WINTER SHELTER OUTREACH & WINTER SHELTER DIVERSION ServicePoint Handbook

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Questions? Contact the ServicePoint Helpline at servicepoint@multco.us

http://multco.us/servicepoint

Winter Shelter Outreach and Diversion ServicePoint Handbook -

Revision History

- December 2020: Removed adding services. Revised process for removing families from Coordinated Entry Waitlist (formerly called the Family Queue). December 16, 2020 v1.1
- Original version published February 5, 2020 v1.0

DATA MILESTONES

Winter Shelter Outreach:



Winter Shelter Diversion



*The data workflow for Coordinated Access for Families with Minor Children is documented in separate ServicePoint Handbooks entitled "Coordinated Access for Adults and Families. Please refer to that handbook for detailed instructions on how to update the family assessments.

The most recent version of these handbooks can be downloaded at: <u>https://multco.us/multnomah-county-servicepoint-helpline/homeless-family-system-care-hfsc</u>

ENTERING WINTER SHELTER OUTREACH CLIENTS IN SERVICEPOINT

Note: On initial assessment to the Family Waitlist, only Head of Household data is collected. You may need to add all other Household members.

BUILD/UPDATE HOUSEHOLD (include all adults and children in Household)

Household Type

Head of Household Only <u>one</u> head of household

Relationship to Head of HH If client is head of household, this should be 'Self'

HH Date Entered

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 Program level 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: Portland Homeless Family Solutions (PHFS) –SP and the program provider: PHFS Winter Shelter Outreach.

- 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			Service Transactions
	Summary	Client Profile	Households	Entry / Exit
Transact ROI under Head of Household	Release of I	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

To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.
 (230) Female Single Parent
 (477) Mouse, Donald
 (468) Mouse, Minnie
 (478) Mouse, Sally

Provider	Click 'Search' to select Winter Shelter Outre		<mark>der (</mark> also known as your Login provider)	<u>AND</u> the
Release Granted	Choose Yes or No based on the Client Consent to Share	Release of Inform	ation Data ase of Information' will create a distinct Release o	of Informatior
	form Date the Client	Provider *	for each selected provider. Portland Homeless Family Solutions (PHFS) - SP (4419)	Search
Start Date	Consent to Share form was signed		PHFS: Winter Shelter Outreach (7258)	
End Date	7 years after Start Date			
	Select "Signed	Release Granted*	Yes v	
Documentation	Statement from Client"	Start Date *	12 / 21 / 2020 🧖 🔿 🤯	
Documentation	Verbal consent	End Date*	12 / 21 / 2027 🧖 💐 🦉	
	is not an option	Documentation	Signed Statement from Client	
Witness	Enter <i>Mult</i> co	Witness	Multco	

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).

(1) Case, Justin							
Release of Inform				~	-Switch to Another Hou	sehold Member-	 Subr
nt Informatio	n			Service Transact	ions		
mmary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Assessments
	 Homeless Family Solutions	(PHFS) - SP		Yes	01/30/2020	01/30/2027	
Release o Provide	f Information			Permission	Start Date	End Date	
🗑 Portland	Homeless Family Solutions	(PHFS) - SP		Yes	01/30/2020	01/30/2027	
🗑 PHFS: V	Vinter Shelter Outreach			Yes	01/30/2020	01/30/2027	
🗑 NAYA: H	IYC_Quint House-RRH			Yes	11/01/2018	11/01/2021	
🗑 Native A	American Youth and Family C	Center (NAYA) - SP		Yes	11/01/2018	11/01/2021	
🗑 NAYA: H	IYC_Homeless Prevention-H	P		Yes	11/01/2018	11/01/2021	
	IYC_STRA - Rapid Re-Housi	ng-RRH		Yes	11/01/2018	11/01/2021	
	IYC_STRA - Homeless Preve	ention-HP		Yes	11/01/2018	11/01/2021	
	YC_Rapid Re-Housing-RRH			Yes	11/01/2018	11/01/2021	
👿 NAYA: H	rrc_napid ite nousing titte						
	Iomeless Youth Continuum			Yes	11/01/2018	11/01/2021	

