relationship to
	Primary Race *	American Indian or Alaska Native (HUD)	▼ G			Head of Household: Since New Clientis
	Secondary Race	American Indian or Alaska Native (HUD)	▼G			the head of
	Ethnicity *	Non-Hispanic/Non-Latino (HUD) 🔻 G				household, select
	Gender *	Male		▼ G		Self(red arrow)
	Residence Prior to * Proiect Entry	Place not meant for habitation (HUD)			▼G	

#### **Remaining data fields:**

There should be data in most of these fields since you entered this data on the **Client Search** page. Add or update data as needed.

Scroll down to next section (see next page for details).

#### Section 2: Residence Prior to Entry & Housing Status

wamples how the following questions could a	hange
axamples now the following questions could c	mange.
Residence Prior to Project Entry *	Place not meant for habitation (HUD)
Length of Stay in Previous Place*	-Select-
Approximate date homelessness started:*	// 🧖 🏹 🦉 G
Regardless of where they stayed last night - Number of * times the client has been on the streets, in ES, or SH in the past three years including today	-Select- • G
Total number of months homeless on the street, in ES or * SH in the past three years	-Select-
Residence Prior to Project Entry *	Hospital or other residential non
Length of Stay in Previous Place*	-Select-
Did you stay less than 90 days?*	G
Residence Prior to Project Entry *	Owned by client, no ongoing housi
Length of Stay in Previous Place*	Two to six nights
Did you stay less than 7 nights?*	Yes G
On the night before did you stay on the streets, ES or SH?	·★ -Select- ▼ G

Select best match for all **bold** data fields

#### iving Situation:

Depending on what kind of project client is entering into, clients may have different questions. (Emergency Shelter and Street Outreach have different questions form all other programs)

Questions are conditional, so depending how the question is answered the next questions will change.

Housing Move-in Date

/ / 🥂 🧖 🖓 G

Housing Move-in Date: Enter the date when the client

has moved in to housing (used for permanent housing projects)

HUD Verification: Monthly Income - Cash Benefits for 07/23/2015

#### Section 3: Income

income source? value for all



Income from Any Source (blue arrow)

Regardless if client does or does not have Monthly Income Cash Benefits: click HUD Verification(black arrow)

Per Source of cash benefits, the current records for Monthly Income - Cash Benefits as of 07/23/2015 are displayed below. Any previous records for Monthly Income - Cash Benefits not overlapping as of this date are not displayed. In the event that multiple records exist per Source of cash benefits as of 07/23/2015, records containing "Yes" values will be displayed and take precedence for reporting purposes.

	Cu	Currently receiving income so				
Source of cash benefits	Yes	No	Data Not Collected	Incomplet		
Earned Income (HUD)	۲	۲	۲	0		
Alimony or Other Spousal Support (HUD)	۲	۲	0	0		
Child Support (HUD)	۲	۲	•	0		
General Assistance (HUD)	•	۲	0	0		
Pension or retirement income from another job (HUD)	۲	۲	۲	0		
Private Disability Insurance (HUD)	•	۲	0	0		
Retirement Income From Social Security (HUD)	۲	۲		0		
SSDI (HUD)	۲	۲	0	0		
SSI (HUD)	۲	۲	0	0		
TANF (HUD)	•	۲	0	0		
Unemployment Insurance (HUD)	۲	۲	0	0		
/A Service Connected Disability Compensation (HUD)	•	۲	•	0		
VA Non-Service Connected Disability Pension (HUD)	۲	۲	•	0		
Worker's Compensation (HUD)	۲	۲	0	0		
Other (HUD)		۲		0		

Because the majority of the clients will not be receiving all incomes, it's easy to press "NO" (list will populate with "No"s)

Select Yes for each Income Source client is currently receiving

A pop-up window appears when **Yes** is selected:

Monthly Amount: enter amount

Receiving Income Source: enter Yes

**Start Date**: enter date client began earning income; if this is not known, use client's entry date

#### End Date: leave blank

#### Click Save & Exit

Repeat above if Yes selected for other Income Source

Click Save & Exit when done

HUD Verification changes to

HUD Verification 😽

What is HUD Verification? Triangle is red: one or more data fields missing data Icon is green: no missing data

# HUD Verification Process-Monthly Income

If the client already has income data entered into HMIS, verify the income is correct by answering **Income from Any Source** question and by clicking on:

After clicking on '**HUD Verification**', click the pencil icon (red arrow) if changes need to be made to any source of income. If there has been a change to a source of earned income (regardless if it was an increase or decrease) enter an end date one day prior to the start date of the client's current income. *For example, if the client was previously earning* \$150 per month and then started *earning* \$200 per month on 6/8/18, enter an end date of 6/7/2018 for the \$150 per month recordset (blue arrow).

