

MOBILE HOUSING TEAM RRH & HCV

ServicePoint Handbook

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Questions? Contact the ServicePoint Helpline at 503.970.4408 or servicepoint@multco.us
<http://multco.us/servicepoint>

Version 2.3

Mobile Housing Team ServicePoint Handbook - Revision History

- **11/2021:** Added information on how to select more than one Gender option; added new JOHS Population A/B question to program entry
- **10/2019** Minor wording updates to reflect Oct 1 HUD Standards Changes. Changed Housing Outcomes Assessments (formerly DSCP 3, 6 and 12 month followups) to be set at 6 and 12 months only.
- **3/2019:** Added Homes Not Beds to title page
- **8/2018:** Added Appendix II: HUD Verification New & Existing Clients
- **6/26/2018:** Updated ROI instructions, changed end date from plus 10 years to plus 7 years.
- **Version 2.2 (12/21/17):** Updated Program Entry and Exit instructions to reflect changes to the order and layout of questions in SP; Updated Data Milestones page and removed instructions for Queue Removal to reflect changes in these processes.
- **Version 2.1 (11/30/17):** Corrected instructions for removing client from the queue; Added instructions for MHT Re-Housing Scenario; added clarification of permanent housing destinations to Follow-up page.
- **Version 2.0 (10/3/17):** Updated to reflect HUD Data Standards changes which removes the Outreach provider and changes the work flow; updated instructions for transacting ROI; updated follow-ups for HCV to be based on exit from HCV; removed service transactions requirement.
- **Revised 7/31/17:** Updated “Adding a Case Manager” instructions on pg. 15
- **Revised 7/10/17:** Changed screenshots on page 9 to comply with new Coordinated Access process. Updated table of contents.
- **Revised 7/7/17:** Added Coordinated Access program model to page 2. Removed instructions on pages 5- 8 for screening and adding to queue; refer to Coordinated Access manual for updated instructions. Changed all references from HFSC: Coordinated Intake to OR 501: Coordinated Access for Families with Minor Children. Removed instructions for setting padlocks; refer to Coordinated Access manual for updated instructions.
- **Revised 11/15/16:** Updated Living Situation questions (Residence Prior, Length of Stay, etc) to reflect Oct 1 HUD Standards Changes. Removed “In Permanent Housing” and “Move-in Date” questions from Outreach Exit Assessment. Added additional ROI instructions to include adding program ROIs (Outreach, RRH, HCV) in addition to agency ROI
- **Revised 2/24/16:** Minor edits and formatting changes – added section headers, updated references to page numbers, edited Service Transactions page
- **Revised 2/8/16:** Added school mobility question for school-age children to Outreach Exit Assessment
- **Original version published Nov 2015**

COORDINATED ACCESS

IMPORTANT

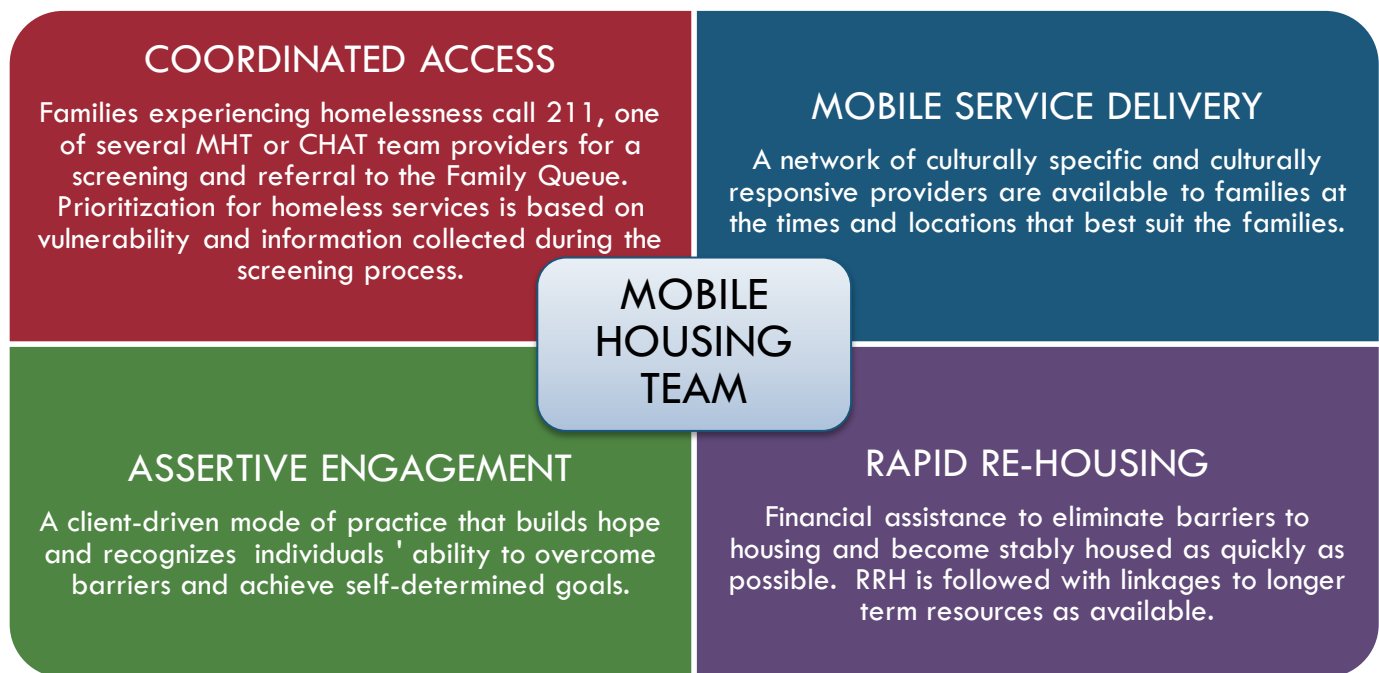
The data workflow for Coordinated Access for Families with Minor Children is documented in a separate ServicePoint Handbook entitled “Coordinated Access for Adults and Families.” Please refer to that handbook for detailed instructions on how to enter vulnerability assessments and make a referral to the Family Queue.

