SHORT-TERM RENT ASSISTANCE (STRA) ServicePoint Handbook

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Questions? Contact servicepoint@multco.us

SHORT-TERM RENT ASSISTANCE PROGRAM MODEL

Short-Term Rent Assistance program (STRA) is a countywide program that provides limited housing assistance (up to 24 months) to households in Multnomah County that are experiencing homelessness or at risk of homelessness. Assistance can include rent or mortgage payment, deposits and application fees, move-in costs, and support services. These services are provided through 19 public and non-profit agencies that are selected based on demonstrated expertise and results with similar service delivery.

STRA is designed to respond quickly when homelessness threatens an individual or family. It does this in three ways:

Safety off the streets	 Providing emergency hotel/motel vouchers for temporary shelter
Homeless Prevention (HP) assistance	 Helping households in danger of eviction maintain the housing they have
Rapid Re- Housing (RRH) assistance	 Helping households obtain permanent housing

DATA MILESTONES - STRA



ENTRY INTO STRA

- After clients sign a Client Consent to Share form for their household, add agency <u>AND</u> STRA level ROIs to each HH member's ServicePoint profile. Instructions can be found at: <u>https://multco.us/servicepoint/manualsquides</u>
- Create a program entry for the Head of Household. Click the check box next to the names of **all household members** to include them in the entry.
- Go into <u>each</u> client's entry (adults and children) to enter data.

1. BUILD/UPDATE HOUSEHOLD

Household Type

Head of Household	Only one person should be designated as head of household
Relationship to Head of HH	If client is head of household, this should be 'Self'

HH Date Entered

2. TRANSACT ROI Required for ALL Household Members included in Program Entry

After clients sign a Client Consent to Release of Information for Data Sharing in Multnomah County form for their household, transact Parent and STRA level (RRH, HP, etc.) ROI to all household members.

Clients only need to sign one Client Consent form per agency.

Only one Client Consent form needs to be signed per household, but it needs to be transacted in SP under multiple SP providers, including the Parent provider (also known as your Login Provider) AND <u>all</u> of the SP providers associated with the program they are participating in (e.g. all of your agency's STRA providers that the household might possibly use).

- Download Client Consent forms here: <u>https://multco.us/multnomah-county-servicepoint-helpline/homeless-family-system-care-hfsc</u>
- View a Video on How to Transact an ROI here: <u>https://www.youtube.com/watch?v=A6YYacA-sd4</u>

In the client profile of the <u>Head of Household</u>, click on the "ROI" tab. Then, click on "Add Release of Information."

	Client Information	Client Information			
Transact ROI under Head of Household	Summary	Client Profile	Households ROI	Entry / Exit	
	Release of 1	information			
	Provider			Permission	
	Add Release of	Information		No mat	

 Check off all household members who were included on the Client Consent to Release of Information for Data Sharing in Multnomah County form.

 Household Members

 Household Members

 Image: To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.

 Image: Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical content is release of Classical content in the Classical conte

	Click 'Search' to select	Release of Inform	nation Data
Provider	(also known as your Login provider) <u>AND</u> all of your STRA providers (RRH and HP) for your agency.	Clicking 'Sav Provider *	 Release of Information' will create a distinct Release of Information for each selected provider. ✓ Self-Enhancement, Inc. (SEI) - SP (2479). ✓ Self-Enhancement, Inc. (SEI) - STRA - Homeless Prevention (5649). ✓ Self-Enhancement, Inc. (SEI) - STRA - Rapid Re-Housing (5650)
Release Granted	Choose Yes or No based on the Client Consent to Share form		
Start Date	Date the Client Consent to Share form was signed	Release Granted*	Yes V
End Date	7 years after Start Date	Start Date*	06 / 01 / 2018 20 06 / 01 / 2025 20
	Select Signed	Documentation	Signed Statement from Client
Documentation	Statement from Client or Verbal consent	Witness	Multoo
Witness	Enter <i>Mult</i> co		Save Release of Information Cancel

When successfully transacted, it should look like this under the ROI tab. You may choose to attach the signed Client Consent to Share form by clicking on the image of the binder clip (optional).

Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Assessments
Release of	Information						
Provider	r		I	Permission	Start Date	End Date	
🖉 🗑 El Programa Hispano Catolico (EPHC) – STRA – Homeless Prevention Ye			Yes	11/28/2017	11/28/2027	4	
🖉 🗑 El Programa Hispano Catolico (EPHC) – STRA – Emergency Shelter 🛛 Ye			Yes	11/28/2017	11/28/2027		
🖉 🧋 El Programa Hispano Catolico (EPHC) - SP 🛛 🛛 💡			Yes	11/28/2017	11/28/2027	4	
Add Release o	f Information			Showing 1-	3 of 3		Ľ

* Email or call the ServicePoint Helpline if you see there are other ROIs transacted for the household already and you are unsure what to do: 503-970-4408 or servicepoint@multco.us

3. CLIENT PROFILE Every Client must have 3 questions answered in the Client Profile Tab

		Client Information			
Name Data Quality	Click the	Sun	nmary Client Prof	ile Households ROI	
SSN Data Quality - always answer	pencil to answer the 3 profile questions	Client Record			
			Name	Client, Sample	
required for a particular project)		Name Data Quality		Full Name Reported	
			Alias		
				Social Security	
			SSN Data Quality	Client refused (HUD)	
U.S. Military Veteran?			U.S. Military Veteran?	No (HUD)	

4. ADD PROGRAM EN	TRY		
Entry Provider	Choose your relevant STRA provider (Homelessness Prevention or Rapid Re-Housing)		
Entry Type	Always choose 'Basic'		
Entry Date	Defaults to data entry date - Change to date of intake		
Complete the following ques	tions for EACH Household Member		
COVID-19 Related	Required for HoH only, only for COVID/CARES money		
COVID-19 Impact	Required for HoH only, only for COVID/CARES money; Click "Add" to add impacts		
Housing Move-in Date	 STRA RRH: If this person is NOT in permanent housing at the time of program entry, make sure this field is <u>blank</u> (delete date if needed). If permanent housing placement is made, update this field by creating an Interim Review (see page 13). STRA HP: HMID is not required CARES/COVID HP: HMID = Program entry date 		
Relationship to Head of Household	Choose "Self" if client is head of household. Make sure to designate one person as the head of household. Do NOT assign more than one person as the head of household.		
Date of Birth			
Date of Birth Type			
Gender	Use CTRL to select more than one option		
Race	Required in addition to Inclusive Identity		
Race-Additional	(optional) Do not answer the same as 'Race'		
Ethnicity	Required in addition to Inclusive Identity		
	Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as apply.		
Inclusive Identity	Inclusive Identity (Race/Ethnicity/Origin) Start Date * Please add all that apply (Race/Ethnicity/Origin): Add		

Primary Language

If Primary Language is Other,
then Specify

Required if Primary Language chosen above is 'Other' - Do <u>not</u> enter a 2nd language or a language that is part of the picklist options under "Primary Language"

Does client have a disabling condition?					
	Click 'HUD Verifi	ication' to create	a Y/N response	for each Disab	ility Type
	Q Disabilities			HUD V	erification 🛦
Disabilities	Disability Type Add	Start Date *	End Date	Disability dete	rmination
Covered by Health Insurance?					
	Click 'HUD Verifi	ication' to create	a Y/N response	for each Health	n Insurance Type
Health Insurance	Health Insurance	Health Insurance Type	Covered?	HUD V	/erification 🔔
Complete the following ques	stions for Head o	f Household aı	d All Adults		
Complete SHS Priority Pop for H	IOH if funded by J	OHS			
Identify the SHS Priority Population	Refer to Populati	on A/B Determin	ation form: <u>https:</u> ,	//rb.gy/hfc1au	
Income from Any Source?					
Click 'HUD Verification' to create a Y/N response for each Income Source * Only list income that will be ongoing * Enter Household Income provided by a minor in the Head of Household's p				e Source sehold's profile	
Monthly Income	Monthly Income			HUD V	erification 🔬
Moniniy income	Start Date *	Source of Income	Receiving Income Source	? Monthly End Date	
	See Appendix B	for additional inf	ormation about r	ecording income	
Non-cash benefit from any sourc	e				
	Click 'HUD Verifi * Only list benefi * Enter benefits r * \$ amounts are r	ication' to create ts that will be on eceived by a mir not required for 1	a Y/N response going or in the Head of ion-cash benefits	for each Benefi f Household's p	it Source rofile
Non-Cash Benefits	🔍 Non-Cash Benefit	ts		HUD V	erification 🛦 🚽
	Start Date *	Source of Non-Cash Benefit	Receiving Benefit?	Amount of Non-Cash End Date Benefit	
Residence Prior to Project Entry	Residence just prio	r to entry (i.e. the	e night before en	try date). Choos	e only ONE.
Length of Stay in Previous Place					