Click save.	HUD Verification: I	Edit Recordset - (3) te	st, george	×		
[	Per Source of records for Mont	Monthly Income		🦓 ile	ow. An ple rec	y previous ords exist per
	Source of Incom	Monthly Amount	150 G	:e	dence	for reporting
		Source of Income	Earned Income (HUD)	21	urce?	
	Source of Inco	If Other, Please Specify		1	Not ted	Incomplete
	🥖 Alimony or Other			D		0
	🥖 Child Support (H		G	2		0
	🥖 Earned Income (			D		0
	🥖 General Assistan			Þ		0
	🥖 Other (HUD)	Receiving Income	Yes V G	Þ		0
	🥖 Pension or retire	Source?		2		0
	🥖 Private Disability	Start Date *	02 / 07 / 2018 20 🗸 G	Þ		0
	🧪 Retirement Incor	End Date	06  / 07  / 2018 🥂 🏹 🏹 🥵 G	Þ		0
	SSDI (HUD)	Print Recordset	Save Cancel	2		0

If the date of the change to the client's earned income is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current income.

#### HUD Verification Process-Monthly Income-Continued

After clicking save, you will notice that the marking will change from **Yes/No** to **Incomplete** (red arrow) and the **HUD Verification** icon will change from green check mark to a red triangle (red arrow).

HUE	) Verification: Monthly Income for	r 06/08/2018						
0	Per Source of Income, the current record records for Monthly Income not overlapping Source of Income as of 06/08/2018, record	ds for Monthly Inco g as of this date ar ds containing "Yes" purpo	ome as of 06/03 e not displayed ' values will be ses.	8/2018 are disp . In the event t displayed and	olayed below. An that multiple rea take precedence	ny previous cords exist per e for reporting		
	Select the Receiving Income Source? value for all incomplete Source of Income records	<ul> <li>○ <u>No</u></li> <li>○ <u>Data Not Colle</u></li> <li>● <u>Incomplete</u></li> </ul>	<u>ected</u>					
				Receiving In	come Source?	•		
	Source of Income		Yes	No	Data Not Collected	Incomplete	I I	
/	Alimony or Other Spousal Support (HUD)			۲		0	HUD Verification 🛕	4
/	Child Support (HUD)			۲	0	0	End Date	
	Earned Income (HUD)		0	0	0	•		
1	General Assistance (HUD)			۲		0		

Change the *Receiving Income Source* (blue arrow) response to **Yes** if the client is currently receiving income or **No** if the client is no longer receiving income. The *Add Recordset* pop up window will appear if you select **Yes**. Here, you will enter the client's new income change in the *Monthly Amount* (black arrow), verify or edit the start date, then click **Save & Exit**.

Monthly Income	
Monthly Amount	200 G
Source of Income	Earned Income (HUD)
In other, Please Specify	G
Receiving Income Source?	Yes
Start Date *	06 / 08 / 2018 🧖 💙 🤯 G
End Date	/ / 🥂 🧖 🧿 🦉 G

The HUD Verification will change to indicating that there is no missing data.

If the date of the change to the client's earned income is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current income.

#### Section 4: Non-Cash Benefits

any source	Yes (HUD)	→ G				
Non-Cash Benefits						HUD Veri
Non-cash benefit source	Start Da	ite *		En	d Date	
Add						
previous records for Non-Cash records exist per Non-cash benef Select the Currently receivin	Benefits not overlapping as fit source as of 10/05/2012, precedence for rep	of this date an records conta porting purpose	e not displaye ining "Yes" va es.	d. In the event t lues will be displa	hat multiple ayed and take	rec ass ass
Non-cash benefit source rec	olete Data Not Colle cords Incomplete	ected				Rap (gr
Non-cash benefit source rec	olete O Data Not Colle ords Incomplete	ected	Currently re	ceiving benefit	?	Raı (gr
Non-cash benefit source	olete Data Not Colle cords Incomplete	Yes	Currently re No	ceiving benefit Data Not Collected	? Incomplete	Raı (gr
Non-cash benefit source	gram for WIC (HUD)	Yes	Currently re No	ceiving benefit Data Not Collected	? Incomplete *	Rap (gr If <b>Y</b>
Non-cash benefit source rec Non-cash benefit source Special Supplemental Nutrition Prog Supplemental Nutrition Assistance F (HUD)	gram for WIC (HUD) Program (Food Stamps)	Yes 0	Currently re No	ceiving benefit Data Not Collected	? Incomplete ©	Rap (gr If <b>Y</b> Edi
Non-cash benefit source rec Non-cash benefit source rec Special Supplemental Nutrition Prog Supplemental Nutrition Assistance F HUD)	gram for WIC (HUD) Program (Food Stamps)	Yes	Currently re No	ceiving benefit Data Not Collected	? Incomplete © ©	Rap (gr If <b>Y</b> Edi dat
Non-cash benefit source Special Supplemental Nutrition Prog Supplemental Nutrition Assistance F (HUD) TANF Child Care Services (HUD)	gram for WIC (HUD) Program (Food Stamps)	Yes	Currently re No	ceiving benefit Data Not Collected	Incomplete           @           @           @           @           @           @           @           @           @	Rap (gr If Y Edi dat use
Non-cash benefit source Special Supplemental Nutrition Prog Supplemental Nutrition Assistance F (HUD) TANF Child Care Services (HUD) TANF Transportation Services (HUD) Dther TANF-Funded Services (HUD)	gram for WIC (HUD) Program (Food Stamps) )	Yes	Currently re	ceiving benefit Data Not Collected	Incomplete                •             •	Rap (gr If Y Edi dat use Say
Non-cash benefit source Non-cash benefit source Special Supplemental Nutrition Prog Supplemental Nutrition Assistance F (HUD) TANF Child Care Services (HUD) TANF Transportation Services (HUD) Other TANF-Funded Services (HUD) Other Source (HUD)	gram for WIC (HUD) Program (Food Stamps)	Ves 0 0 0 0 0 0 0 0 0 0 0	Currently re	ceiving benefit Data Not Collected Ole	Incomplete	Rap (gr If Y Edi dat use Sav

*Please note that the collecting an amount* (red arrow) *is not* required for non-cash benefits.