The most recent version of the handbook can be downloaded at:
<https://multco.us/servicepoint/manualsguides>

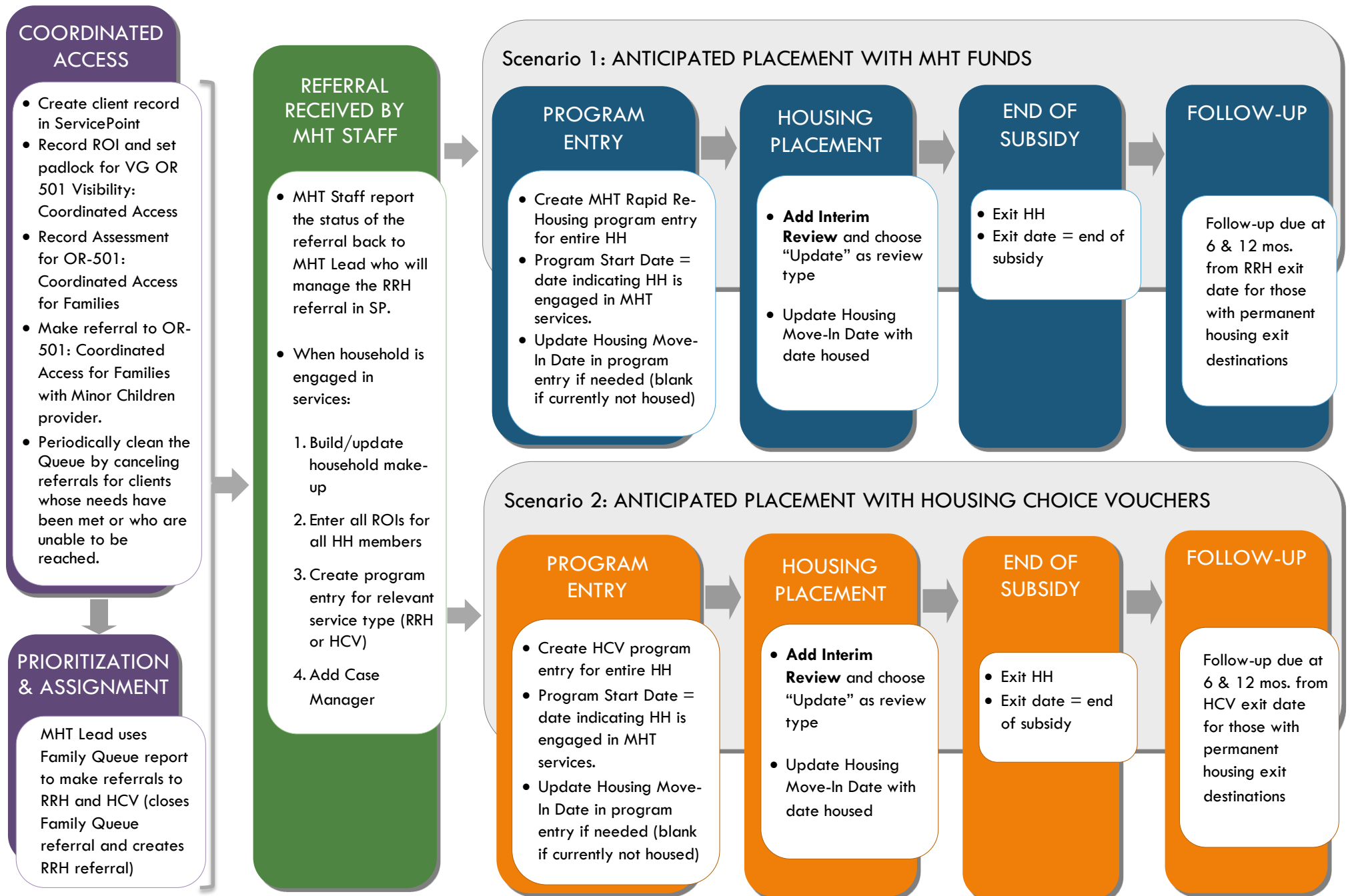
MOBILE HOUSING TEAM PROGRAM MODEL

The Mobile Housing Team (MHT) is a network of providers serving families (adults with minor children) experiencing homelessness in Multnomah County. Unlike traditional housing programs, there is no assessment of ‘housing readiness’ as *all* families are considered housing-ready. MHT utilizes the Coordinated Access process, which prevents families from having to contact multiple agencies looking for assistance. Families may call 211 (or speak with personnel at shelters or any of the MHT service providers) to be screened for vulnerability and possible fit for other opportunities. If they meet eligibility requirements, they may be referred to MHT.

