

HELP MANAGEMENT INFORMATION SYSTEM

Santa Barbara County Continuum of Care

October 2021

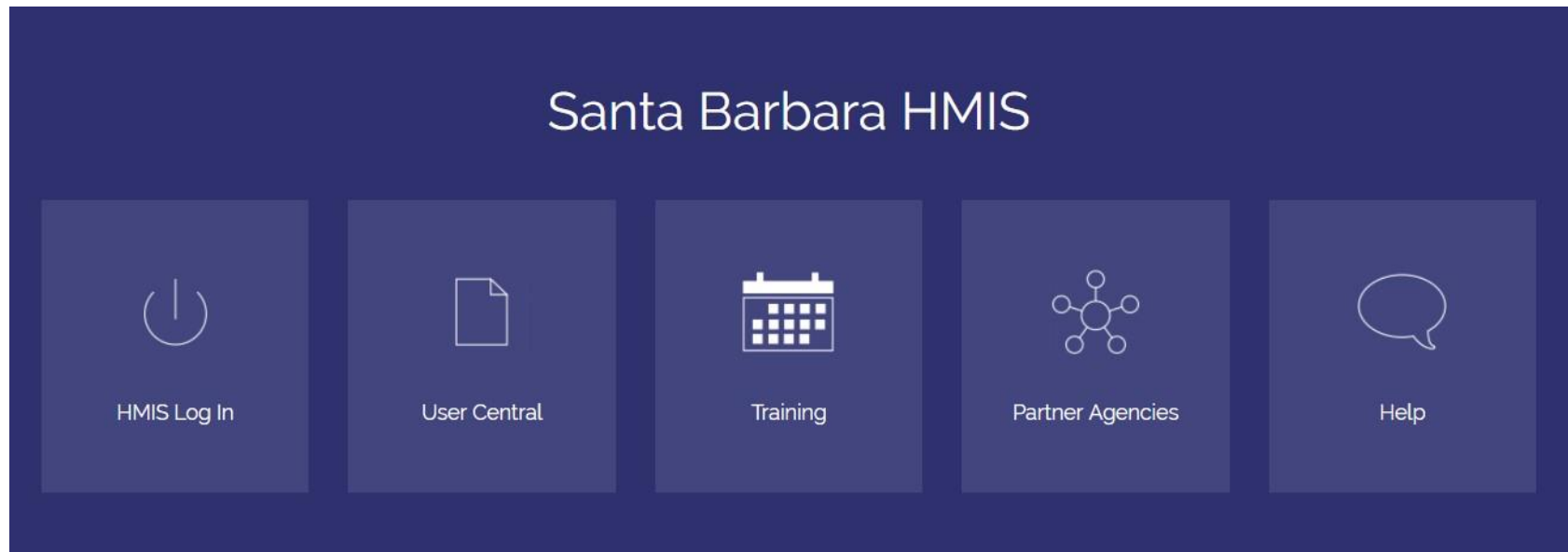
HMIS 5.14 workflow Adding New Clients



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Access HMIS Web Portal

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



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

The screenshot shows the Home Page Dashboard with the following sections:

- Home > Home Page Dashboard** (Breadcrumb)
- Global Search** (Type here for Global Search)
- Left Menu Bar:**
 - Last Viewed
 - Favorites
 - Home
 - ClientPoint (highlighted with a red arrow)
 - CallPoint
 - ResourcePoint
 - ShelterPoint
 - ActivityPoint
 - SkanPoint
 - Reports
 - Admin
 - Logout
- System News (1):**

Date	Headline
10/01/2014	2014 HUD Data Standards have arrived!
- Agency News (0):**
- Counts Report:** (highlighted with an orange arrow)

My Clients With An Entry But No Exit:	My Clients With NULL UDEs:
0	0
My Clients With Expiring ROIs:	My Clients With Recent Exits:
0	0
- Follow Up List (1):**

Client ID	Type	Date	Time Remaining
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.


Client already in HMIS?

Search for client, by:

- ☐ **Name OR**
- ☐ **SSN OR**
- ☐ **Client ID #**
- ☐ Click **Exact Match**
- ☐ Click **Search**

If there is a match:

Client's name will appear at bottom of screen

Client Results		
	ID	Name ▲
	265957	Client, Test

No match?

Client not in HMIS?

See next page for details on how to add a new client

Client Search

Please Search the System before adding a New Client.

Name

First

Middle

Last

Suffix

Name Data Quality

Alias

Social Security Number

Social Security Number Data Quality

U.S. Military Veteran?

Exact Match ☐

Gender

Female
Male
A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
Transgender
Questioning
Client doesn't know
Client refused
Data not collected

Clear All

Search ACTIVE Clients ☒
Search INACTIVE / DELETED Clients ☐
Search ALL Clients ☐

Search Clear Add New Client With This Information

Client Number

Enter or scan a Client ID number to go directly to that Client's profile.
Client ID # Submit

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
Name Data Quality
Social Security Number
Social Security Data Quality
US Military Veteran?

Date of Birth
DOB Data
Gender
Primary Race
Ethnicity

Select as many Genders
 applicable by holding CTRL
 button on keyboard

Note
Client doesn't know?
 Select 'Client doesn't know'
Client refuses to answer?
 Select 'Client refused'

Client Search

Please Search the System before adding a New Client.

Name: First: New, Middle: , Last: Client, Suffix:

Name Data Quality: Full Name Reported

Alias:

Social Security Number: 123 - 35 - 4857

Social Security Number Data Quality: Full SSN Reported (HUD)

U.S. Military Veteran?: No (HUD)

Exact Match: ☐

Gender: Female, Male, A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender), Transgender, Questioning, Client doesn't know, Client refused, Data not collected

Search ACTIVE Clients: ☒ ☐ ☐

Search INACTIVE / DELETED Clients: ☐

Search ALL Clients: ☐

Search Clear Add New Client With This Information

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

How to add
client's photo

The screenshot shows the 'Client - (267376) Client, New' page. A blue arrow points to the client title. A black arrow points to the 'Client Information' tab. A green arrow points to the 'Summary' sub-tab. An orange arrow points to the photo icon.