Click Save & Exit.

The HUD Verification will change to 🗹 indicating that there is no missing data

Non-Cash benefit from any source (blue arrow)

Regardless if client does or does not have Non-Cash Benefits click HUD Verification (black arrow)

es for each Non-Cash benefit the client is currently g. Select **No** for all other benefits. *Enter rental* ce as "Other Source" and specify the type of rental ce (e.g. Tenant Based Rental Assistance, Section 8, Phousing, Shelter Plus Care) in the 'If Other' text box rrow). Click Save.

ick on the pencil icon to enter more detail and cord Set pop-up will appear. For Start Date, enter nt began receiving benefit; if this is not known, client's entry date. Leave End Date blank. Click

Save.	Edit Recordset - (25) [	Doe, John 🛛 🔀
	Non-Cash Benefits	s 🦨 🔒
	Amount of Non-Cash Benefit	G
	Source of Non-Cash Benefit	Other Source (HUD)
	If Other, Please Specify	G
	Receiving Benefit?	Yes 🔻 G
	Start Date*	06 / 01 / 2018 🧖 💙 🦧 G
	End Date	/ / 🧖 🕉 🦓 G
	Print Recordset	Save Cancel

# HUD Verification Process- Non-Cash Benefits

Only items that are HUD approved choices will appear in the verification window. If the client already has non-cash benefits data entered into HIMS, Verify the data is correct by answering *Non-cash benefit from any source* question and clicking on the

**HUD Verification .** Then click on the appropriate **pencil icon** (red arrow) if changes need to be made. If there has been any change to a non-cash benefit, enter an end date of one day prior to the start date of the client's current non-cash benefit.

For example, if the client had not been receiving Food Stamps and began receiving \$175 in Food Stamps on 6/8/18, enter an end date of 6/7/18 for the No Food Stamps Recordset (blue arrow).



Edit Recordset - (14133	3) test2, test 🛛 🕅
Non-Cash Benefits	Me
Amount of Non-Cash Benefit	G
Source of Non-Cash Benefit	Supplemental Nutrition Assistance Program (Food Stamps) (HUD) 🔻 G
If Other, Please Specify	G
Receiving Benefit?	No 🔻 G
Start Date *	04 / 01 / 2017 🧖 🔿 🧟 G
End Date	06 / 07 / 2018 🔊 🛪 🥁 🤇
Print Recordset	Save Save and Add Another Cancel

If the date of the change to the client's benefits is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current benefits.

# HUD Verification Process- Non-Cash Benefits- Continued

After clicking save, you will notice that the marking will change from *Yes, No, or Data Not Collected* to *Incomplete* (red) and the HUD Verification icon will change from green check mark to a red triangle (red).

		Receiving			
Source of Non-Cash Benefit	Yes	No	Data Not Collected	Incomplete	HUD Verification 🔬
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	0	0	•		-
🖉 Special Supplemental Nutrition Program for WIC (HUD)		۲		0	
Z TANF Child Care Services (HUD)	0	۲	0	0	revious Next Last
Z TANF Transportation Services (HUD)		۲	0	0	
•					

Change the *Receiving Benefit* (blue arrow) selection to *Yes* or *No* depending on the change to the client's Non-Cash Benefits. For our example client, select *Yes*. Click Save then click on the Pencil icon to change the amount of the Non-Cash Benefit. The *Edit Recordset* window will appear. Here you will indicate the client currently receives \$175 in Food Stamps (black arrow) and enter the start date. Do not make changes to *Receiving Benefit*, this will automatically apply when you clicked **Yes** or **No** for the *Receiving Benefit* (blue arrow). Click **Save**.

lit Recordset - (1413	3) test2, test
Non-Cash Benefit	s 🎍
Amount of Non-Cash Benefit	175 G
Source of Non-Cash Benefit	Supplemental Nutrition Assistance Program (Food Stamps) (HUD) 🔻 G
If Other, Please Specify	G
Receiving Benefit?	Yes T G
Start Date *	06 / 08 / 2018 🔊 🧟 G
End Date	// 🧖 🧭 🦉 G
Print Recordset	Save Save and Add Another Cancel

The HUD Verification will change to indicating that there is no missing data.

If the date of the change to the client's benefits is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current benefits.