* 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: servicepoint@multco.us

ADD PROGRAM ENTRY

- Create a program entry for the <u>Head of Household</u> 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	PHFS: Winter Shelter Outreach
Entry Type	Always choose 'Basic'
Entry Date	Defaults to data entry date - Change to date of intake/service
Complete the following questio	ns for EACH Household Member
Date of Birth	
Date of Birth Type	
Federal Race/Ethnicity Questions:	Required by HUD
Race	
Race-Additional	(optional) Do not answer the same as 'Race' above
Ethnicity	
Gender	
Does the client have a disabling con	dition?
Does client have a disabling condition	on?
Relationship to Head of Household	
Client Location	OR-501 Portland/Gresham/Multnomah County
Prior Living Situation	
Length of Stay in Previous Place	
Approximate datehomelessness star	ted
Regardless of where they stayed la years, including today.	st night- Number of times the client has been on the streets, in ES, or SH in the past 3

Total number of months homeless on the street, in ES or SH in the past three years

ADD INTERIM REVIEW

Complete/Update an interim review for head of household only, <u>every time</u> the family advances through the project (receives light touch services/referrals, receives motel voucher and placed in emergency shelter). Update the Interim as needed; **do not add a second interim review.**

- 1. On the Entry/Exit tab, in line with the PHFS Winter Shelter Outreach entry, select Interims
- 2. Click "Add Interim Review"; to Head of Household (you may need to uncheck other members of household)
- 3. For Interim Review Type select Initial Assessment; Review Date will be the day the activity happened
- 4. Add all applicable outreach activities as they happen. You can add activities by date.
- 5. Select best option(s)

Client Information	on			Service	Transactions				Ē
Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Activities	Assessments	
		👔 Reminder: Hou	sehold members mu	st be established on H	ouseholds tab before c	reating Entry / Exits			
Entry /	Exit						<u> </u>		
Program				Туре	Project Start I	Date Exit Date	e Interin	ns ^E ollow Client Ups Count	
🗋 PHFS: Win	ter Shelter Outreach (72	58)		Basic	02/04/2020	02/04/20	20	E 🔊 🆗	
Add Entry	/ Exit				Showing 1-1 of 1				
				PHFS: Winter S	Shelter Outreach	(7258)			
				Basic					
				Initial Assessm	ent				
				12/15/2020 03	:07:17 PM				
				12, 10, 2020 00					
				YFS_PI	HFS Winter She	lter Outreach	Interim F	Review Date: 12/15 03:07	5/2020 17 PM
		Selec	t Add	🔍 win	iter Shelter Out	reach			
				Outreach	Date *	Outreach Sta	tus	IGNORE	
				Add					

Enter date, choose: Family receives light touch services, referral, and/or

Family receives motel voucher, or

Family is admitted to Emergency Shelter

For subsequent Interim Review (ie, family moves from motel to shelter), you will start at the same place – the Interims icon on the Entry/Exit tab.

EXIT FROM WINTER SHELTER OUTREACH

When family goes into shelter, exit all family members from outreach. Reason for leaving = Completed program and Destination = Emergency Shelter. If family falls out of service before being placed or gets housing on their own, please select best fitting Reason for Leaving and Destination

🕕 To update Household members for this Exit Data, click the box beside each name.