If response to Residence Prior to Project Entry is under HOMELESS SITUATION, you will see the following questions:

Approximate date homelessness started

Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today

Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years

If response to Residence Prior to Project Entry is under INSTITUTIONAL SITUATION <u>and</u> Length of Stay in Previous Place is less than **90 days**, you will see the following questions:

On the night before [residence prior situation], did client stay on the streets, emergency shelter or safe haven? If yes, complete the following:

Approximate date homelessness started

Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today

Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years

If response to Residence Prior to Project Entry is under TRANSITIONAL AND PERMANENT HOUSING SITUATION <u>and</u> Length of Stay in Previous Place is less than **7 days**, you will see the following questions:

On the night before [residence prior situation], did client stay on the streets, emergency shelter or safe haven? If yes, complete the following:

Approximate date homelessness started

Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today

Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years

Client Location Choose OR-501 Portland/Gresham/Multnomah County

Domestic violence victim/survivor If response is "Yes," also provide a response to the two follow-up questions: When did the experience occur? and Are you currently fleeing?_____

Update the following questions when required by funder or administrator:

Household Size	NOT required		
Percent of Median Family Income	Required for COVID/CARES funded clients		
Level of Family Income (% HHS Guidelines)	NOT required		
Employment Status	NOT required		
Zip Code of Last Permanent Address	Required for COVID/CARES funded clients		
Client's Residence / Last Permanent Address	Click "Add" to enter a client's residence or last permanent address REQUIRED for City of Portland CARES		
	Placement Date Client's Street Address Apt. # Client's ZIP Housing Type Add		

ENTERING STRA SERVICES

Use the steps below to record *multiple* services to a client/household at the same time You must create a Service Transaction for each month of assistance provided.

The 'Add Multiple Services' icon can be found in two locations:



S Click Apply Funds Icon to display	5 Apply Funds for Service
Funding Sources. Click on Add Funding	Distribute as Voucher
500rce.	Vendor's Client Account Number
	Name on Bill
	Vendor Please Select a Vendor Search Clear
	Code for Accounting Department -Select- •
	Funding Sources
	Source
	Client Co-Pay
	Add Funding Source Add Other Contributing Sources
	6 Fund Search
	Search for Funds by using keywords for Fund Name, Category, or Description.
GType in the STRA fund source you	Search Show Advanced Options Show Matching Funds ONLY 🗹
green plus button to add source.	Search Clear
Always starts with STRA.	
	Fund Search Results
	Fund A Submission Deadline Remaining Balance
	Image: STRA- HOME Updated to restrict providers with access N/A N/A
	STRA- Home Forward Updated to restrict providers with access N/A N/A
	STRA- HSP Updated to restrict providers with access N/A N/A
	STRA- PILOT Updated to restrict providers with access N/A N/A
	Showing 1-4 of 4
Enter the Amount of funding how	▼ 🗑 STRA- HOME (7) \$
much was the check cut?	Save Submission Completed
	Add Funding Source Add Other Contributing Sources Calculate Total: \$0.00
	Remove Clear

3 At the bottom of the screen, click 'Add Another' to add a different type of service to this client's profile.

8 C	Add Another	Remove All	Clear All
	\rightarrow	Save & Exit	Cancel

Oclick 'Save & Exit' to finish

EXIT FROM STRA

- After exiting clients from STRA, if they come back within 3 months delete exit date and add new services. If the client comes back after 3 months or longer from program exit, create new program entry.
- For clients who are exiting from "STRA Homeless Prevention" and received a fund source of "EHA State Fund" complete the EHA Homeless Prevention Housing Assessment at Exit. See Appendix (pg. 13).