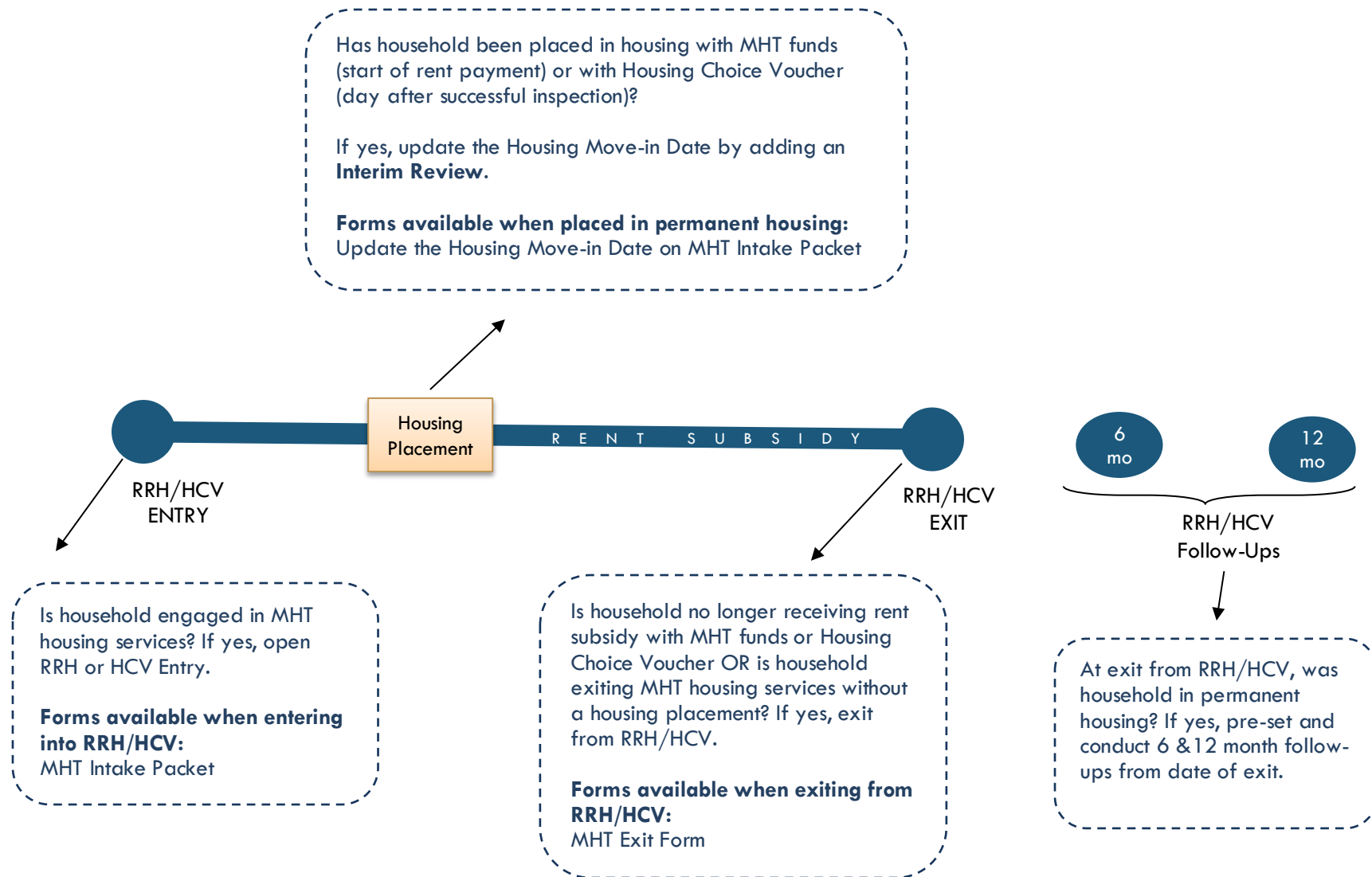
Once connected with a family by the Mobile Housing Team Coordinator, MHT Case Workers provide Assertive Engagement services in a truly mobile service delivery model. Case Mangers are available outside of traditional business hours and are able to meet families wherever they are, both physically and emotionally. The re-housing process involves working with families to identify assets, eliminate barriers to housing placement, find housing that fits family choice and needs, and navigate the application and move-in process. Once families are placed in housing, assistance continues until a family is out of crisis and can be transitioned to support services more appropriate for maintaining housing stability and working on longer term goals.



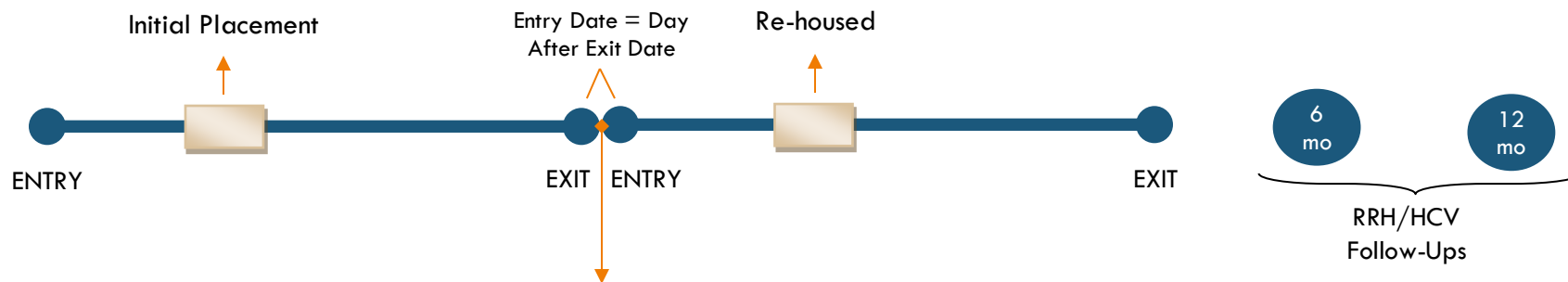
DATA MILESTONES - MOBILE HOUSING TEAM



MHT Entry/Exit/Follow-Ups (Rapid Re-Housing, Housing Choice Voucher)



MHT Entry/Exit/Follow-Ups (Rapid Re-Housing, Housing Choice Voucher)



Exit from the original program entry and create a new program entry (entry date = day after exit) **IF** household spent any time in a temporary living situation between permanent housing placements (e.g. street, shelter, family/friends).

Do NOT exit and create a new program entry if:

- Household moved from one permanent housing situation directly into another permanent housing situation
- RRH funds paid for a motel between permanent housing situations.