(425599) Male Single Parent

- <u>(1) Case, Justin A</u>
- (58100) Test, Just A, Jr

Edit Exit Data - (1) Case, Justin A

_		
	Exit Date*	02 / 04 / 2020 🥂 🔿 🥂 11 🔻 : 07 🔻 : 18 🔻 AM 🔻
	Reason for Leaving	Completed program
	If "Other", Specify	
٨	Destination *	Emergency shelter, incl. hotel/motel paid for w/ ES voucher, or RHY-funded Host Home shelter (HUD) v
	If "Other", Specify	
	Notes	

WINTER	SHELTER DIVER	SION
1.		he housing process, add program entry: PHFS Winter Shelter Diversion – RRH mbers of the Household). Type is Basic, change project start date if needed.
2.	Add an additional RC	DI for PHFS: Winter Shelter Diversion - RRH
3.	All family members sh	ould be part of the record. complete entry data for all household members
		ual
	Provider *	PHFS: Winter Shelter Search My Provider Clear
	Type*	Basic
	Project Start Date*	02 / 04 / 2020 <u>3</u> 3 2 10 ▼ : 54 ▼ : 05 ▼ AM ▼

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). For Rapid Re-Housing, when permanent housing placement is made, update this field by creating an Interim Review (see page 15).
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
Client Location	Correct answer is: OR-501 Portland/Gresham/Multnomah County
Date of Birth	
Date of Birth Type	
Gender	
Federal Race/Ethnicity Ques	stions: Required by HUD
Race Race-Additional	(optional) Do not answer the same as 'Race' above
thnicity	
	in addition to the Federal Race/Ethnicity Questions above (i.e. If you entered
Inclusive Identity	
Inclusive Identity Primary Language	Inclusive Identity (Race/Ethnicity/Origin) Start Date* Please add all that apply (Race/Ethnicity/Origin):
Primary Language If Primary Language is Othe	in addition to the Federal Race/Ethnicity Questions above (i.e. If you entered under Race above, enter "White" here as well).
Primary Language If Primary Language is Othe then Specify Does client have a disabling	in addition to the Federal Race/Ethnicity Questions above (i.e. If you entered under Race above, enter "White" here as well). Image: Inclusive Identity (Race/Ethnicity/Origin) Image: Inclusive Identity (Image: Inclusive Identity (Image: Inclusive Identity (Image: Inclusive Identity (Image: Image: Ima
Primary Language If Primary Language is Othe then Specify	in addition to the Federal Race/Ethnicity Questions above (i.e. If you entered under Race above, enter "White" here as well). Inclusive Identity (Race/Ethnicity/Origin) Start Date* Add er, Required if Primary Language chosen above is 'Other' - Do not enter a 2 nd language or a language that is part of the picklist options under "Primary
Primary Language If Primary Language is Othe then Specify Does client have a disabling	in addition to the Federal Race/Ethnicity Questions above (i.e. If you entered under Race above, enter "White" here as well). Image: Inclusive Identity (Race/Ethnicity/Origin) Image: Inclusive Identity (Image: Inclusive Identity (Image: Inclusive Identity (Image: Inclusive Identity (Image: Image: Ima
Primary Language If Primary Language is Othe then Specify Does client have a disabling	in addition to the Federal Race/Ethnicity Questions above (i.e. If you entered under Race above, enter "White" here as well).

Covered by Health Insurance	Ś			
	Q Health Insuran	ce		HUD Verification 🔬
	Start Date *	Health Insurance T	ype Covered?	End Date
Complete the following q	uestions for Head	of Household a	and All Adults	
Income from Any Source?	See Appendix I f existing client inc		uctions on recording a	nd updating already
Monthly Income	* Only list income	e that will be ong	e a Y/N response for joing d by a minor in the H	
	🔍 Monthly Income			HUD Verification 🔬 🕂
	Monthly Income Start Date *	Source of Income	Receiving Income Source? Amo	thly End Date
	Start Date *	Source of Income	Receiving Income Source? Amo	thly End Date
	Start Date *		Receiving Income Source? Amo	thly End Date
	Start Date *		Receiving Income Source? Amo	thly End Date

Prior Living SituationResidence 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

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, 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, 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
7: Code of Last Development	
Zip Code of Last Permanent Address	Required for Head of Household and ALL Adults
•	·

UPDATING WAITLIST FOR COORDINATED ACCESS (RRH ONLY)