Client - (267376) Client, New

(267376) Client, New
Release of Information: None

Client Information | Service Transactions

Summary | Client Profile | Households | ROI | Entry / Exit | Case Managers | Case Plans | Measurements | Activities | Assessments

Added 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), Transgender (HUD)
Social Security	123-45-6789	Secondary Race	
		U.S. Military Veteran?	Yes (HUD)

Photo icon

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:

Households				Release of Information			
ID	Type	Head of Household	Relationship	Provider	Permission	Start Date	End Date
Search Existing Households Start New Household				Add ROI No matches.			
Case Managers				Entry/Exits			
Name	Provider	Phone Number		Program	Type	Entry Date	Exit Date
Add Case Manager No matches.				Add Entry / Exit No matches.			
Measurements				Services			
Type	Latest Point	Total	Date	Start Date	End Date	Provider	
Add New Measurement No matches.				Add Service Add Multiple Services No matches.			

VI SPDATs and Additional Required Questions

Interviewer's name	<input type="text"/>	G
Survey location	<input type="text"/>	G
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	<input type="text"/>	G
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	<input type="text"/>	G
How many months has the client or client's family been homeless?	<input type="text"/>	G
For the VI-FSPDAT, how many people in the client's family need to be housed?	<input type="text"/>	G

VI-SPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
Add						

VI-FSPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL
Add							

Cancel

- **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

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.

Click **Start New Household** (blue arrow)

New page appears. At the top of the page is **Household Type**.

Select best match (black arrow).

Then scroll down to bottom of page to **Client Number** section.

ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
267376	Client, New	123-45-6789	06/06/1967		Male		0

Add the HMIS number of the client to add to the Household. In this example HMIS # 267449 was entered (red arrow).

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

Household Information - (55790) Two Parent Family

(55790) Two Parent Family Save Save & Exit Exit

Household Type * Two Parent Family

Income US\$0.00 monthly (US\$0.00 annual)

Client Count 3

Household Members

Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count
(267376) Client, New	47	Yes	Self	10 / 07 / 2014	0	1
(267450) Client, Nouveau	15	No	Step-daughter	10 / 07 / 2014	0	1
(267449) Client, Nuevo	45	No	Wife	10 / 07 / 2014	0	1

Add/Delete Household Members Household History Report

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

Once relationships have been correctly defined: click **Save & Exit**

Review Household Data

It is strongly recommended to review the fields for Head of Household, Relationship to Head of Household, and Household Type for all Clients to ensure the information is correct.

Would you like to review this data now?

Yes No

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.

Households			
ID	Type	Head of Household	Relationship
55790	Two Parent Family		
	*Client, New	Yes	Self
	Client, Nouveau	No	Step-daughter
	Client, Nuevo	No	Wife
Search Existing Households Start New Household			

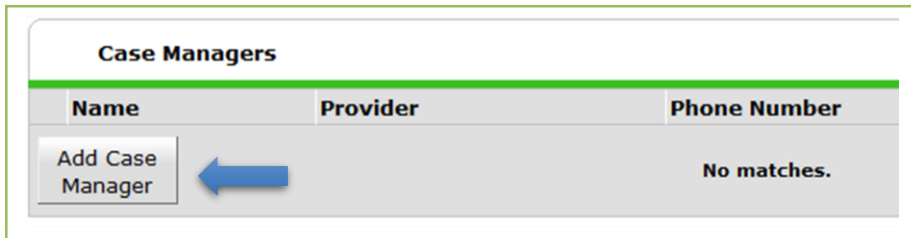
Open HMIS Release of Information

Please enter a client's ROI into HMIS in accordance with the separate "Adding an ROI" workflow document, available on the [HMIS portal](#).

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.

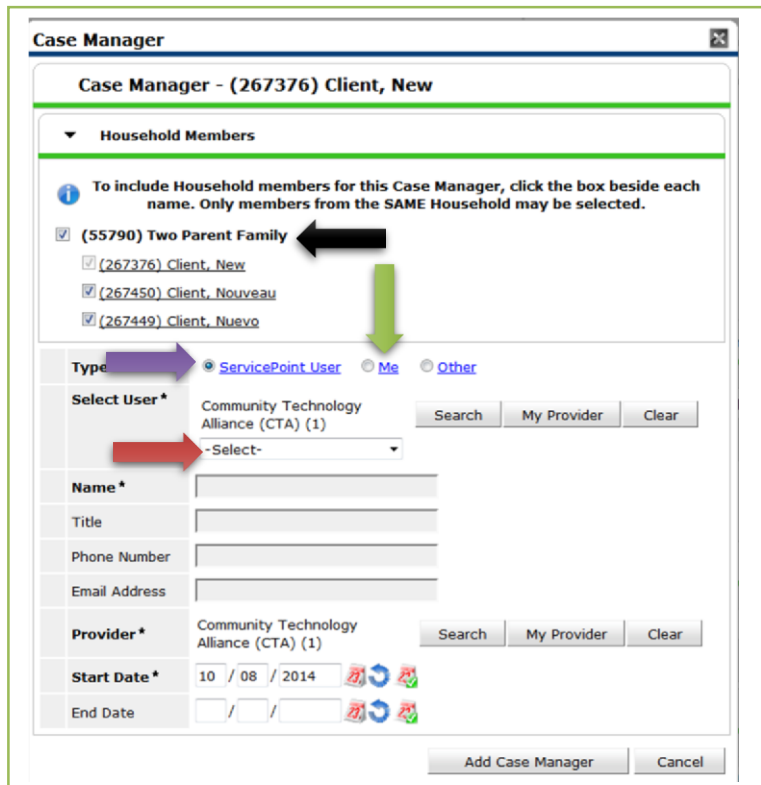


Name	Provider	Phone Number
No matches.		

Add Case Manager

Click **Add Case Manager** (blue arrow)

Case Manager page appears.



Case Manager - (267376) Client, New

Household Members

To include Household members for this Case Manager, click the box beside each name. Only members from the SAME Household may be selected.

- ☒ (55790) Two Parent Family
 - ☒ (267376) Client, New
 - ☒ (267450) Client, Nouveau
 - ☒ (267449) Client, Nuevo

Type ☒ ServicePoint User ☐ Me ☐ Other

Select User * Community Technology Alliance (CTA) (1) Search My Provider Clear

-Select-

Name *

Title

Phone Number

Email Address

Provider * Community Technology Alliance (CTA) (1) Search My Provider Clear

Start Date * 10 / 08 / 2014

End Date

Add Case Manager Cancel

Client in a household?

Click to include all household members (black arrow).

Click Me (green arrow) to add yourself as the case manager, **OR** click **ServicePoint User** (purple arrow) to select someone else from your agency to be the case manager.

If click **ServicePoint User**: select the case manager from the drop down list (red arrow).

Name: the case manager's name appears once a case manager is selected.

Title/Phone Number/Email Address: this information will appear if this information was added to their HMIS license.

Click **Add Case Manager**.