In these cases above, keep the initial program entry open until subsidy ends.

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 MHT level (RRH **and** HCV) 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 all of the SP providers associated with the program they are participating in. For MHT, this would be Rapid Re-Housing and Housing Choice Voucher providers.

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

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

Transact ROI under Head of Household

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

Click 'Search' to select your **PARENT provider** (also known as your Login provider) **AND** all of your **MHT providers** (RRH and HCV) for your agency.

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

End Date 7 years after Start Date

Documentation Select "Signed Statement from Client" - **Verbal consent is not an option**

Witness Enter *Multco*

Release of Information Data

Clicking 'Save Release of Information' will create a distinct Release of Information for each selected provider.

Provider *

- ☒ El Programa Hispano Catolico (EPHC) - SP (2353)
- ☒ El Programa Hispano Catolico (EPHC): MHT (Mobile Housing Team) Housing Choice Voucher-HCV - SP (5104)
- ☒ El Programa Hispano Catolico (EPHC): MHT (Mobile Housing Team) Rapid Re-Housing - SP (4499)

Search

Release Granted * Yes

Start Date * 06 / 01 / 2018

End Date * 06 / 01 / 2025

Documentation Signed Statement from Client

Witness Multco

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).

Client - (468) Mouse, Minnie

(468) Mouse, Minnie

Release of Information: Ends 09/26/2027

-Switch to Another Household Member- Submit

Client Information Service Transactions

Summary Client Profile Households **ROI** Entry / Exit Case Managers Case Plans Assessments

Release of Information

	Provider	Permission	Start Date	End Date	
	Human Solutions: MHT (Mobile Housing Team) Rapid Re-Housing - SP	Yes	09/26/2017	09/26/2027	
	Human Solutions - SP	Yes	09/26/2017	09/26/2027	
	Human Solutions: MHT (Mobile Housing Team) Housing Choice Voucher-HCV - SP	Yes	09/26/2017	09/26/2027	

Add Release of Information

Showing 1-3 of 3

Exit

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

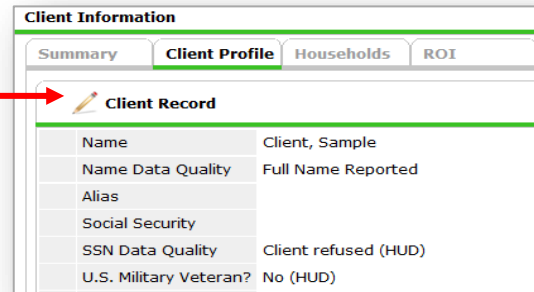
3. CLIENT PROFILE Every Client must have 3 questions answered in the Client Profile Tab

Name Data Quality

SSN Data Quality - always answer 'Client Refused' (unless SSN is required for a particular project)

U.S. Military Veteran?

Click the pencil to answer the 3 profile questions



Client Information	
Summary	Client Profile
Client Record	
Name	Client, Sample
Name Data Quality	Full Name Reported
Alias	
Social Security	
SSN Data Quality	Client refused (HUD)
U.S. Military Veteran?	No (HUD)

4. ADD PROGRAM ENTRY

- Create a program entry for the Head of Household by clicking on "Add Entry/Exit" from the Summary or Entry/Exit tabs. Click the check box next to the names of **all household members** to include in the program entry.
- Go into the entry of **EACH** household member (adults and children) to enter program entry data

Entry Provider Choose the relevant provider: MHT Rapid Re-Housing (Common) or MHT Housing Choice Voucher

Entry Type Always choose 'Basic'

Entry Date Defaults to data entry date - **Change to date of intake**

Complete the following questions for EACH Household Member

Housing Move-in Date If this person is NOT in permanent housing at the time of program entry, make sure this field is **blank** (delete date if needed). When permanent housing placement is made, update this field by creating an Interim Review (see page 13).

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.

Client Location Hint: Client Location = OR-501 Portland/Gresham/Multnomah County

Date of Birth

Date of Birth Type

Gender Use CTRL to select more than one option

Federal Race/Ethnicity Questions: Required by HUD

Race

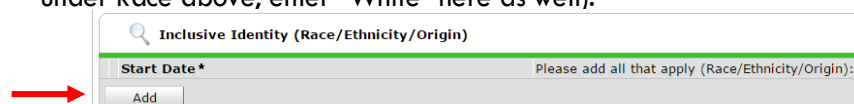
Race-Additional (optional) Do not answer the same as what was selected under 'Race' above

Ethnicity

Inclusive Identity: Required Locally

Click 'Add' to enter a client's self-identified race/ethnicity. Add all that apply. This is in addition to the Federal Race/Ethnicity Questions above (i.e. If you entered "White" under Race above, enter "White" here as well).

Inclusive Identity



Inclusive Identity (Race/Ethnicity/Origin)	
Start Date*	Please add all that apply (Race/Ethnicity/Origin):
Add	

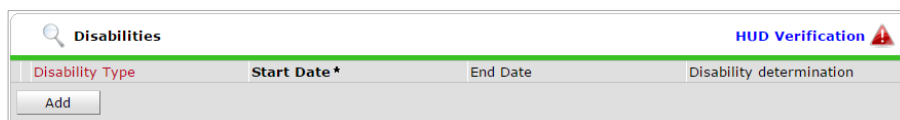
Primary Language

If Primary Language is Other, then Specify Required if Primary Language chosen above is 'Other' - **Do not 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 Verification' to create a Y/N response for each Disability Type

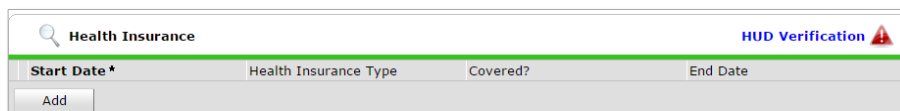
Disabilities



Covered by Health Insurance?