#### Section 5: Health Insurance

Insurance	-Select-	- C				-
Health Insurance						HUD Verification
Start Date *	Health Insurance	е Туре	Covered?	6	End D	Date
Add						
HUD Verification: Health	Insurance for 10/18/2	2011			_	
incomplete Health In	value for all <u>No</u> nsurance Type	and the second				Colort Vor
incomplete Health In records	value for all O <u>No</u> Isurance Type <u>Data Not</u> Incomplet	Collected e	Со	vered?	_	Select <b>Yes</b> receiving,
Health Insurance Type	value for all ONO Isurance Type O <u>Data Not</u>	Collected re Yes	Co No	vered? Data Not Collected	Incomplete	Select <b>Yes</b> receiving, Once <b>Yes</b> (
Health Insurance Type	value for all O No Isurance Type Data Not.	Collected E Yes	Co No	vered? Data Not Collected	Incomplete	Select <b>Yes</b> receiving, Once <b>Yes</b> (
Health Insurance Type MEDICAID MEDICARE	value for all O No Isurance Type Data Not.	Collected ie Yes	Co No	vered? Data Not Collected	Incomplete ®	Select <b>Yes</b> receiving, Once <b>Yes</b> (
Health Insurance Type MEDICAID MEDICARE State Children's Health Insur	value for all  Surance Type  Data Not  The formula for	Collected ie Yes	Co No O	Vered? Data Not Collected	Incomplete	Select <b>Yes</b> receiving, Once <b>Yes</b> (
Health Insurance Type MEDICAID MEDICARE State Children's Health Insur Veteran's Administration (VA	value for all surance Type Data Not. Incomplet rance Program A) Medical Services	Collected E Yes 0 0 0 0	Co No 0 0	Vered? Data Not Collected	Incomplete	Select <b>Yes</b> receiving, Once <b>Yes</b> (
Belefit the Govereur           incomplete Health In           records           Health Insurance Type           MEDICAID           MEDICARE           State Children's Health Insur           Veteran's Administration (V/A           Employer - Provided Health	value for all surance Type	Collected E Yes O O O O O O O O O O O O O O O O O O O	Co No O O O O O O O	Vered? Data Not Collected	Incomplete * * * * * * * * * * * * *	Select <b>Yes</b> receiving, Once <b>Yes</b> (
Belefic the Governum           incomplete Health In           records           Health Insurance Type           MEDICAID           MEDICARE           State Children's Health Insur           Veteran's Administration (VZ           Employer - Provided Health I           Health Insurance obtained th	value for all isurance Type  Data Not  Data Not  Trance Program A) Medical Services Insurance hrough COBRA	Collected g Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Co No 0 0 0 0 0 0 0 0 0	Vered? Data Not Collected O O O O O O O O O O O O O O O O O O O	Incomplete ® ® ® ® ® ® ® ® ® ®	Select <b>Yes</b> receiving, Once <b>Yes</b> (
Health Insurance Type         MEDICAID         MEDICAID         State Children's Health Insurance Type         Veteran's Administration (VA         Employer - Provided Health Insurance obtained tl         Private Pay Health Insurance	value for all isurance Type Data Not. Data Not. Incomplet rance Program A) Medical Services Insurance hrough COBRA e	Collected g Yes 0 0 0 0 0 0 0 0 0 0 0 0 0	Co No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	vered? Data Not Collected 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Incomplete           ®           ®           ®           ®           ®           ®           ®           ®           ®           ®           ®           ®           ®           ®           ®	Select <b>Yes</b> receiving, Once <b>Yes</b>
Health Insurance Type         MEDICAID         MEDICAID         MEDICARE         State Children's Health Insur Veteran's Administration (V/ Employer - Provided Health I Health Insurance obtained th Private Pay Health Insurance State Health Insurance for A	value for all isurance Type Data Not. Data Not. Incomplet rance Program A) Medical Services Insurance hrough COBRA e Medical Services	Collected g Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Co No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	vered? Data Not Collected 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Incomplete © © © © © © © © © © © © ©	Select <b>Yes</b> receiving, Once <b>Yes</b> (
Health Insurance Type      MEDICAID      MEDICAIE State Children's Health Insurance Type      MEDICARE State Children's Health Insura Veteran's Administration (V# Employer - Provided Health 1 Health Insurance obtained th Private Pay Health Insurance for A Indian Health Services Progr	value for all surance Type	Collected g Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Co No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	vered? Data Not Collected 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Incomplete	Select <b>Yes</b> receiving, Once <b>Yes</b>
Health Insurance Type         MEDICAID         MEDICAID         MEDICARE         State Children's Health Insurance Type         Veteran's Administration (V/         Employer - Provided Health I         Health Insurance obtained th         Private Pay Health Insurance for A         Indian Health Services Progr         Other	value for all isurance Type Data Not. Data Not. Data Not. Incomplet rance Program A) Medical Services Insurance hrough COBRA e e ram	Collected g Yes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Co No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	vered? Data Not Collected	Incomplete	Select <b>Yes</b> receiving, Once <b>Yes</b>

If **Yes**, click on the pencil icon to enter more detail and **Edit Record Set** pop-up will appear. For Start Date, enter date client obtained insurance; if this is not known, use the client's entry date. You can enter to specify the 'If Other' option (red arrow) as well as entering HOPWA information if applicable. HOPWA question are only required for projects funded by HOPWA. Click **Save & Exit**.