You will be returned to the client's Summary page.

Entry/Exits

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

Click **Save & Continue**

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)

Entry/Exit Data: Intake

The screenshot shows the 'Entry Assessment' form. At the top, under 'Select an Assessment', there are four checkboxes: 'HUD CoC & ESG Entry SO ES SH (2017) SB' (checked, highlighted with a red arrow), 'HUD CoC & ESG Exit (2017) SB', 'HUD CoC & ESG Update (2017) SB', and 'Child Intake 2017 SB' (highlighted with a blue arrow). Below this is a checkbox for 'Domestic Violence Questions'. On the left, under 'Household Member', a member is listed: '(14133) test2, test' with 'Age: 27' and 'Veteran: No (HUD)', highlighted with a black arrow. On the right, the form title is 'HUD CoC & ESG Entry SO ES SH (2017) SB' with an 'Entry Date: 06/22/2018 10:04:25 AM' and a lock icon. The form fields include: 'Client Location *' (CA-603), 'Relationship to Head of Household *' (Self (head of household)), 'Date of Birth *' (01 / 01 / 1991), and 'Date of Birth Type *' (Full DOB Reported (HUD)).

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)

Standard Intake

Section 1: Client Location and Relationship to Head of Household

Household Members

- ☒ (267376) Client, New
Age: 47
Veteran: Yes (HUD)
- ☒ (267450) Client, Nouveau
Age: 15
Veteran: No (HUD)
- ☒ (267449) Client, Nuevo
Age: 45
Veteran: No (HUD)

HUD CoC & ESG Entry All Other Projects (2017) SB
Entry Date: 05/09/2017 01:41:07 PM

Client Location *	CA-603
Relationship to Head of Household *	Self (head of household)
Date of Birth *	04 / 05 / 1980
Date of Birth Type *	Full DOB Reported (HUD)
Primary Race *	American Indian or Alaska Native (HUD)
Secondary Race	American Indian or Alaska Native (HUD)
Ethnicity *	Non-Hispanic/Non-Latino (HUD)
Gender *	Male
Residence Prior to Project Entry *	Place not meant for habitation (HUD)

Client Location

Select **603**
(green arrow)

Relationship to Head of Household:

Since **New Client** is the head of household, select **Self** (red arrow)

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).

Standard Intake

Section 2: Residence Prior to Entry & Housing Status & Community Questions

Examples how the following questions could change:

Residence Prior to Project Entry *	Place not meant for habitation (HUD)
Length of Stay in Previous Place *	-Select-
Approximate date homelessness started: *	<input type="text"/> / <input type="text"/> / <input type="text"/>    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

Living 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

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

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

Community Questions

	Where did you first become homeless? *	<input type="text" value="-Select-"/> ▼	G
	Where was your most recent permanent address? *	<input type="text" value="-Select-"/> ▼	G
	How long have you lived in Santa Barbara County? *	<input type="text" value="-Select-"/> ▼	G
	What brought you to Santa Barbara County? *	<input type="text" value="-Select-"/> ▼	G
	What is your current employment status? *	<input type="text" value="-Select-"/> ▼	G

Standard Intake

Section 3: Income

Income from Any Source * -Select- G

Monthly Income - Cash Benefits HUD Verification

Monthly Amount	Source of cash benefits *	Start Date *	End Date
<input type="button" value="Add"/> <input type="button" value="View Gross Income"/>			

Income from Any Source (blue arrow)

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

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

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.

Select the Currently receiving income source? value for all incomplete Source of cash benefits records

☒ No
☐ Data Not Collected
☐ Incomplete

Source of cash benefits	Currently receiving income source?			
	Yes	No	Data Not Collected	Incomplete
Earned Income (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Assistance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

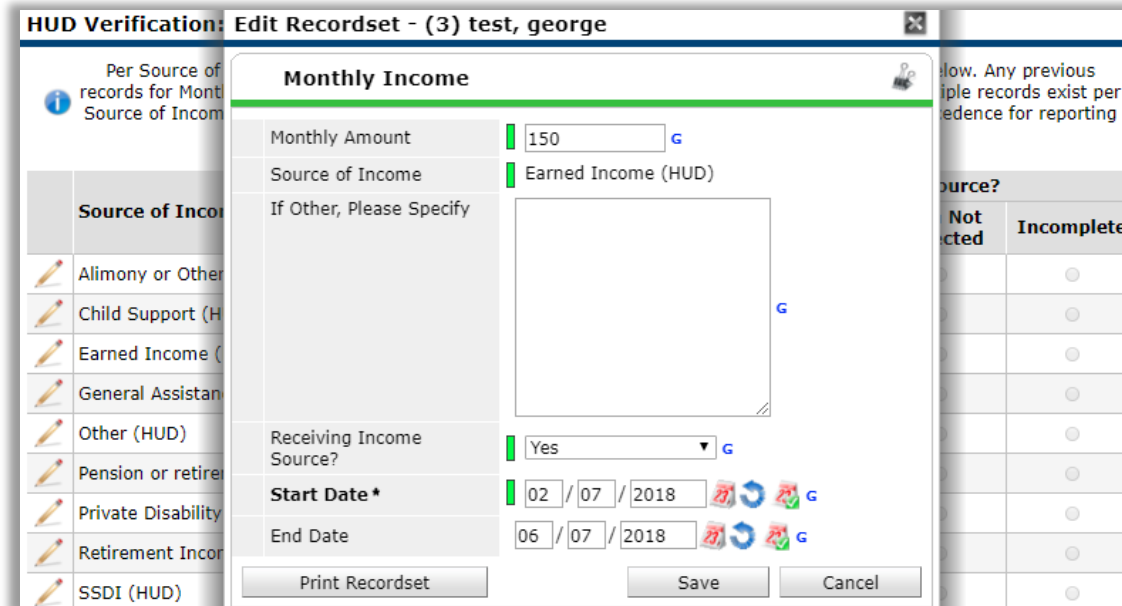
missing data

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: **HUD Verification** .

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: Edit Recordset - (3) test, george

Per Source of records for Month
Source of Income

Monthly Income

Monthly Amount: 150 G

Source of Income: Earned Income (HUD)

If Other, Please Specify

Receiving Income Source?: Yes G

Start Date *: 02 / 07 / 2018 G

End Date: 06 / 07 / 2018 G

Print Recordset Save Cancel

Source of Income	Not Selected	Incomplete
Alimony or Other		<input type="radio"/>
Child Support (H		<input type="radio"/>
Earned Income (C		<input type="radio"/>
General Assistan		<input type="radio"/>
Other (HUD)		<input type="radio"/>
Pension or retire		<input type="radio"/>
Private Disability		<input type="radio"/>
Retirement Inco		<input type="radio"/>
SSDI (HUD)		<input type="radio"/>

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).