Click 'HUD Verification' to create a Y/N response for each Health Insurance Type

Health Insurance



Complete the following questions for Head of Household and All Adults

Identify JOHS Priority population

Refer to Population A/B Determination form: <https://rb.gy/hfc1au>

Income from Any Source?

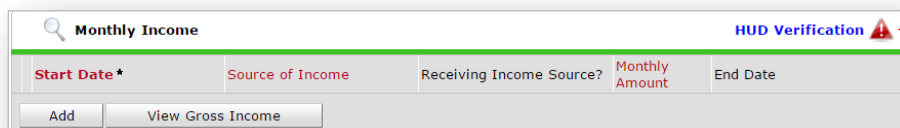
See Appendix I for detailed instructions on recording and updating already existing client income.

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 profile**

Monthly Income



Non-cash benefit from any source

Complete HUD Verification; record benefit type, amount is no longer required

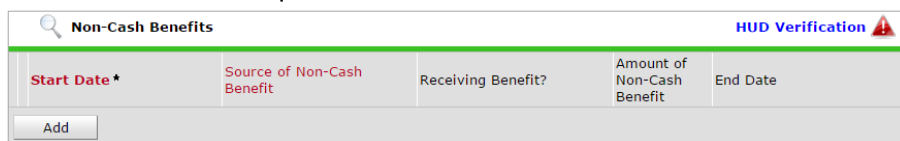
Click 'HUD Verification' to create a Y/N response for each Benefit Source

* Only list benefits that will be **ongoing**

* Enter benefits received by a minor in the **Head of Household's profile**

* \$ amounts are not required for non-cash benefits

Non-Cash Benefits



Prior Living Situation

Residence just prior to entry (i.e. the night before entry date). Choose 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 **and** 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 TEMPORARY AND PERMANENT HOUSING SITUATION **and** 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

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	Required for EACH household member
----------------	------------------------------------

Percent of Median Family Income	NOT required
---------------------------------	--------------

Level of Family Income (% HHS Guidelines)	NOT required
---	--------------

Employment Status	Required for Head of Household and ALL Adults
-------------------	---

Zip Code of Last Permanent Address	Required for Head of Household and ALL Adults
------------------------------------	---

Client's Residence/Last Permanent Address	NOT required
---	--------------

- 1 Click on the Case Manager tab in client's profile

- 2 Click 'Add Case Manager'

- 3 Check boxes next to client names to include all household members

- 4 Click the 'Me' option to set yourself as the Case Manager

- 5 Choose your agency's **MHT Rapid Re-Housing** Provider

- 6 Start Date should be the date you started working with the client.

- 7 Click 'Add Case Manager'

The screenshot shows the 'Case Manager' form with the following fields and steps:

- Step 1:** 'Case Managers' tab selected in the top navigation bar.
- Step 2:** 'Add Case Manager' button in the 'Case Managers' section.
- Step 3:** Checkboxes for household members: (279) Male Single Parent, (565) Example, HoH, (566) Example, 1Child, and (567) Example, 2Child.
- Step 4:** 'Me' radio button selected under 'Type'.
- Step 5:** 'Provider' dropdown menu showing 'El Programa Hispano Catolico (EPHC): MHT (Mobile Housing Team) Rapid Re-Housing - SP (4499)'.
- Step 6:** 'Start Date' field set to 10/03/2017.
- Step 7:** 'Add Case Manager' button at the bottom right.

CHANGING A CASE MANAGER

- 1 Click on the pencil next to the name of the former Case Manager

- 2 Set the End Date to the day before you started working with the client

- 3 Click 'Save Case Manager'

- 4 Follow the steps above to add yourself as the new Case Manager

The screenshot shows the 'Case Managers' list with the following data:

Name	Provider	Phone Number	Start Date	End Date
Laura Berrutti	El Programa Hispano Catolico (EPHC): MHT (Mobile Housing Team) Rapid Re-Housing - SP (4499)	503-929-8502	07/01/2017	

A pencil icon is next to the name 'Laura Berrutti'.

The screenshot shows the 'Case Manager' edit form with the following fields and steps:

- Step 1:** 'Name' field set to 'Laura Berrutti'.
- Step 2:** 'End Date' field set to 10/03/2017.
- Step 3:** 'Save Case Manager' button at the bottom right.

HOUSING PLACEMENT for Rapid Re-Housing and Housing Choice Voucher

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.

1 Click on the Entry/Exit tab in the Head of Household's profile

2 Click on the icon in the 'Interims' column

3 Click the 'Add Interim Review' button

4 Click to include all household members

5 Choose 'Update' for Interim Review Type

6 Set 'Review Date' to Housing Move-in Date

7 Click 'Save & Continue'

8 Fill in or update the 'Housing Move-in Date'

9 Click on **each** household member and repeat step 8.

When steps above are Completed, click on 'Save & Exit.'

EXITING from Rapid Re-Housing or Housing Choice Voucher

See income instructions on pg. 17 on how to **end date** income and benefits records and **add** new ones.

EXIT

Answers from Entry will carry over. Remember to update all responses that have changed.

Exit Date Defaults to data entry date – change to Exit Date

Reason for Leaving

Destination

Verify, and if applicable, update the following questions for EACH Household Member

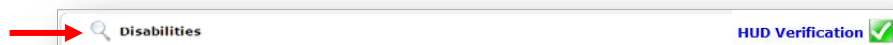
Housing Move-in Date Review. Leave blank or delete only if client is NOT in permanent housing at exit.

Relationship to Head of Household

Does client have a disabling condition?

Click magnifying glass to check that all responses are still accurate

Disabilities



Covered by Health Insurance?