The HUD Verification will change to Minimize indicating that there is no missing data

**Covered by Health Insurance (blue arrow)** 

Regardless if client does or does not have doesn't have Health Insurance:

Click HUD Verification (black arrow).

Select **Yes** for each Health Insurance Type client is currently receiving, otherwise select **No.** 

Once **Yes** or **No** has been selected for each type, click **Save**.

Edit Recordset - (25) D	oe, John 🛛 📓
Health Insurance	ii a chuir a c
Start Date *	06 / 28 / 2017 🧖 💸 c
Health Insurance Type	Other
(If Yes to Other) Specify Source	G
Covered?	No 🔻 G
(HOPWA) If Private Pay Insurance, Specify	G
(HOPWA) If No, Reason not covered	-Select- 🔻 G
End Date	// 🧖 🎝 🦓 G
Print Recordset	Save Cancel

#### HUD Verification Process-Health Insurance

If the client already has health insurance data entered into HMIS, verify the data is correct by answering the *Covered by Health* 

Insurance question and by clicking **HUD Verification C**. After clicking *on* HUD Verification, click the pencil icon (red arrow) if changes need to be made to any types of health insurance. If there was a change to the client's health insurance, enter an end date one day prior to the start date of the client's current health insurance status.

For example, if the client previously had no health insurance but obtained MEDICARE as of 6/8/18, enter an end date of 6/7/18 for the pertinent recordset (blue arrow). Then click **Save**.

HUD	Verification: Health In	surance for 06/08/2	2018					
0	Per Health Insurance Type, the current records for Health Insurance as of 06/08/2018 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 06/08/2018, records containing "Yes" values will be displayed and take precedence for reporting purposes.					-		
				Co	vered?			
	Health Insurance Type		Yes	No	Data Not Collected	Incomplete		
/	MEDICAID		0	۲	•	0	revious Next Last	
1	MEDICARE		0	۲	0	0		
1	State Children's Health Insura	ance Program	0	۲	0	0		-
dit	Recordset - (3) test,	george			×	0	HUD Verification	-
	Health Incurance				& <b>D</b>	0		1
	Health Insulance				8° 🖬	0		
5	Start Date *	05 / 01 / 2017 🤰	🕽 🔵 🥂 G			0		1
H	Health Insurance Type	MEDICARE						
(	(If Yes to Other) Specify					•		
	Source				G			
					Exit	Exit	revious Next Last	4
(	Covered?	No <b>T</b>	G					
(	(HOPWA) If Private Pay					<u>If the dat</u>	te of the change to	<u>the client's</u>
1	Insurance, Specify				G	<u>insuranc</u>	<u>e is not known, us</u>	<u>e the date on</u>
						which th	<u>e interim (e.g. ann</u>	<u>ual assessment)</u>
(	(HOPWA) If No. Reason					or exit as	ssessment is being	completed as th
r	not covered	-Select-	• G			<u>start uat</u>	e for the cheft's cu	
E	End Date	06 / 07 / 2018 🤰	🐧 🕄 🥂 G					
	Print Recordset		Save	Can	cel			

### HUD Verification Process-Health Insurance-Continued

After clicking save, you will notice that the marking will change from *Yes, No, or Data Not Collected* to *Incomplete* (red) and the HUD Verification icon will change from green check mark to a red triangle (red).

	Health Insurance Type	Yes	No	Data Not Collected	Incomplete	
/	MEDICAID	0	۲	0	0	HUD Verification
	MEDICARE	0	0	0		nd Date
/	State Children's Health Insurance Program	0	۲	0	0	
1	Veteran's Administration (VA) Medical Services	0	۲	0	0	_
1	Employer Dravided Health Incurance					

Change the Covered? (blue) response to Yes or No depending on the change of the client's Health Insurance Type. Click Save.

Edit Recordset - (14133	) test2, test	*
Health Insurance		<i>₿</i> €
Start Date *	06 / 08 / 2018 🛛 🖏 🞝 🐼 G	
Health Insurance Type	MEDICARE G	
(If Yes to Other) Specify Source		G
Covered?	Yes G	
(HOPWA) If Private Pay Insurance, Specify		G
(HOPWA) If No, Reason not covered	-Select- G	
End Date	// 🧖 🎝 🦓 G	
Print Recordset	Save Save and Add Another	Cancel

If **Yes**, click on the pencil icon to enter more detail on the Health Insurance Type and **Edit Record Set** pop-up will appear. Here, you can enter to specify source of 'Other' option (green arrow) as well as entering HOPWA related information if applicable.

For the example client, you will enter the client's new MEDICARE information (black arrow). Then click **Save & Exit**.

The HUD Verification will change to indicating that there is no missing data.

If the date of the change to the client's insurance is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current insurance.