Most Shelter Families go through Coordinated Access and are on the Family Housing Waitlist (formerly called the Family Queue). On October 1, 2020 Coordinated Entry was changed from a referral process to an Entry/Exit process. The Entry looks like this:

Summary	Client Profile Households	ROI	Entry / Exit	Case Managers	Case Plans	Measurements	Activities	Assessm	ents
,	🚺 Remi	der: Household men	bers must be estab	lished on Households	ab before creatin	g Entry / Exits		1	
Entry /		Туре	P	Project Start Date	Exit Date	Interin	ns Follow Ups	Client Count	
riogiai			A	- /- / /	1	E .			20
	: Coordinated Access (7326)	Basic		09/01/2020		0	E.	0	166

To keep this waitlist clean, it is important to notify JOHS so the family can be removed.

Send an email to ServicePoint - <u>servicepoint@multco.us</u>. Your email should include the ServicePoint client number and date family has been enrolled into a Shelter Diversion RRH program.

If Housing wasn't successful:

Send an email to ServicePoint - <u>servicepoint@multco.us</u>. Include the ServicePoint client number and date family was exited from the Shelter Diversion RRH program

HOUSING PLACEMENT for SHELTER DIVERSION: RAPID RE-HOUSING

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.

	Client Informati	tion			ransactions		
		Client Profile Househo	olds ROI		Case Managers	Case Plar	s Assessme
Olick on the Entry/Exit tab in the							
Head of Household's profile		Reminder: Household mem	iders must de	e established on Hous	enoids tab before	creating Entr	y / Exits
	Entry / I	Exit					
	Program		Туре	Entry Date	Exit Date	Interims	Follow Client Ups Count
		olutions: Shelter Diversion -Housing) (6178)	Basic	07/01/2017	2	E.	E 🔊
2 Click on the icon in the 'Interims' column	Add Entry	/ Exit		Showing 1	-1 of 1	2	
B Click the 'Add Interim Review' button							Exit
Click the Add Internit Keview Botton		Interim Reviews					×
		Interim Reviews	s Associate	d with this Entry / E	xit		
		Review Date		• •			Client Count
	ß	Add Interim Review	1		matches.		
	A	Add Interim Review	ı - (2) Iva	anovna, Marina			
	A			anovna, Marina			
	A	Add Interim Review Household Memb		anovna, Marina			
Olick to include all household members		Household Memb	ers		ith the Entry / E	xit for this 1	Interim Reviev
	A	Household Memb	ers	nbers associated w	ith the Entry / E ide each name.	xit for this)	interim Review
		Household Memb	ers sehold men	nbers associated w		xit for this)	interim Review
Ohoose 'Update' for Interim Review Type	4	Household Memb	ers sehold men amily	nbers associated w	ide each name.	xit for this 1	interim Reviev
Ohoose 'Update' for Interim Review Type		Household Memb To include House (1) To include House (1) Two Parent Fa (2) Ivanovna, Ma	ers sehold men amily arina (Entry)	nbers associated w the box bes	ide each name. 4 <u>1 PM)</u>	xit for this 1	interim Review
 Choose 'Update' for Interim Review Type Set 'Review Date' to Housing Move-in Date 		Household Memb To include House (1) To include House (1) Two Parent Fa (2) Ivanovna, Ma	ers sehold men amily arina (Entry)	nbers associated w the box bes Date: 03/05/2019 1:4	ide each name. 4 <u>1 PM)</u>	xit for this 1	interim Review
 Choose 'Update' for Interim Review Type Set 'Review Date' to Housing Move-in Date 		Household Memb To include House (1) To include House (1) Two Parent Fa (2) Ivanovna, Ma	sehold men amily arina (Entry) a, Pyotr (Entry	nbers associated w the box bes Date: 03/05/2019 1:4	ide each name. 4 <u>1 PM)</u>	xit for this 1	interim Reviev
 Choose 'Update' for Interim Review Type Set 'Review Date' to Housing Move-in Date 		Household Memb To include House (1) Two Parent Fa (2) Ivanovna, Ma (1) Vladimirovich Interim Review D	ers sehold men amily arina (Entry_), <u>Pyotr (Entry</u> Data	nbers associated w the box bes Date: 03/05/2019 1:: ry Date: 03/05/2019	ide each name. <u>41 PM)</u> 1:4 <u>1 PM)</u>		interim Review
 Choose 'Update' for Interim Review Type Set 'Review Date' to Housing Move-in Date 		Household Memb To include House (1) Two Parent Fa (2) Ivanovna, Ma (1) Vladimirovich Interim Review D Entry / Exit Provider	ers sehold men amily arina (Entry) n, Pyotr (Entr Data	nbers associated w the box bes Date: 03/05/2019 1:: ny Date: 03/05/2019 man Solutions: Shelte	ide each name. <u>41 PM)</u> 1:4 <u>1 PM)</u>		interim Reviev
 Choose 'Update' for Interim Review Type Set 'Review Date' to Housing Move-in Date 		Household Memb To include House (1) Two Parent Fa (2) Jvanovna, Ma (1) Vladimirovich Interim Review D Entry / Exit Provider Entry / Exit Type	ers sehold men amily arina (Entry.) arina (Entry.) Data Data Hui Bas	nbers associated w the box bes Date: 03/05/2019 1:4 ry Date: 03/05/2019 man Solutions: Shelte	ide each name. <u>41 PM)</u> 1:4 <u>1 PM)</u>		Interim Review
 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' 	4	Household Memb To include House (1) Two Parent Fa (2) Ivanovna, Ma (1) Vladimirovich Interim Review D Entry / Exit Provider	ers sehold men amily arina (Entry.) arina (Entry.) Data Data Hui Bas	nbers associated w the box bes Date: 03/05/2019 1:: ny Date: 03/05/2019 man Solutions: Shelte	ide each name. <u>41 PM)</u> 1:4 <u>1 PM)</u>		interim Review