Click magnifying glass to check that all responses are still accurate

Health Insurance

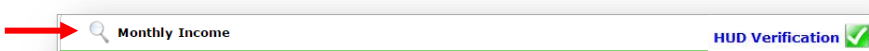


Verify, and if applicable, update the following questions for Head of Household and All Adults

Income from Any Source?

Click magnifying glass to check that all responses are still accurate

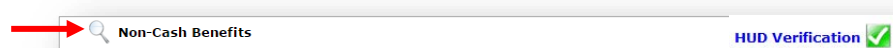
Monthly Income



Non-cash benefit from any source?

Click magnifying glass to check that all responses are still accurate

Non-Cash Benefits



Update the following questions when required by funder or administrator:

Percent of Median Family Income NOT required

Achieved case plan goals NOT required

Client's Residence/Last Permanent Address NOT required

Follow-ups are required for households who, at exit from RRH or HCV, are in **permanent housing**. This information is captured in SP during the exit in the “Destination” question. Permanent housing includes all of the “Rental by Client,” “Owned by Client,” “Permanent Housing,” “Staying or Living with Family/Friends, Permanent Tenure” response options for exit destination.

PRE-SETTING RRH or HCV FOLLOW-UPS

At the time of Exit from RRH or HCV, go to the Assessments tab of the Head of Household’s profile. Select **HOUSING OUTCOMES** from the drop-down menu and click ‘Submit.’

(Note: For JOIN, choose “Housing Outcomes”)

Client Information | Service Transactions

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

Select an Assessment

Housing Outcomes | Submit

Housing Outcomes

Housing Placement & Retention Outcomes

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?
Add							

1 Click ‘Add’

2 Reporting Program = ‘MHT (Mobile Housing Team)’

3 Housing Outcome Intervention Type = ‘Permanent Placement’

4 **Housing Placement Information:**
Initial Placement... = RRH/HCV **entry** date
End of Subsidy Date = RRH/HCV **exit** date

5 **Follow-Up Schedule:**
What triggered...? = End of Subsidy/Exit
Follow-Up Interval = 3 months
Follow-Up Due Date = set based on exit date

6 Click ‘Save and Add Another’ and **repeat Steps 1-5 for 12 mo. follow-up by changing The ‘Follow-Up Interval’.**

Housing Placement & Retention Outcomes

Reporting Program: MHT (Mobile Housing Team) G

Housing Outcome Intervention Type: Permanent Placement G

Housing Placement Information:

Initial Placement/Eviction Prevention Date: 10 / 01 / 2017 G

End of Subsidy Date: 10 / 01 / 2019 G

Follow-Up Schedule:

What event triggered this follow-up?: End of Subsidy/Exit G

Follow Up Interval: 6-Months G

Follow Up Due Date: 04 / 01 / 2020 G

Actual Follow-Up Outcome:

Actual Follow Up Date: / / G

Follow-Up Status: -Select- G

Is Client Still in Housing?: -Select- G

Leave Blank: / / G

Save | **Save and Add Another** | Cancel

RECORDING HOUSING OUTCOMES

Follow-ups that were pre-set at the time of RRH/HCV Exit can be found in the Assessments tab of the Head of Household's profile. Select **'HOUSING OUTCOMES'** and click 'Submit'.

1 Click the pencil next to the follow-up interval you'd like to record

Client Information | Service Transactions

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

Select an Assessment

Housing Outcomes

Housing Outcomes

Housing Placement & Retention Outcomes

	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?
	MHT (Mobile Housing Team)	Permanent Placement	10/01/2017	10/01/2019	12 Months	10/01/2020		
	MHT (Mobile Housing Team)	Permanent Placement	10/01/2017	10/01/2019	6 Months	04/01/2020		

Showing 1-2 of 2

2 Record Actual Follow-up responses

3 Click 'Save'

Edit Recordset - (495) Black, Jack

Housing Placement & Retention Outcomes

Reporting Program: MHT (Mobile Housing Team) G

Housing Outcome Intervention Type: Permanent Placement G

Housing Placement Information:

Initial Placement/Eviction Prevention Date: 10 / 01 / 2017 G

End of Subsidy Date: 10 / 01 / 2019 G

Follow-Up Schedule:

What event triggered this follow-up?: End of Subsidy/Exit G

Follow Up Interval: 6-Months G

Follow Up Due Date: 04 / 01 / 2020 G

Actual Follow-Up Outcome:

Actual Follow Up Date: 04 / 12 / 2020 G

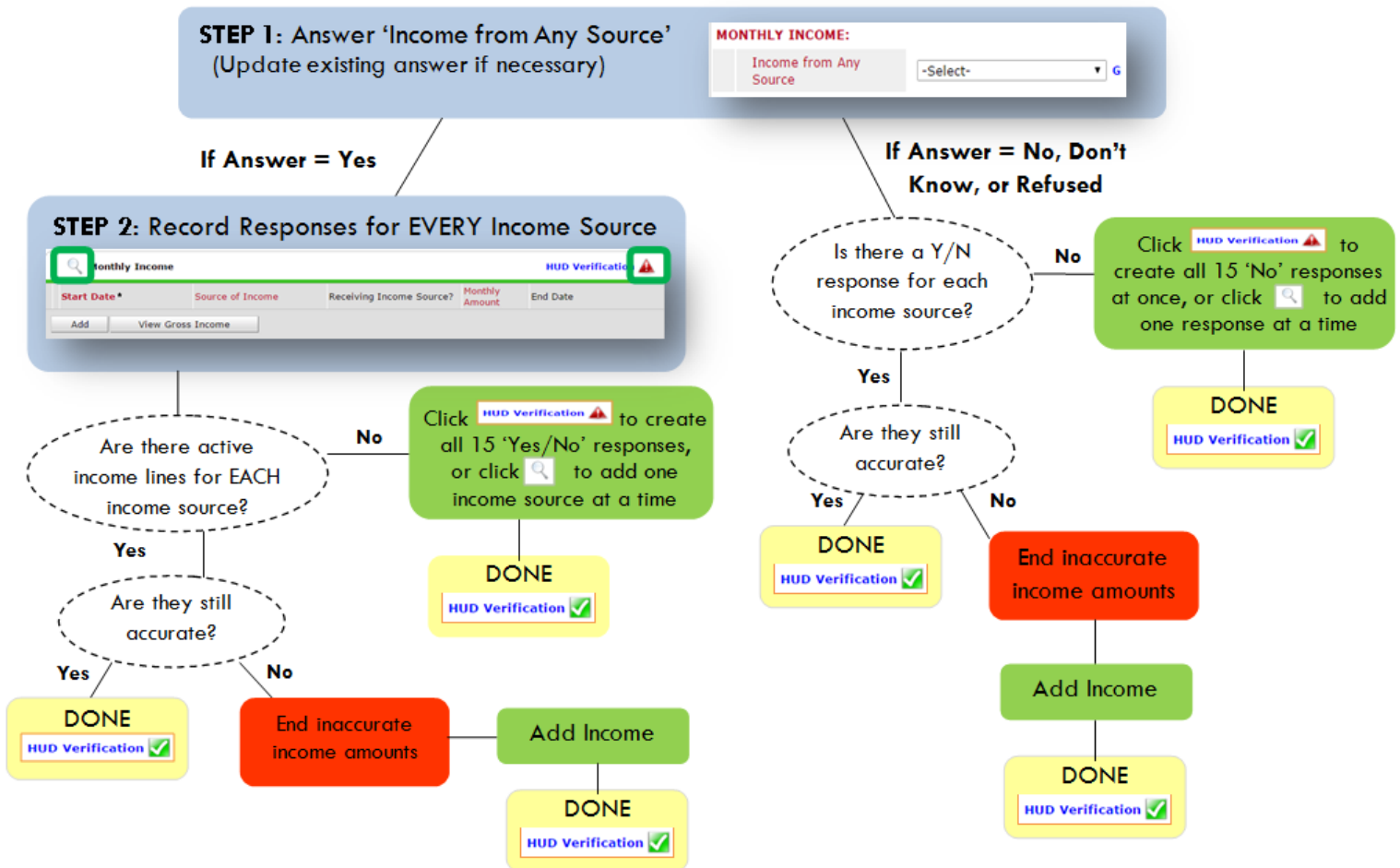
Follow-Up Status: Client contacted G

Is Client Still in Housing?: Yes (HUD) G

Leave Blank: / / G

RECORDING CLIENT INCOME

- Each client's record should store their entire income history. **Never update a client's income by deleting or writing-over 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 client income at Entry, Interims, and Exit:

ADDING INCOME

- To create all 15 income responses at once for NEW clients, click the HUD V icon . 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
- 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
 - End Date = the **day before** Entry/Annual Review/Exit
 - Save and Exit

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

Answering HUD Verification Questions for New Participants

Your program's Entry may include the following questions:

- Health Insurance
- Disabilities
- Monthly Income
- Non-Cash Benefits

Though these four questions each have different answers available to choose from, all function the same way. This type of question has two parts to answer:

1. Answer the Yes/No question that sits above the HUD Verification.
2. Click HUD Verification, which opens the next window.

Health Insurance Questions
Answer the "Covered by Health Insurance" question for everyone.

Covered by Health Insurance: **1**

Click HUD Verification and select appropriate answer for each Health Insurance Type

Health Insurance **2 HUD Verification**

Start Date *	Health Insurance Type	Covered?	End Date
10/01/2014	State Health Insurance for Adults	Yes	
10/01/2014	Private Pay Health Insurance	No	
10/01/2014	Health Insurance obtained through COBRA	No	
10/01/2014	State Children's Health Insurance Program	No	
10/01/2014	Employer - Provided Health Insurance	No	

Add Showing 1-5 of 8 First Previous Next Last

3. Select the "No" link. All of the answers in the bottom section will shift to "No".

4. Carefully review the list of answers. If one of the answers applies to the participant, shift the answer on that one line to a "Yes".

If you answer "Yes" to an Income Source for the Monthly Income question, or for the Disability types, an additional box will pop up. See Step 5 and/or 6 below.

Otherwise, click **Save & Exit**.

HUD Verification: Monthly Income for 10/01/2014

Per Source of Income, the current records for Monthly Income as of 10/01/2014 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 10/01/2014, records containing "Yes" values will be displayed and take precedence for reporting purposes.

3 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4

Save Save & Exit Exit

5. **INCOME:** Enter the amount of that Income. Enter an approximate amount if necessary.

Record all income received in the 30 days prior to intake, but only if it that income will be continuous and ongoing.

6. **DISABILITIES:** Enter “Yes”* in the 2 fields below the Note on Disability box.

***If the project requires an official documentation of disability, you must have that in the client file in order to enter “Yes”.**

Click **Save**.

Continue answering the remaining Entry questions.



When you’re done answering questions for the Head of Household, remember to click **Save**, then scroll back to the top of the entry window and click on the names of any other household members included in the entry to complete their assessments.

Updating HUD Verification Questions for Existing Participants

If you are answering the HUD Verification questions for a participant who already exists in ServicePoint, there's a good chance that these type of questions (health insurance, disability, income, non-cash benefits) have already been answered at least once. ServicePoint will display all previously recorded answers as long as they are *ongoing*. This means that no one has entered an "End Date" for the answers you are seeing.

In order for you to update a HUD Verification question that has already been answered, you must enter an End Date for each previously recorded answer **that is no longer correct**. Then create a line for each **new** correct answer; new answers should be dated with the date of your new entry or annual update.