#### Section & Disability

Does the client have a disabling condition?	* -Select-	G Caracteria	
🔍 Disabilities		-	HUD Verification
Disability Type*	Disability determination	Start Date *	End Date

**Does the client have a disabling condition** (blue arrow):

Regardless if client has or does not have Disability Type clickHUD Verification (black arrow)

Disabilities not overlapping as as of 07/23/2015, records	of this date are containing "Yes	not displayed values will b	. In the event that e displayed and t	it multiple rec ake preceden	cords exist per I ce for reporting	Disability Type purposes.
Select the Disability determinat value for all incomplete Disabili Type records	ion <u>Client</u> ty <u>Data</u> Incon	IUD) : doesn't know : refused (HUD not collected (I nplete	(HUD) ) HUD)			
			Disability de	termination		
Disability Type	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplet
Alcohol Abuse (HUD)	0	0	0	0	0	۲
Both Alcohol and Drug Abuse (HUD)	0	0	0	0	۲	۲
Chronic Health Condition (HUD)	0	0	0	0	0	۲
Developmental (HUD)	0	0	0	0	0	۲
Drug Abuse (HUD)	0	0	0	0	0	۲
HIV/AIDS (HUD)	0	0	0	۲	0	۲
	0	0	0	0	•	۲
Mental Health Problem (HUD)						

Select <u>Yes, No, Client Doesn't Know</u> or <u>Client Refused</u> for each disability type client self-reports.

If select **Yes:** a pop-up window appears. Select best match for each question. For Start Date, enter date client's disability began; if this is not known, use the client's entry date. Click **Save**.

Once each Disability Type has been answered: click Save & Exit.



HUD Verification changes to

#### Finished entering Intake data?

- Client single? Click Save & Exit.
- Client in a Household? Click Save.

If a pop-up window appears: it will let you know if there are any data elements missing answers. Provide answers for those data elements, then click **Save**.

# HUD Verification Process- Disabilities

If the client already has disability data entered into HMIS, verify the income is correct by answering the *Does the client have a disabling* 

**HUD Verification W**. After clicking on HUD Verification, click on the pencil icon (red arrow) if condition question and clicking on changes need to be made to any type of disability data. If there has been a change regarding a client's disability, enter an end date one day prior to the start date of the client's current disability data.

For example, if the client previously did not have any disabilities and then Alcohol Abuse was indicated 6/8/18, enter an end date of 6/7/2018 for the Alcohol Abuse "No" recordset (blue arrow). Then click Save.



If the date of the change to the disability status is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current disability status.

# HUD Verification Process- Disabilities - Continued

After clicking save, you will notice that the marking will change from *Yes (HUD), No (HUD), Client doesn't know (HUD), Client refused (HUD),* or *Data not collected (HUD)* to *Incomplete* (red arrow) and the HUD Verification icon will change from green check mark to a red triangle (red).



Select the *Disability determination* selection to from *Yes (HUD), No (HUD), Client doesn't know (HUD), Client refused (HUD),* or *Data not collected (HUD)* depending what change of disability the client has (blue).

Add Recordset	×
Disabilities	
Disability Type	Alcohol Abuse (HUD)
Disability determination	Yes (HUD)
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	-Select- T G
Start Date *	06 / 08 / 2018 🔊 🎘 G
Note on Disability	G
Above condition is going to be long term? (Retired)	-Select- 🔻 G
End Date	// 🧖 🖏 😋 🦓 G
	Save Cancel

*Add Recordset* pop up window will appear if selected *Yes(HUD).* 

Answer the questions by selecting the answers from the drop down options.

For the example client, the start state is 6/8/18.

Click Save.

The HUD Verification will change to indicating that there is no missing data.

If the date of the change to the disability status is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current disability status.

# Outreach/Date of Engagement

Most street outreach projects are expected to record every contact made with each client in the HMIS. A contact is defined as an interaction between a worker and a client designed to engage the client. ie: activities such as a conversation between the street outreach worker and the client about the client's well-being or needs, an office visit to discuss their housing plan, or a referral to another community service.

For all meaningful contacts with Outreach, click Add (red arrow) then enter all information below and leave the End Date blank (blue

arrow).	Date of	Contact	Start Dat	e*	Staying on Street, ES, or SH	End Date	
	/ 🗑 02/13/2	018 12:00:00 PM	02/13/20	18	Yes		
	Add			Sh	owing 1-1 of 1		
	A	dd Recordset -	(4) tes	st1, test1			×
		Outreach					
		Date of Contact				▼: ▼ ▼ G	
		Start Date *		02 / 13 / 2018	3 🛛 🔊 🧖 G		
		Staying on Street, SH	, ES, or	-Select-	▼G		
		End Date			🥂 💙 🥂 G		
				Save	Save and Add Anoth	ner Cancel	
	Date of En	gagement	/	1 3	🕽 🧸 c		

#### Enter Date of Engagement (green arrow)

The Date of Engagement should be entered into HMIS at the point when the client has been engaged by the shelter worker. This date may be on or after the project entry date and must be on or prior to project exit.

If a client returns to the project at a later date, the previous date of engagement does not apply to the new project stay. The data must be reentered based on the situation during the new project stay. It is possible that a case may be closed without the client becoming engaged and thus null in that client

#### Finished entering Intake data?

- Client single? Click Save & Exit.
- Client in a Household? Click Save.

# Domestic Violence Assessment

The Domestic Violence Questions Assessment must be completed for adult clients entering projects receiving the following types of funding: CoC, ESG, HUD VASH, HUD VASH OTH, VA HCHV: CRS EH, VA GPD: All, and HOPWA: All. This assessment must also be completed as part of these clients' interim review (e.g. annual assessment).