'Housing Move-in Date'

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

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

/ Exit Interim Review	ಲೆ
Interim Review Data	
ntry / Exit Provider	El Programa Hispano Catolico (EPHC): MHT (Mobile Housing Team) Rapid Re-Housing - SP (4499)
ntry / Exit Type	Basic
nterim Review Type	Update
eview Date	10/03/2017 08:57:56 AM
Household Members	Accordinant Hadabar (Farmark, Innuin ar Na BARE) - Totalin Baidau Data: 10/03/2017 08:57/55 AN
Household Members	Assessment Updates (Formerly known as the RARE) Interim Review Date: 10/03/2017 08:57:56 AM
(565) Example, Holf 9	Assessment Updates (Formerly known as the RARE) Interim Review Date: 10/03/2017 08:57:56 AM
(565) Example, HoH 🛛	
(565) Example, Holf Age: 37 Arteran: Unknown SG6) Example, 1Child Age: Unknown	Section I Relationship to Head of

EXITING WINTER SHELTER DIVERSION HOUSEHOLDS IN SERVICEPOINT

Note: Due to the nature of shelter diversion services, it is possible that the Entry, Exit, and Service dates are all on the same dates. All families need to be exited from Winter Shelter Diversion when program ends (per Joint Office of Homeless Services)

See income instructions on pg. 14 on how to end date income and benefits records and add new ones.