HUD Verification: Monthly Income for 06/08/2018

Per Source of Income, the current records for Monthly Income as of 06/08/2018 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 06/08/2018, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records

☐ No
☐ Data Not Collected
☒ Incomplete

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Assistance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>


HUD Verification 

End Date


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**.

Add Recordset




Monthly Income







Monthly Amount: 200 

Source of Income: Earned Income (HUD)


If Other, Please Specify: 

Receiving Income Source? Yes

Start Date: 06 / 08 / 2018   

End Date:  /  /    

Save Cancel

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.

Standard Intake

Section 4: Non-Cash Benefits

Non-cash benefit from any source * Yes (HUD) G

Non-Cash Benefits HUD Verification ⚠

Non-cash benefit source	Start Date *	End Date
Add		

Non-Cash benefit from any source (blue arrow)

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

Per Non-cash benefit source, the current records for Non-Cash Benefits as of 10/05/2012 are displayed below. Any previous records for Non-Cash Benefits not overlapping as of this date are not displayed. In the event that multiple records exist per Non-cash benefit source as of 10/05/2012, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Currently receiving benefit? value for all incomplete Non-cash benefit source records

☐ Yes
☐ No
☐ Data Not Collected
☒ Incomplete

Non-cash benefit source	Currently receiving benefit?			
	Yes	No	Data Not Collected	Incomplete
Special Supplemental Nutrition Program for WIC (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
TANF Child Care Services (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
TANF Transportation Services (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other TANF-Funded Services (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other Source (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

[Save](#) [Save & Exit](#) [Exit](#)

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

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 began receiving benefit; if this is not known, use the client's entry date. Leave End Date blank. Click **Save**.

Edit Recordset - (25) Doe, John

Non-Cash Benefits

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](#)

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

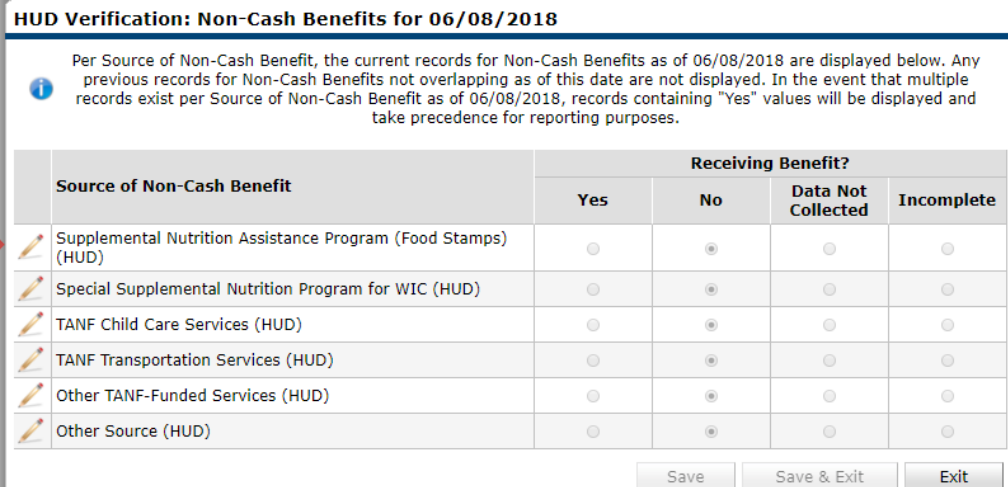
HUD Verification Process- Non-Cash Benefits

Only items that are HUD approved choices will appear in the verification window. If the client already has non-cash benefits data entered into HMS, 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).




HUD Verification: Non-Cash Benefits for 06/08/2018

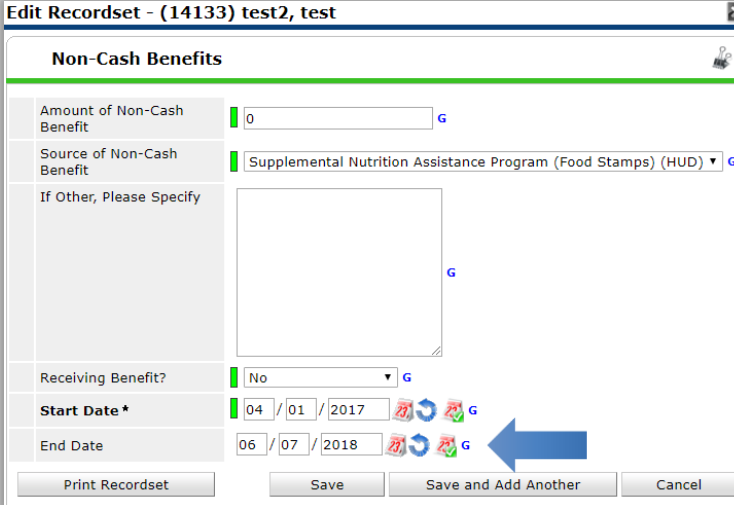
Per Source of Non-Cash Benefit, the current records for Non-Cash Benefits as of 06/08/2018 are displayed below. Any previous records for Non-Cash Benefits not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Non-Cash Benefit as of 06/08/2018, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Source of Non-Cash Benefit	Receiving Benefit?			
	Yes	No	Data Not Collected	Incomplete
 Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Special Supplemental Nutrition Program for WIC (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 TANF Child Care Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 TANF Transportation Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Other TANF-Funded Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Other Source (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

HUD Verification 

First Previous Next Last



Edit Recordset - (14133) test2, test

Non-Cash Benefits

Amount of Non-Cash Benefit: 0

Source of Non-Cash Benefit: Supplemental Nutrition Assistance Program (Food Stamps) (HUD)

If Other, Please Specify:

Receiving Benefit?: No

Start Date: 04 / 01 / 2017

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).

Source of Non-Cash Benefit	Receiving Benefit?			
	Yes	No	Data Not Collected	Incomplete
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Special Supplemental Nutrition Program for WIC (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF Child Care Services (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF Transportation Services (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HUD Verification

Previous Next Last

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**.