Domestic violence data entered via this assessment will not be shared in HMIS or discussed during Coordinated Entry System case conferencing.

To begin, click Save after completing the standard intake assessment (see preceding pages). Then scroll up to the top of the intake assessment window and click on the Domestic Violence Questions assessment. (red arrow)

Select an Assessment	
HUD CoC & ESG Entry SO ES S (2017) SB	HUD CoC & ESG Exit (2017) SB
Domestic Violence Questions	
Household Members	HUD CoC & ESG Entry SO ES SH (2017) SB Entry Date: 02/14/2018 12:15:06 PM
(4) test1, test1 Age: 20	Client Location * CA-603 T G
	Relationship to Head *       Self (head of household) <ul> <li>G</li> </ul>
	Date of Birth *
	Date of Birth Type * Full DOB Reported (HUD)
	Primary Race * American Indian or Alaska Native (HUD)
	Secondary Race Asian (HUD) • G
	Ethnicity * Hispanic/Latino (HUD) T
	Gender* Male G
	Residence Prior to Project Entry Place not meant for habitation (HUD)
	Length of Stay in Previous Place Two to six nights Two to six nights G

# **Domestic Violence Questions**

If the answer to the first question (red arrow) is *Yes*, answer the following two questions. If the answer to the first question is *No*, do not answer the following two questions.

Entry Assessment	
Select an Assessment	
HUD CoC & ESG Entry SO ES SH (2017) SB	HUD CoC & ESG Exit (2017) SB HUD CoC & ESG Update (2017) SB Child Intake 2017 SB
Domestic Violence Questions	
Household Members	Domestic Violence Questions Entry Date: 02/14/2018 12:15:06 PM
(4) test1, test1 Age: 20 Veteran: No (HUD)	Domestic violence * Yes (HUD) • G
	If yes for Domestic violence victim/survivor, when experience occurred
	If yes for Domestic Violence Victim/Survivor, are you currently fleeing?

#### Finished with the Intake process? Click Save & Exit.

To complete project intake for other household members, click **Save** and follow directions below.

#### **Completing Project Entry for Household members**

Select an Assessment					
2017) SB	I moon enclear	100	Territ	nce (2011) 00	Projects (2017) SB
HUD CoC & ESG Entry SO ES SH (2017) SB	HUD CoC & ESG Exit	(2017) SB	HUD Coc	SG Update (2017)	HHS PATH Entry for SSO (201 SB
HHS PATH Exit (2017) SB	HHS PATH Update (	2017) SB	Child Intak	e 2017 SB	
Household Members	HUD CoC & ESG Entry	All Other Pro	jects (2017) SB		Entry Date: 05/09/2017 01:41:07 PM
(267376) Client, New	Client Location *	CA-603 •	G		
Age: 47 Veteran: Yes (HUD)	Relationship to Head * of Household	Self (head	of household)		• G
(267450) Client, Nouveran	Date of Birth *	04 / 05	/ 1980 🥂 🔿	a G	
Veterani No (HUD)	Date of Birth Type *	Full DOB F	Reported (HUD)	▼ G	
(267449) Client, Nuevo	Primary Race *	American	Indian or Alaska N	ative (HUD) 🔹	1
	Casandany Pasa	American	Indian or Alaska N	ative (HUD)	
Age: 45	Secondary Race	Particult	Thoron of Alaska in	acto (tran)	

#### Note: Nouveau Client is a child

Click Child Intake 2017 SB (orange arrow)

Then switch to Nouveau Client (black arrow)

#### Click Save.

Child Intake is much shorter than the Adult Intake.

SCz - Child		Entry Date: 10/08/2014 04:08:56 PM 🎧
Relationship to Head of Household	* Head of household's child	- c

#### Enter data in:

**Relationship** select best match. In this

Then scroll down and complete:

 Client's Current/Most Recent Address

example Head of Household's child

- Disabilities
- Health Insurance

Click Save

Permanent Street Address Perma		Permar	nent City Start D		ate*	End Date
Add	d					
D	isabilities					HUD Verification
	Disability Type*		Start Date*		End Dat	e
1 👮	Physical (HUD)		10/08/2014			
1 🗑	Mental Health Problem (H	HUD)	10/08/2014			
1 🗑	Developmental (HUD)		10/08/2014			
1	Both Alcohol and Drug Abuse (HUD)		10/08/2014			
1 🥡	HIV/AIDS (HUD)		10/08/2014			
Add	d		sh	owing 1-5 of 8	First	Previous Next La
Cov Insi H	ered by Health *	es (HUD)	•	G		HUD Verification
	Start Date*	Health In	surance Type	Covered?		End Date
1 🛒	10/08/2014	MEDICA	ID	No		
1 👾	10/08/2014	MEDICA	RE	No		