EXIT A	Answers from Entry will carry over. <u>Remember to update all responses that have changed</u> .
Exit Date	Defaults to data entry date – change to Exit Date
Reason for Leaving	
Destination	
Verify, and if applice	able, update the following questions for EACH Household Member
Housing Move-in Date	e Review. Leave blank or delete only if client is NOT in permanent housing at exit.
Relationship to Head	of Household
Does client have a dis	sabling condition?
	Click magnifying glass to check that all responses are still accurate
Disabilities	HUD Verification 🖌
Covered by Health In	isurance?
Health Insurance	Click magnifying glass to check that all responses are still accurate
Verify, and if applice	
	able, update the following questions for Head of Household and All Adults
Income from Any Sour	
Income from Any Sour Monthly Income	
	rce? Click magnifying glass to check that all responses are still accurate
Monthly Income	rce? Click magnifying glass to check that all responses are still accurate
Monthly Income Non-cash benefit fron Non-Cash Benefits	rce? Click magnifying glass to check that all responses are still accurate HUD Verification I accurate In any source? Click magnifying glass to check that all responses are still accurate
Monthly Income Non-cash benefit fron Non-Cash Benefits	Click magnifying glass to check that all responses are still accurate Monthly Income HUD Verification I n any source? Click magnifying glass to check that all responses are still accurate Imagnifying glass to check that all responses are still accurate HUD Verification I Imagnifying glass to check that all responses are still accurate HUD Verification I
Monthly Income Non-cash benefit from Non-Cash Benefits Update the following	rce? Click magnifying glass to check that all responses are still accurate Monthly Income HUD Verification C Click magnifying glass to check that all responses are still accurate Mon-Cash Benefits HUD Verification C annu y come a questions when required by funder or administrator: annu y nor cash Benefits

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

Follow the process below to record client income at Entry, Interims, and Exit



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.

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.

ealth Insurance Questions	Ath Insurance" question for everyone.		HUD Verification for CoC
Covered by Health Insurance lid: HUD Venfication and sel	Yes (HUD) • • •	Insurance Type	Programs
🔍 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	
2 10/01/2014			
/ 🗑 10/01/2014	Health Insurance obtained through COBRA	No	
		No No	

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.

		D!-! 1		
Source of Income	Yes	No No	ncome Source? Data Not Collected	Incomple
Alimony or Other Spousal Support (HUD)	0	0	0	۲
Child Support (HUD)	0	0	0	۲
Earned Income (HUD)	0	0	0	۲
Other (HUD)	0	0	0	۲
Pension or retirement income from another job (HUD)	0	0	0	۲
Private Disability Insurance (HUD)	0	0	0	۲
Retirement Income From Social Security (HUD)	0	0	•	۲
SSDI (HUD)	0	0	0	۲
SSI (HUD)	0	0	0	۲
TANF (HUD)	0	0	0	۲
Unemployment Insurance (HUD)	0	0	0	۲
VA Non-Service Connected Disability Pension (HUD)	0	0	0	۲
VA Service Connected Disability Compensation (HUD)	0	0	۲	۲
Worker's Compensation (HUD)	0	0	0	۲

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.

Start Date *	10 / 01 / 2014 🛛 🔊 🧞 G
Source of Income	TANF (HUD)
If Other, Please Specify	G
Receiving Income Source?	Yes
If other, specify	
Monthly Amount 🛛 🌀	487 G
End Date	// 🥂 🥂 🦓 G
ARCHIVAL USE ONLY!	-Select- 🔻 G

Disabilities	
Disability Type	Mental Health Problem (HUD)
Start Date *	07 / 30 / 2018 🧖 💙 🦧 G
Note on Disability	G
Above condition is going to be long term? (Retired)	Yes T G
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes (HUD) T
Disability determination	Yes (HUD)
End Date	// 🧖 🧖 🦉 G
	Save Cancel

 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.

Covered by Health Insurance	No (HUD) 🔻 G		
Click HUD Verification and sel	ect appropriate answer for each Health	Insurance Type	
lealth Insurance			HUD Verification
Start Date*	Health Insurance Type	Covered?	End Date
01/01/2017	Employer - Provided Health Insurance	No	
2 🗑 01/01/2017	Veteran's Administration (VA) Medical Services	No	
2 🗑 01/01/2017	State Children's Health Insurance Program	No	
/ 🗑 01/01/2017	MEDICARE	No	
/ 🗑 01/01/2017	Other	No	

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 answers at once!