Edit Recordset - (14133) test2, test

Non-Cash Benefits

Amount of Non-Cash Benefit: 175

Source of Non-Cash Benefit: Supplemental Nutrition Assistance Program (Food Stamps) (HUD)

If Other, Please Specify:

Receiving Benefit?: Yes

Start Date *: 06/08/2018

End Date:

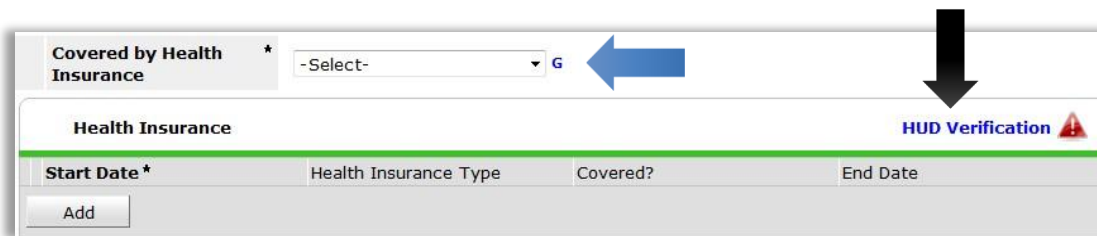
Print Recordset Save Save and Add Another Cancel

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.

Standard Intake

Section 5: Health Insurance



Covered by Health Insurance * -Select- G

Health Insurance

Start Date * Health Insurance Type Covered? End Date

Add

HUD Verification !

Covered by Health Insurance (blue arrow)

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

Click **HUD Verification** (black arrow).

HUD Verification: Health Insurance for 10/18/2011

Per Health Insurance Type, the current records for Health Insurance as of 10/18/2011 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 10/18/2011, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

☐ Yes
☐ No
☐ Data Not Collected
☒ Incomplete


Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
MEDICAID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
MEDICARE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
State Children's Health Insurance Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Veteran's Administration (VA) Medical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Employer - Provided Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Health Insurance obtained through COBRA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Private Pay Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
State Health Insurance for Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Indian Health Services Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Save Save & Exit Exit

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**.

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  indicating that there is no missing data

Edit Recordset - (25) Doe, John

Health Insurance

Start Date * 06 / 28 / 2017

Health Insurance Type Other

(If Yes to Other) Specify Source

Covered? No

(HOPWA) If Private Pay Insurance, Specify


(HOPWA) If No, Reason not covered -Select-

End Date

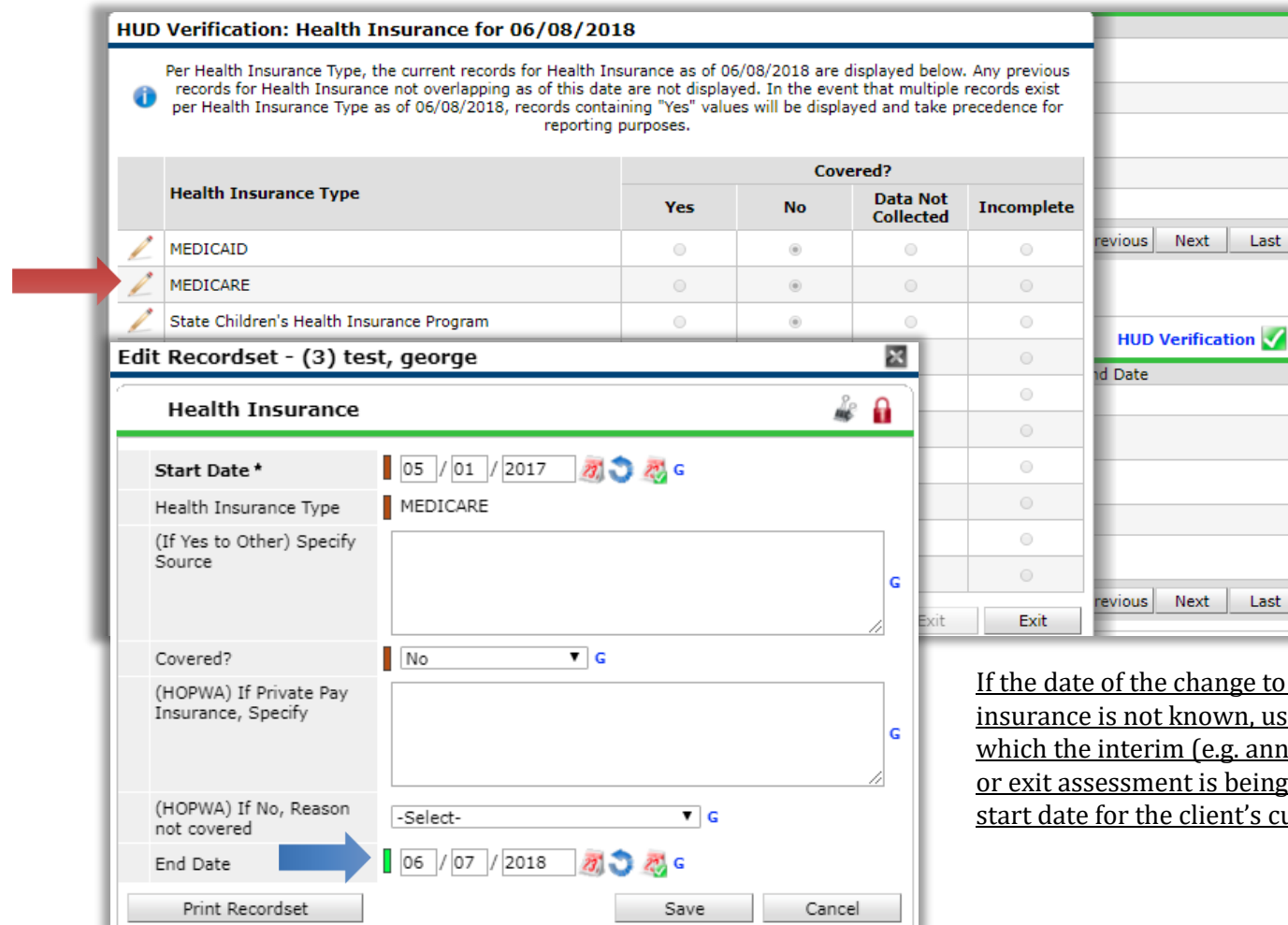
Print Recordset Save Cancel

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** . 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 Insurance for 06/08/2018

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.

Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
 MEDICAID	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 State Children's Health Insurance Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Edit Recordset - (3) test, george

Health Insurance

Start Date * 05 / 01 / 2017

Health Insurance Type MEDICARE

(If Yes to Other) Specify Source

Covered? No

(HOPWA) If Private Pay Insurance, Specify

(HOPWA) If No, Reason not covered -Select-

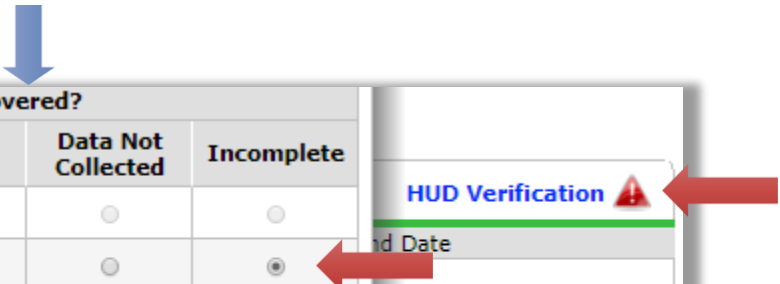
End Date 06 / 07 / 2018





Print Recordset Save Cancel


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.

HUD Verification Process-Health Insurance-Continued

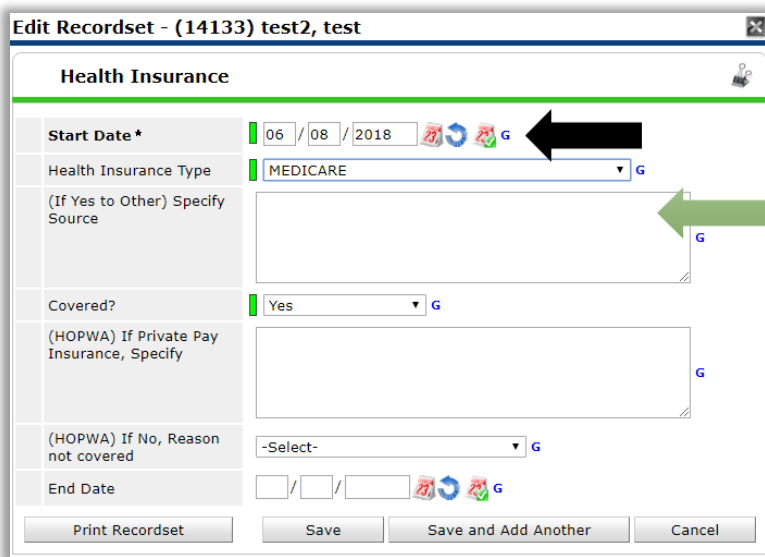
After clicking save, you will notice that the marking will change from *Yes, No, or Data Not Collected* to *Incomplete* (red) and the HUD Verification icon will change from green check mark to a red triangle (red).



Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
 MEDICAID	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEDICARE	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
 State Children's Health Insurance Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Veteran's Administration (VA) Medical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Employer Provided Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>





HUD Verification 



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



Start Date * 06 / 08 / 2018    






Health Insurance Type MEDICARE  

(If Yes to Other) Specify Source  

Covered? Yes  

(HOPWA) If Private Pay Insurance, Specify  


(HOPWA) If No, Reason not covered -Select-  

End Date     

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.

Standard Intake

Section 6 Disability

Does the client have a disabling condition? * -Select- ▼ G

Disabilities HUD Verification ⚠

Disability Type *	Disability determination	Start Date *	End Date
Add			

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

Regardless if client has or does not have Disability Type click **HUD Verification** (black arrow)

HUD Verification: Disabilities for 10/01/2021

Per Disability Type, the current records for Disabilities as of 10/01/2021 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 10/01/2021, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Disability determination value for all incomplete Disability Type records

- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)
- ☒ Incomplete

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
Alcohol Use Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Both Alcohol and Drug Use Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Chronic Health Condition (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Developmental (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Drug Use Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
HIV/AIDS (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Mental Health Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Physical (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Save Save & Exit Exit

Select **Yes**, **No**, **Client Doesn't Know** or **Client Refused** 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


HUD Verification ✓

Finished entering Intake data?

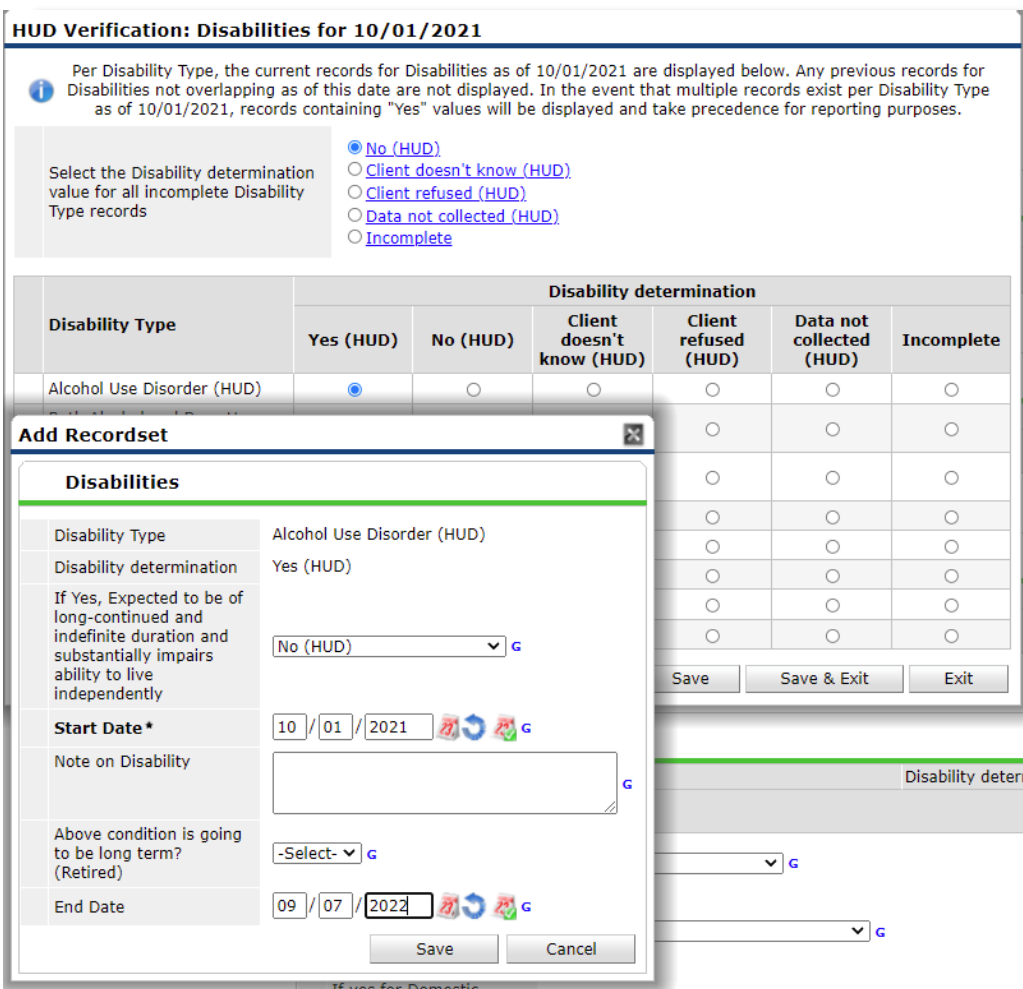
- **Client single?** Click **Save & Exit**.
- **Client in a Household?** Click **Save**.