EXAMPLE: Last year, a survivor and her child completed the intake process for a program on 01/01/2017. A couple days later, her advocate created a program entry in ServicePoint using the intake date as the entry date. The advocate answered all of the questions required by ServicePoint in the program entry, including all four of the HUD Verification-type questions (Health Insurance, Disability, Monthly Income, and Non-Cash Benefits). At the time the advocate completed her intake, the participant did not have health insurance.

Health Insurance

Answer the "Covered by Health Insurance" question for everyone.

Covered by Health Insurance: No (HUD)

Click HUD Verification and select appropriate answer for each Health Insurance Type

Start Date *	Health Insurance Type	Covered?	End Date
01/01/2017	Employer - Provided Health Insurance	No	
01/01/2017	Veteran's Administration (VA) Medical Services	No	
01/01/2017	State Children's Health Insurance Program	No	
01/01/2017	MEDICARE	No	
01/01/2017	Other	No	

Add Showing 1-5 of 10 First Previous Next Last

Notice how each of the individual answers within the HUD Verification-type questions has a **Start Date** of 01/01/2017 (the same as the participants' entry date). Because the advocate recorded these answers from within the program entry dated 01/01/2017, the **Start Date** for each answer defaults to the entry date. (**Don't change it.**)

TIP: After completing a HUD Verification, click on the magnifying glass icon to expand the HUD Verification box and see all of your covered answers at once!

Show All Health Insurance Records

Provider	Date Effective	Start Date	Health Insurance Type	Covered?	End Date
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Veteran's Administration (VA) Medical Services	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Children's Health Insurance Program	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Health Insurance for Adults	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Health Insurance obtained through COBRA	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	

Add Showing 1-10 of 10 Exit

A year later, the same participant completed an intake for a new program. A couple days later, her advocate creates an entry for the new program, using the new intake date (01/01/2018) as the program entry date.

Sometime in the last year, the participant acquired health insurance through the Oregon Health Plan. Yay! The HUD Verification question about Health Insurance in the new program's entry pulls the "No" answer from the last time this question was answered, just like all other questions in ServicePoint. Flip the answer in the first part of the question from a "No" to a "Yes".

Health Insurance

Answer the "Covered by Health Insurance" question for everyone.

Covered by Health Insurance No (HUD) G

➡

Health Insurance

Answer the "Covered by Health Insurance" question for everyone.

Covered by Health Insurance Yes (HUD) G

Click on the magnifying glass icon to review each of the individual answers within the HUD Verification.

Health Insurance

Answer the "Covered by Health Insurance" question for everyone.

Covered by Health Insurance Yes (HUD) G

Click HUD Verification and select appropriate answer for each Health Insurance Type

Health Insurance

HUD Verification ✔

	Start Date *	Health Insurance Type	Covered?	End Date
	01/01/2017	Employer - Provided Health Insurance	No	
	01/01/2017	Veteran's Administration (VA) Medical Services	No	
	01/01/2017	State Children's Health Insurance Program	No	
	01/01/2017	MEDICARE	No	
	01/01/2017	Other	No	

Add
Showing 1-5 of 10
First Previous Next Last

Tip: The **Start Date** shows the date of the entry wherein each answer was created.

Show All Health Insurance Records

	Provider	Date Effective ▼	Start Date	Health Insurance Type	Covered?	End Date
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Veteran's Administration (VA) Medical Services	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Children's Health Insurance Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Health Insurance for Adults	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Health Insurance obtained through COBRA	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	

Add
Showing 1-10 of 10
Exit

OHP is recorded in ServicePoint as "MEDICAID", so this is the line that must be updated to reflect that the participant now has health insurance.

Click on the pencil icon in line with this answer to edit.

The **Start Date** tells you the date of the entry wherein this answer was created. When the answer was created on 01/01/2017, “No” was the correct answer to the question “Covered?” for “MEDICAID”.

But as of 01/01/2018, “No” is no longer a correct answer. Document this change by entering an **End Date** for the “No” answer. The date “No” stopped being correct is the date the participant first acquired health insurance; however, the participant isn’t expected to remember that date, and the advocate is not expected to record it.

But the advocate *does* know that on the date the participant completed the intake for the new program, she had OHP. The advocate is only responsible for reporting what is true as of the **Entry Date**. So, use the date of the day before the program entry as the **End Date**.

In this example, the **Entry Date** for the new program is 01/01/2018, so the **End Date** is 12/31/2017.

After entering an **End Date**, click **Save**.

The **End Date** now appears in line with the “No” for the MEDICAID answer.

	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	12/31/2017
Add		Showing 1-10 of 10				

The next step is to document an ongoing “Yes” for MEDICAID as of the date of the new program entry. Click the **Add** button.

1. The **Start Date** defaults to the date of the Program entry. (**Don’t change it**).

2. Health Insurance Type is MEDICAID.












3. Covered? Is “Yes”.

LEAVE END DATE BLANK.

Click **Save**.

A correctly updated HUD Verification question should look something like this:

Show All Health Insurance Records

Health Insurance						
	Provider	Date Effective ▼	Start Date	Health Insurance Type	Covered?	End Date
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2018 5:06:56 PM	01/01/2018	MEDICAID	Yes	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Veteran's Administration (VA) Medical Services	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Children's Health Insurance Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Health Insurance for Adults	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Health Insurance obtained through COBRA	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	12/31/2017

Add Showing 1-11 of 11 Exit

A HUD Verification question that correctly captures a change in a participant's circumstances may have multiple lines with **End Dates**, but should have only one *ongoing* line per answer, whether "Yes" or "No".



When you're done answering entry assessment questions for the Head of Household, remember to click **Save**, then scroll back to the top of the entry window and click on the names of any other household members included in the entry to complete their assessments.