		Provider	Date Effective -	Start Date	Health Insurance Type	Covered?	End Date
1	¥	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
1	Ø	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	
1	Ŵ	Multhomah 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	
1	T	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
1	W	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
e	W	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
1	ų	Multhomah 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	
e	Ŵ	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
1	W	Multhomah 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	
1	ų	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	
	Ad	3		Sho	wing 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	Health Insurance	11
Answer the "Covered by Health Insurance" question for everyone.	Answer the "Covered by Health Insurance" question for everyon	e.
Covered by Health Insurance No (HUD) T	Covered by Health Insurance Yes (HUD)	G

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

inswer the Covered by Health	Insurance" question for everyone.			
Covered by Health Insurance	Yes (HUD) 🔻 G			
lick HUD Verification and selec	t appropriate answer for each Health	Insurance Type		
Q Health Insurance			HUD Verification	\checkmark
Start Date *	Health Insurance Type	Covered?	End Date	
/ 🧋 01/01/2017	Employer - Provided Health Insurance	No		
2 👿 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		

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

		Provider	Date Effective 🔻	Start Date	Health Insurance Type	Covered?	End Date
*	9	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	
1	Ţ	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	
1	5	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	
/	Ì	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
/	Ţ	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
/	1	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	
/	5	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	
1	đ	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	
/	Ţ	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	
/	Ţ	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	
	Ado	d		Show	wing 1-10 of 10		

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.

Health Insurance		🎉 🔒
Start Date*	01 / 01 / 2017 🕂 😋 🦝 G	
Health Insurance Type	MEDICAID	▼ G
(If Yes to Other) Specify Source		G
Covered?	No	
(HOPWA) If Private Pay Insurance, Specify		G
(HOPWA) If No, Reason not covered	-Select- G	
End Date	/ / / 🧖 🔿 🦓 G	
Print Recordset	Save	Cancel

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**.

End Date	12 / 31 / 2017 🛛 🔊 💐 G	In this example, the Entry Date for the new
Print Recordset	Save Cancel	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.

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 sl

dd Recordset - (1923	70) Test, HoH	×
Health Insurance		
Start Date *	01 / 01 / 2018 🔊 🎝 🧟 G	
Health Insurance Type	MEDICAID	
(If Yes to Other) Specify Source	G	
Covered?	Yes 🔻	
(HOPWA) If Private Pay Insurance, Specify	G	
(HOPWA) If No, Reason not covered	-Select- 🔻 G	
End Date	/ /	
	Save Save and Add Another Cancel	

Health Insurance						
Provider	Date Effective 🔻	Start Date	Health Insurance	Covered?	End Date	
Multnomah County D Violence Coordinator - DV - SP (727)		01/01/2018	MEDICAID	Yes		
Violence Coordinator - DV - SP (727)	's Office 01/01/2017 3:34:32 PM	01/01/2017	Provided Health Insurance	No		
Multnomah County D Violence Coordinator - DV - SP (727)		01/01/2017	Veteran's Administration (VA) Medical Services	No		A HUD Verification
Multnomah County D Violence Coordinator - DV - SP (727)		01/01/2017	State Children's Health Insurance Program	No		question that correct captures a change in
Multnomah County D Violence Coordinator - DV - SP (727)		01/01/2017	MEDICARE	No		participant's
 Multnomah County E Violence Coordinator - DV - SP (727) 		01/01/2017	Other	No		circumstances may
Multnomah County E Violence Coordinator - DV - SP (727)		01/01/2017	Indian Health Services Program	No		have multiple lines with End Dates , but
Multnomah County D Violence Coordinator - DV - SP (727)		01/01/2017	State Health Insurance for Adults	No		should have only one
Multnomah County D Violence Coordinator - DV - SP (727)		01/01/2017	Private Pay Health Insurance	No		ongoing line per
Multnomah County D Violence Coordinator		01/01/2017	Health Insurance obtained through	No		answer, whether "Ye or "No".
Wultnomah County E Violence Coordinator - DV - SP (727)		01/01/2017	MEDICAID	No	12/31/2017	
Add		Sho	wing 1-11 of 11			



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.