EXIT Answe	rs from Entry will carry over. <u>Remember to update all responses that have changed</u> .
Exit Date	Last day of subsidy
Reason for Leaving	
Destination	
Verify, and if applicable	, update the following questions for EACH Household Member
Housing Move-in Date	Review. Leave blank or delete only if client is NOT in permanent housing at exit.
Relationship to Head of Ho	usehold
Does client have a disabling	g condition?
	Click magnifying glass to check that all responses are still accurate
Disabilities	HUD Verification
	2
Covered by Health Insurance	e?
Cli	ick magnifying glass to check that all responses are still accurate
Cli Health Insurance	Health Insurance HUD Verification V
Cli Health Insurance Verify, and if applicable	A update the following questions for Head of Household and All Adults
Cli Health Insurance Verify, and if applicable Income from Any Source?	A update the following questions for Head of Household and All Adults
Cli Health Insurance Verify, and if applicable Income from Any Source?	A real the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate
Cli Health Insurance Verify, and if applicable Income from Any Source? Monthly Income	A character of the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate Multiplication of Household and All Adults
Cli Health Insurance Verify, and if applicable Income from Any Source? Monthly Income Non-cash benefit from any source?	A character of the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate Monthly Income HUD Verification I
Cli Health Insurance Verify, and if applicable Income from Any Source? Monthly Income Non-cash benefit from any source?	A real the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate HUD Verification Monthly Income HUD Verification Monthly Income HUD Verification Monthly Income HUD Verification Monthly Income
Cli Health Insurance Verify, and if applicable Income from Any Source? Monthly Income Non-cash benefit from any source? Non-Cash Benefits	A reality in glass to check that all responses are still accurate with the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate Monthly Income HUD Verification Click magnifying glass to check that all responses are still accurate HUD Verification Click magnifying glass to check that all responses are still accurate HUD Verification Click magnifying glass to check that all responses are still accurate HUD Verification Click magnifying glass to check that all responses are still accurate HUD Verification Click magnifying glass to check that all responses are still accurate
Cli Health Insurance Verify, and if applicable Income from Any Source? Monthly Income Non-cash benefit from any source? Non-Cash Benefits Update the following quess	ick magnifying glass to check that all responses are still accurate HUD Verification C , update the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate HUD Verification C HUD Ve
Cli Health Insurance Verify, and if applicable Income from Any Source? Monthly Income Non-cash benefit from any source? Non-Cash Benefits Update the following quess Percent of Median Family Income	A update the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate UD Verification HUD V
Cli Health Insurance Verify, and if applicable Income from Any Source? Monthly Income Non-cash benefit from any source? Non-Cash Benefits Update the following quess Percent of Median Family Income Achieved case plan goals	ick magnifying glass to check that all responses are still accurate vul verification verificati

PRE-SETTING STRA FOLLOW-UPs

At the time of Exit from STRA, go to the Assessments tab of the Head of Household's profile. Select **'Housing Outcomes'** from the drop-down menu and click 'Submit.'