#### **Completing Project Entry for Household members**

Select an Assessment	~			Note: Nuevo Client is an
VA SSVF Entry for HP and RRH (2017) SB	VA SSVF Exit (2017	7) SB VA SSVF Update (2017) SB	HUD CoC & ESG Entry All Other Projects (2017) SB	<u>adult</u> .
HUD CoC & ESG Entry SO ES SH (2017) SB	HUD CoC & ESG Exi	it (2017) SB HUD CoC & ESG Update (2017)	HHS PATH Entry for SSO (2017) SB	ClickHUD CoC & ESG Entry All other Projects
			•	or HUD CoC & ESG Entry
Household Members	HUD CoC & ESG Entry	All Other Projects (2017) SB	Entry Date: 05/09/2017 01:41:07 PM 🍇	SO ES SH (2017) SB (rec
(267376) Client, New	Client Location *	CA-603 T G		arrow) depending on you
Veteran: Yes (HUD)	Relationship to Head ' of Household	Self (head of household)	▼ G	Complete the Intake (how
(267450) Client, Nouverant	Date of Birth *	04 / 05 / 1980 🕂 🦁 😋 🥵 G		to complete the Intake (now
2 P24 + P	Date of Pirth Tupo *	Full DOB Reported (HUD) • G		an adult starts on page 14
Veteran: No (HUD)	Date of Birth Type -	-		
Veterani No (HUD) (267449) Client, Nuevo Ace: 45	Primary Race *	American Indian or Alaska Native (HUD)	G	all adult starts off page 14
Veteran: No (HUD) (267449) Client, Noevo Age: 45 Veteran: No (HUD)	Primary Race *	American Indian or Alaska Native (HUD)	G	an addit starts on page 14

Follow the above steps (for either an Adult or for a Child) until Intakes have been completed for all household members.

# VI- SPDAT

#### Vulnerability Index-Service Prioritization Decision Assistance Tool

Start Date*	PRE-SU	A. HIS RVEY HOUSI HOMEL	TORY OF ING AND LESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
Q VI-FSPDAT v2.0							
Start Date*	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIA DAILY FU	LIZATION & D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL
Add							

At the Bottom of the Cliens ummary Page there is a VISPDAT)

#### Only use VI-SPDAT v2.0, Click Add (green arrow)

#### Or the VI-FSPDAT v2.0, Click Add (blue arrow)

VI-SPDATs questions will pop up, answer questions and click save and exit at the bottom.

### Services

Click **Multiple Services** (blue arrow) to add one or more service transactions. Service transaction(s) can be added to a single client or to the household.

Adding only one (1) service transaction? Click Add Service. This allows you to enter more information about the service transaction.

Services			
Start Date	En	d Date	Provider
Add Service	Add Multiple Services	No n	natches.

See next page on how to enter a service transaction.

# Service Transactions

Clicking **Multiple Services** takes you to the client's Service Transactions page.

	Client - (26737	6) Client, New	Screenshot is the top portion of Service
Ì	(267376) Client, New Release of Information	n: None	Transactions.
Clien	t Information		
•	Household Memb	ers	
	(55790) Two Pare (267376) Clien (267450) Clien (267449) Clien	To include Household members for these Services, click th nt Family t, New t, Nouveau t, Nuevo	Client in a household? Want to assign the service transaction to thehousehold? Click box for family (blue arrow)
S	Multiple Services Be sure to sel ervice Provider* Service List	ect the correct Provider before entering data in the Service List below. If you that is currently in the Service County of Santa Barbara (1)	<b>Service Provider</b> default to the provider you are in (black arrow). Change to another provider if necessary.
	Number of Services Start Date * End Date Service Type *	• 1 10/13/2014 ♂ ♂ ♂ 8 • : 16 • : 58 • AM • 10/13/2014 ♂ ♂ 8 • : 16 • : 58 • AM •	Start Date/End Datedefaults to today's date (red arrow). Change if necessary.

# Service Transactions

Clicking **Multiple Services** takes you to the client's Service Transactions page.

Service Costs          Number of Units         Unit Type         Cost per Unit         Cost per Unit         Total Cost of Units	Screenshot is the bottom portion of Service Transactions. <b>Service Costs</b> (red arrow) Skip this section. No Santa Cruz Agency/Provider collecting Service Costs (i.e. the amount of time spend providing a service)
Funding Sources Source Add Funding Source Need Information	Funding Source: click Add Funding Source (black arrow) if your Agency/Provider tracks the funding source paying for the service.         Needs Information (red arrow)
Need Status*       Identified         Outcome of Need       -Select-         If Need is Not Met, Reason       -Select-	Able to meet Need (that is, service was provided)? Need Status: select Closed Outcome of Need: select Fully Met Not able to meet Need? Need Status: Closed Outcome of Need: Not Met

If Need is Not Met, Reason: select best match

Add Another	Remove All	Clear All
	Save & Exit	Cancel

data complete.

Screenshot of bottom of page.

Click **Add Another** (orange arrow) to add another service transaction. Click **Save & Exit** (purple arrow) when finished adding service transaction(s).

**Congratulations! Entry of Intake and Service Transaction** 

### Additional Assistance

#### For any additional technical assistance

Email us: <u>helpdesk@ctagroup.org</u>

OR

By visiting our **Website:**  $\rightarrow$  <u>https://ctagroup.org/santa-barbara-hmis</u>