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 condition* question and clicking on **HUD Verification** . After clicking on HUD Verification, click on the pencil icon (red arrow) if 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**.



HUD Verification: Disabilities for 10/01/2021

Per Disability Type, the current records for Disabilities as of 10/01/2021 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 10/01/2021, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Disability determination value for all incomplete Disability Type records

- ☒ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)
- ☐ Incomplete

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
Alcohol Use Disorder (HUD)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add Recordset

Disabilities

Disability Type: Alcohol Use Disorder (HUD)

Disability determination: Yes (HUD)

If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: No (HUD)

Start Date*: 10/01/2021

Note on Disability:

Above condition is going to be long term? (Retired): -Select-

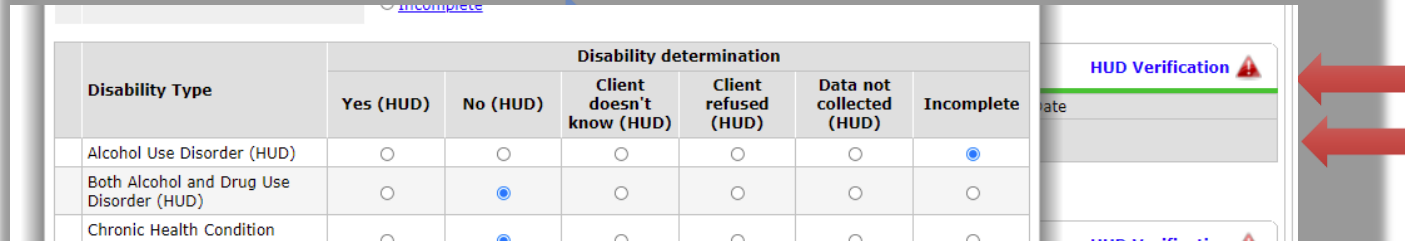
End Date: 09/07/2022

Save Cancel

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).









The screenshot shows a web application interface for HUD verification. On the left, there is a table with columns for 'Disability Type' and 'Disability determination'. The 'Disability determination' column has six sub-columns: 'Yes (HUD)', 'No (HUD)', 'Client doesn't know (HUD)', 'Client refused (HUD)', 'Data not collected (HUD)', and 'Incomplete'. The 'Incomplete' column is highlighted with a red arrow. To the right of the table is a panel titled 'HUD Verification' with a red triangle icon. Below the table, there is a section for 'HUD Verification' with a red triangle icon. Two red arrows point to the 'HUD Verification' panel and the 'Incomplete' column.

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
Alcohol Use Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Both Alcohol and Drug Use Disorder (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Health Condition	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 .

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- ▼ G
Start Date *	06 / 08 / 2018    G
Note on Disability	<div></div> G
Above condition is going to be long term? (Retired)	-Select- ▼ G
End Date	<div></div> / <div></div> / <div></div>    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.

Current Living Situation/Date of Engagement

Record each contact with people experiencing homelessness by street outreach and other service projects and to provide information on the number of contacts required to engage the client, as well as to document a current living situation as needed in any applicable project. (Emergency Shelter- Night by Night shelters, Street Outreach, Services Only projects, and Coordinated Entry.

Current Living Situation

Start Date *	End Date	Information Date	Current Living Situation
<input type="button" value="Add"/>			

Current Living Situation

Start Date * 10 / 01 / 2021 G

End Date / / G

Information Date / / G

Current Living Situation -Select- G

If "Other", Specify G

Living situation verified by -Select- G

Is client going to have to leave their current living situation within 14 days? -Select- G

If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.

Has a subsequent residence been identified? -Select- G

Does individual or family have resources or support networks to obtain other permanent housing? -Select- G

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? -Select- G

Has the client moved 2 or more times in the last 60 days? -Select- G

Location details G

Date of Engagement / / G

Answer all questions, if client will need to leave current living situation in the next 14 days answer the following questions

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.

Finished entering Intake data?

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

- **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 SH (2017) SB
 ☒ HUD CoC & ESG Exit (2017) SB
 ☒ HUD CoC & ESG Update (2017) SB
 ☒ Child Intake 2017 SB
 ☒ Domestic Violence Questions

Household Members

(4) test1, test1

☒ Age: 20
Veteran: No (HUD)

HUD CoC & ESG Entry SO ES SH (2017) SB

Entry Date: 02/14/2018 12:15:06 PM

Client Location *

CA-603

Relationship to Head of Household *

Self (head of household)

Date of Birth *

01 / 01 / 1998

Date of Birth Type *

Full DOB Reported (HUD)

Primary Race *

American Indian or Alaska Native (HUD)

Secondary Race

Asian (HUD)

Ethnicity *

Hispanic/Latino (HUD)

Gender *

Male

Residence Prior to Project Entry *

Place not meant for habitation (HUD)

Length of Stay in Previous Place *

Two to six nights

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

☒ (4) test1, test1
Age: 20
Veteran: No (HUD)

Domestic Violence Questions Entry Date: 02/14/2018 12:15:06 PM

Domestic violence victim/survivor *

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.