Clie	ent Information		Service 1	Service Transactions							
Su	mmary Client P	rofile Households ROI	Entry / Exit	ase Managers	Case Plans	Assessments					
		Select an Assessmen	t								
	Housing Outcomes										
	Housing Outco	omes				<i>&</i> 4					
	Q Housing Placement & Retention Outcomes										
Click 'Add'	Reporting Program Add	ing Initial E ome Placement/Eviction S vention Prevention Date D	end of Follow Subsidy Follow Date Interv	r Up Follow Up ral Due Date	Actual Follow Up Date	Is Client Still in Housing?					
		Housing Placeme	nt & Retentio	on Outcomes		_					
Reporting Program = 'STRA'		2 Reporting Program	STRA / SHSF	/ ESGP •	G						
8 Select the appropriate Housing		B Housing Outcome Intervention Type	-Select-	▼ G							
Outcome Intervention type from the	he Housing Placement Information:										
dropdown menu	4	Initial Placement/Eviction Prevention Date	n 07 / 01 / 2	016 🛛 🔊 🦧	G						
	ļ	End of Subsidy Date	12 / 31 / 2	016 🛛 🔊 🦧	G						
4 Housing Placement Information:		Follow-Up Schedule:									
Initial Placement = STRA entry da	ite 5	What event triggered thi follow-up?	s End of Subsi	dy/Exit		▼G					
	ne	Follow Up Interval	6-Months	▼ G							
5 Follow-Up Schedule:		Follow Up Due Date	06 / 30 / 2	.017 🥂 🕽 🧸	G						
Follow-Up Interval = 6 months	y/ LXII	Actual Follow-Up Outcome:									
Follow-Up Due Date = set based on	exit date	Actual Follow Up Date		2 3 2	G						
		Follow-Up Status	-Select-		▼ G						
		Is Client Still in Housing?	-Select-	T	G						
		Leave Blank		23 💙 2	G						
			Save	6 Save ar	d Add Anoth	er Cancel					
G Click 'Save and Add Another' and re	noat										

Steps 1-5 for 12 mo. follow-up

RECORDING STRA FOLLOW-UPs

Follow-ups that were pre-set at the time of STRA Exit can be found in the Assessments tab of the Head of Household's profile. Select **'Housing Outcomes'** and click 'Submit.'

Cl	lient Information			Service	Transacti	ons			
Click the pencil part to the	Summary Client	Profile Hou	Iseholds ROI E	ntry / Exit	Case Man	agers Case	e Plans 🚺	ssessments	
follow-up interval you'd like to		Selec	t an Assessment						
record		Housing Ou	ıtcomes		•	Submit			
	Housing Outcomes								
	Q Housing P	Placement &	Retention Outcom	165					
	Reporting Program	Housing Outcome Intervention Type	Initial Placement/Eviction Prevention Date	End of Subsidy Date	Follow Up Interval	Follow Up Due Date	Actual Follow Up Date	Is Client Still in Housing?	
0	✓	Eviction Prevention	07/01/2016	12/31/2016	6-Months	06/30/2017			
	Add			Showing	1-1 of 1				
	Housi	ng Placer	nent & Retenti	on Outcoi	nes			<i>峰 </i>	
	Reporting) Program	STRA / SH	SF / ESGP	▼ G				
	Housing (Intervent	Outcome tion Type	Eviction Pr	evention	▼ G				
2 Record Actual Follow-up Outcome	Housing Place	ement Inforn	nation:						
	Initial Pla Preventio	cement/Evic n Date	tion 07 / 01 /	n 🛛 07 / 01 / 2016 🛛 🔊 🖏 G					
	End of Su	ıbsidy Date	12 / 31 /	2016 🧾	1 🕽 🧖 G				
	Follow-Up Sc	hedule:							
Click 'Save'	What eve follow-up	ent triggered ?	this End of Sub	sidy/Exit			▼ G		
	Follow Up	Interval	6-Months	▼ G					
	Follow Up	Due Date	06 / 30 /	2017 🧖	🕽 🧖 G				
	Actual Follow	-Up Outcom	<u>e:</u>						
	Actual Fo	llow Up Date	07 / 02 /	07 / 02 / 2017 🧖 🔿 🦉 G					
2	Follow-Up	o Status	Client conta	itacted V G					
	Is Client	Still in Housi	ng? Yes (HUD)		▼ G				
	Leave Bla	ank		23,	🕽 🧖 G				
	Print I	Recordset	Save	S	ave and Ad	dd Another	C	ancel	

Repeat same process for the 12th mo. follow-up.

APPENDIX

RECORDING CLIENT INCOME

- Each client's record should store their entire income history. Never update a client's income by deleting or writingover the answers in an existing income record.
- Each income source should have a Yes/No response. The same is true for Benefits, Disability and Health Insurance types.
- New program entries pre-fill with income data from previous entries. If the income data that pre-fills is not accurate for your point in time, end date it and add a new/updated income.
- When completing an Annual Review, record changes through the 'Interims' icon. Do not change answers in Program Entry.



Follow the process below to record cheft income at Entry, int

ADDING INCOME

- To create all 15 income responses at once for NEW clients, click the HUD V icon HUD Verification ▲ If updating clients who already have responses, click the magnifying glass
- Leave Start Date as default (date of Entry, Annual Review, or Exit)
- Select Source of Income
- Monthly Amount = (\$ amount from this source)
- Leave End Date blank
- **G** Save /add another and Exit

ENDING INCOME

- If updating income at Entry/Exit, enter data in client's program Entry/Exit. If updating income during enrollment, use appropriate interim.
- Click the pencil next to outdated income
- Leave Start Date, Source, and Amount unchanged
- Ind Date = the day before Entry/Annual Review/Exit
- Save and Exit

NOTE: Follow the same process when recording Benefits, Disabilities and Health Insurance

When a household has been placed in permanent housing, update the Housing Move-in Date using the following steps. Do NOT pencil back into the program entry to update this field.

Olick on the Entry/Exit tab	in the	lient Inform	ation			Ϋ́	Service Tra	ansactions					
<u>Head of Household's</u> profile		Summary Client Profile Households ROI						Entry / Exit Case Managers Case Plans Assessmen					
			Reminder: Hou	sehold members	s must be e	establish	ed on House	holds tab before d	reating Ent	ry / Exits			
		Entry / Exit											
Olick on the icon in the 'Inte	rims' column	Program	n	Ту	pe	En	try Date	Exit Date	Interims	Follow Client			
	El Progr (EPHC): Team) F (4499)	ama Hispano Cat MHT (Mobile Ho Rapid Re-Housing	colico using - SP Ba	sic	07	//01/2017	2	2		a			
		Add Ent	ry / Interim	Reviews						×	c		
	-		Inte	erim Reviews A	ssociated v	with this	Entry / Exi	t					
6 Click the 'Add Interim Revie	w' button		Re	view Date Re	view Type				C	lient Count;	¢		
			Add Int	terim Review			No n	natches.			5 -		
Olick to include all household to be a series of the se	d members	Add In	terim Review	w - (565) E	xample,	НоН					×		
		н	lousehold Meml	bers									
Choose 'Update' for Interin	n Review Type	()	To include Hou	sehold memb	ers associa bo	ated wit ox besid	h the Entry e each nan	/ Exit for this In ne.	terim Revie	w, click the			
		4 ⊻ ((565) Example,	e Parent HoH <u>(Entry Dat</u>	e: 07/01/20	017 8:54	AM)						
			(566) Example,	1Child (Entry D	ate: 07/01/	/2017 8:5	54 AM)				11		
6 Set 'Review Date' to Housir	ig Move-in Date		(567) Example,	2Child (Entry D	ate: 07/01/	/2017 8:5	<u>54 AM)</u>				_ 1		
	0	1	nterim Review I	Data							-1		
		En	itry / Exit Provide	er El Pr Re-H	ograma Hisp Iousing - SP	pano Cat P (4499)	tolico (EPHC)): MHT (Mobile Hou	ising Team)	Rapid			
Olick 'Save & Continue'		En	try / Exit Type	Basio	Basic						1		
		Review Date * 10 / 03 / 2017 7 8 8 9:57 9:56 9 AM 9											
											- 1		
								7 Save	& Continue	Cance	el		
S Fill in an undate the	Future / Future Interview Da					_				đ			
'Housing Move-in Date'													
·	Interim Review Data		-								-1		
	Entry / Exit Provider Entry / Exit Type	El Programa Hispano Catolico (EPHC): MHT (Mobile Housing Team) Rapid Re-Housing - SP (4499) Basic								2			
	Interim Review Type		Update										
	Review Date 10/03/2017 08:57:56 AM										_		
Click on each household member and repeat step 8.	Interim Review Asses	sment									-1		
	Household Members		Assessment U	pdates (Forme	rly known a	is the RA	RE) Int	erim Review Date: 1	0/03/2017 08	:57:56 AM 🦨			
When steps above are	(565) Example, HoH	Se	ction I								Ē		
Completed, click on	Veteran: Unknown (566) Example, 1Child Age: Unknown		Relationship to He Household	ead of Sel	f (head of ho	iousehold))			~	G		
'Save & Exit.'	Veteran: Unknown (567) Example, 2Child Age: Unknown	9	Housing Move-in	Date 8 📃	//	23	🕽 🥂 G						
	Veteran: Unknown		Client's Re	sidence / Last	Permanent	Address							