Standard Intake

Completing Project Entry for Household members

Entry Assessment

Select an Assessment

(2017) SB

HUD CoC & ESG Entry SO ES SH (2017) SB

HUD CoC & ESG Exit (2017) SB

HUD CoC & ESG Update (2017) SB

HHS PATH Entry for SSO (2017) SB

HHS PATH Exit (2017) SB

HHS PATH Update (2017) SB

Child Intake 2017 SB

Projects (2017) SB

Household Members

(267376) Client, New
Age: 47
Veteran: Yes (HUD)

(267450) Client, Nouveau
Age: 15
Veteran: No (HUD)

(267449) Client, Nuevo
Age: 45
Veteran: No (HUD)

HUD CoC & ESG Entry All Other Projects (2017) SB

Entry Date: 05/09/2017 01:41:07 PM

Client Location * CA-603 G

Relationship to Head of Household * Self (head of household) G

Date of Birth * 04 / 05 / 1980 G

Date of Birth Type * Full DOB Reported (HUD) G

Primary Race * American Indian or Alaska Native (HUD) G

Secondary Race * American Indian or Alaska Native (HUD) G

Ethnicity * Non-Hispanic/Non-Latino (HUD) G

example Head of Household's child

Then scroll down and complete:

- **Client's Current/Most Recent Address**
- **Disabilities**
- **Health Insurance**

Click **Save**

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 G

Enter data in:

□ **Relationship** select best match. In this

Client's Current/Most Recent PERMANENT Residence

Permanent Street Address	Permanent City	Start Date *	End Date
Add			

Disabilities

Disability Type *	Start Date *	End Date	HUD Verification
Physical (HUD)	10/08/2014		✓
Mental Health Problem (HUD)	10/08/2014		
Developmental (HUD)	10/08/2014		
Both Alcohol and Drug Abuse (HUD)	10/08/2014		
HIV/AIDS (HUD)	10/08/2014		

Add

Showing 1-5 of 8

Covered by Health Insurance * Yes (HUD) G

Health Insurance

Start Date *	Health Insurance Type	Covered?	End Date	HUD Verification
10/08/2014	MEDICAID	No		✓
10/08/2014	MEDICARE	No		
10/08/2014	State Children's Health Insurance Program	Yes		

Standard Intake

Completing Project Entry for Household members

Select an Assessment

<input checked="" type="checkbox"/> VA SSVF Entry for HP and RRH (2017) SB	<input checked="" type="checkbox"/> VA SSVF Exit (2017) SB	<input checked="" type="checkbox"/> VA SSVF Update (2017) SB	<input checked="" type="checkbox"/> HUD CoC & ESG Entry All Other Projects (2017) SB
<input checked="" type="checkbox"/> HUD CoC & ESG Entry SO ES SH (2017) SB	<input checked="" type="checkbox"/> HUD CoC & ESG Exit (2017) SB	<input checked="" type="checkbox"/> HUD CoC & ESG Update (2017) SB	<input checked="" type="checkbox"/> HHS PATH Entry for SSO (2017) SB

Household Members

<input checked="" type="checkbox"/> (267376) Client, New Age: 47 Veteran: Yes (HUD)
<input checked="" type="checkbox"/> (267450) Client, Nouveau Age: 15 Veteran: No (HUD)
<input checked="" type="checkbox"/> (267449) Client, Nuevo Age: 45 Veteran: No (HUD)

HUD CoC & ESG Entry All Other Projects (2017) SB Entry Date: 05/09/2017 01:41:07 PM

Client Location *	CA-603 G
Relationship to Head of Household *	Self (head of household) G
Date of Birth *	04 / 05 / 1980 G
Date of Birth Type *	Full DOB Reported (HUD) G
Primary Race *	American Indian or Alaska Native (HUD) G
Secondary Race	American Indian or Alaska Native (HUD) G
Ethnicity *	Non-Hispanic/Non-Latino (HUD) G

Note: Nuevo Client is an adult.

Click **HUD CoC & ESG Entry All other Projects or HUD CoC & ESG Entry SO ES SH (2017) SB** (red arrow) depending on your program...

Complete the Intake (how to complete the Intake for an adult 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

The image shows two forms side-by-side. The top form is titled 'VI-SPDAT v2.0' and the bottom form is titled 'VI-FSPDAT v2.0'. Both forms have a 'Start Date*' field followed by a table with columns: PRE-SURVEY, A. HISTORY OF HOUSING AND HOMELESSNESS, B. RISKS, C. SOCIALIZATION & DAILY FUNCTIONS, D. WELLNESS, and GRAND TOTAL. In the VI-SPDAT form, a green arrow points to the 'Add' button. In the VI-FSPDAT form, a blue arrow points to the 'Add' button.

At the Bottom of the Client Summary Page there is a VI-SPDAT

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.



The screenshot shows a web form titled "Services". It has a table with three columns: "Start Date", "End Date", and "Provider". Below the table, there are two buttons: "Add Service" and "Add Multiple Services". A blue arrow points to the "Add Multiple Services" button. To the right of the arrow, the text "No matches." is displayed.

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 - (267376) Client, New

(267376) Client, New
Release of Information: **None**

Client Information

▼ **Household Members**

To include Household members for these Services, click the

☐ (55790) Two Parent Family **←**

☒ (267376) Client, New

☐ (267450) Client, Nouveau

☐ (267449) Client, Nuevo

Multiple Services

Be sure to select the correct Provider before entering data in the Service List below. If you are not currently in the Service List, click the link to add a new provider.

Service Provider * County of Santa Barbara (1) **←**

Service List

Number of Services *	1
Start Date *	10 / 13 / 2014 8 : 16 : 58 AM ←
End Date	10 / 13 / 2014 8 : 16 : 58 AM
Service Type *	-Select- ←

Screenshot is the top portion of Service Transactions.

Client in a household?
Want to assign the service transaction to the household?
 Click box for family (blue arrow)

Service Provider default to the provider you are in (black arrow). Change to another provider if necessary.

Start Date/End Date defaults to today's date (red arrow). Change if necessary.

Service Type select best match (green arrow)

Service Transactions

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

The screenshot shows the bottom portion of the Service Transactions form. It is divided into three main sections: **Service Costs**, **Apply Funds for Service**, and **Need Information**.

- Service Costs:** Contains fields for Number of Units, Unit Type (dropdown), Cost per Unit, and Total Cost of Units. A blue arrow points to the Number of Units field.
- Apply Funds for Service:** Contains a table with a header 'Source' and a row with an 'Add Funding Source' button. A black arrow points to this button.
- Need Information:** Contains fields for Need Status* (dropdown), Outcome of Need (dropdown), and If Need is Not Met, Reason (dropdown). A red arrow points to the Need Status* dropdown.

Screenshot is the bottom portion of Service Transactions.

Service Costs (red arrow)

Skip this section. No Santa Barbara Agency/Provider collecting Service Costs (i.e. the amount of time spend providing a service)

Funding Source: click **Add Funding Source** (black arrow) if your Agency/Provider tracks the funding source paying for the service.

Needs Information (red arrow)

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

The screenshot shows the bottom of the form with five buttons: **Add Another**, **Remove All**, **Clear All**, **Save & Exit**, and **Cancel**. An orange arrow points to the **Add Another** button, and a purple arrow points to the **Save & Exit** button.

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: helpdesk@ctagroup.org

OR

By visiting our **Website:** → <https://ctagroup.org/santa-barbara-hmis>