- Who does this effect?
 - Head of Households who are EXITING from "STRA Homeless Prevention" AND
 - 2. Received a Fund Source of "EHA State Fund"
- How to perform this step?

1. Follow your prescribed Exit workflow:

Edit the Exit \rightarrow Answer Exit Date, Reason for Leaving, Destination – Save & Continue, Update data elements on ALL Clients (if applicable) – Click Save

2. Click on the "Homeless Prevention Housing Assessment at Exit" assessment

ntry/	/Exit Data	1								e	5 I
D No	ote: If you c	hange the provide sav	r select ved to tl	ed it may cause the he previous Assessm	Assessmen ient will still	ts to adjust f be attached	or the ne	ew Provider's En Assessment reco	ntry/Exit Assessn ord for the Client	nent defaults. Any info :.	rmatior
Pr	ovider*			Cascadia - STRA - Homeless Preventio (5564)	n		S	earch My Pro	ovider Clear		
ту	/pe*			Basic		~					
				Update							
ł	Household	Members Assoc	iated v	vith this Entry / Ex	cit						
	Name	Head of Household		Project Start Date	Exit Date	e Interims	Follow Ups	Reason for Leaving	Destination		Note
)	(1) Test, Just A		/	03/12/2018	03/14/20	18 🖹	Ē.	_	Rental by clie subsidy (HUD	nt, no ongoing housing)	1
1	Include Add Me	itional Household embers				sł	owing 1	L-1 of 1			
Entr	v Assessm	ient				Exit A	ssessm	ent			
	Household	d Members	(Household Data Sl	naring						ŝt
(/ /	1) Test, Just / Age: 18	A	Clien	t: (1) Test, Just A	2					Add Household	Data
_ \	/eteran: Yes (HUD)		Program Exit - [50	1/AHFE]				Exit Date: 0	3/14/2018 03:49:37 PI	м 🔒
			Verif	y, and if applicabl	e, Update	the followi	ng ques	tions for EACH	I Household Me	ember	
			Но	ousing Move-in Date	/	/	23	🥂 G			
			Re Ho	elationship to Head o ousehold	f Self (head of hou	ehold)				~ G
			De di	pes the client have a sabling condition?	No (H	IUD)		~ G			
				Disabilities						HUD Verification	
				Disability Type	:	Start Date*		Disability	determination	End Date	
			1	Mental Health Pro	oblem	02/23/2018		Yes (HUD)		
				 Both Alcohol and 	Drug						

Entry Assessment)	Exit Assessment		
Select an Assessment					
Homeless Prevention Hous Assessment at Exit	ing Program Exit - [50	D1/AHFE]			
Household Members	Household Data Shar	ing			\$ 1
(1) Test, Just A	Client: (1) Test, Just A				Add Household Data
Veterant res (HOD)	Homeless Prevention	Housing Ass	essment at Exit	Exit Date: 03/14	/2018 03:49:37 PM 🔒
	Assessment Disposition If Other Assessment Disposition, specify Housing Assessment at	-Select-		G	~]c
	Exit If Able to maintain housing at entry, Subsidy Information	-Select-		~ G	V
	If Moved to new housing unit, Subsidy information	-Select-	G		
				Save Sav	e & Exit Exit

4. Click Save & Exit