EMERGENCY HOUSING ASSISTANCE (EHA)

ServicePoint Handbook

CONTENTS

EHA Program Model	1
Data Milestones	1
Entering a Client	2
Exiting a Client	4
Appendix A	5
Appendix B	6



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

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PROGRAM MODEL - EMERGENCY HOUSING ASSISTANCE

Emergency Housing Assistance (EHA) provides state funds to supplement effective existing local programs and/or establish new programs designed to prevent and reduce homelessness. EHA funds are available for the following program components: street outreach, emergency and transitional shelter; transitional housing; homelessness prevention; supportive in-home services; rapid re-housing; data collection; shelter or transitional housing acquisition, rehabilitation or conversion; and community capacity building designed to enhance, expand or sustain homeless services. EHA can serve households that are homeless or unstably housed with an income that is at or below 80% area median income. [ORS 458.650]

DATA MILESTONES - EMERGENCY HOUSING ASSISTANCE



*Instructions for doing these items are not covered in this handbook. Go to our website to download the following materials for these instructions:

- Add client to ServicePoint and Create household
 - ServicePoint New User PowerPoint: https://multco.us/file/14855/download

ENTERING EHA CLIENTS IN SERVICEPOINT

1. HOUSEHOLD	Every client needs 1 (and only 1) household		
Head of Household	Only one person should be designated as Head of Household		
Relationship to Head of HH	If client is Head of Household, choose 'Self'		
HH Date Entered	Required if entering client into ServicePoint for the first time. Same as Program Entry Date		
2. ENTRY	Without a program entry, clients will not appear in reports		
Entry Provider	May default to your Agency level - *Click Search and change to your EHA Provider*		
Entry Type	Always choose 'Basic'		
Entry Date	*Defaults to date of data entry - Remember to change to date of program entry*		
Section I	Complete for ALL Household Members		
Housing Move-in Date			
Household Size	Total # in household - may be different from # of people who need an entry		
Relationship to Head of Household	Choose one Head of Household per family		
Date of Birth			
Date of Birth Type			
Gender			
Inclusive Identity	Click 'Add' to enter clients' race/ethnicity. Add all that apply.		
Race	Required in addition to Inclusive Identity		
Race-Additional	(Optional) Do not answer the same as "Race"		
Ethnicity (Hispanic/Latino)	Required in addition to Inclusive Identity		
Primary Language	Select Primary Language		
Primary Language- Other	Only required if Primary Language is 'Other' - Do not enter a second language		
Section II	Complete for Head of Household and All Adults		
Disabling Condition	If Yes, must click on the 'Add' button to specify the type		

	Specify start date (same as entry date) and type
	Q Disabilities HUD Verification
Disability Type	Disability Type Start Date * End Date Disability determination Add
Income from Any Source	See Appendix B 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	Verification A
	Start Date* Source of Income Receiving Income Source? Monthly Amount End Date Add View Gross Income View Gross Income View Gross Income
Non-cash benefit from any source	
Non-Cash Benefits	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 Von-Cash Benefits received by a minor in the Head of Household's profile Start Date • Source of Non-Cash Receiving Benefit? Non-Cash End Date Benefit Add
Covered by Health Insurance	
Health Insurance	Click 'HUD Verification' to create a Y/N response for each Health Insurance Type Health Insurance Health Insurance
Prior Living Situation	See Appendix A for additional information about this question
Length of Stay in Previous Place	See Appendix A for additional information about this question
Section III	Complete for Head of Household Only
Client Location	OR-501 Portland/Gresham/Multnomah County

EXITING EHA CLIENTS FROM SERVICEPOINT

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

EXIT	
Exit Date	*Defaults to date of data entry - Remember to change*
Reason for Leaving	
Destination	
Section II	Update for Head of Household and All Adults
Disabling Condition	If Yes, must click on the 'Add' button to specify the type
	Click magnifying glass to check that all responses are still accurate
Disability Type	Oisabilities HUD Verification (Add)
ncome from Any Source?	See Appendix B for detailed instructions on recording and updating already e client income.
	Click magnifying glass to check that all responses are still accurate Image: Monthly Income HUD Verification A
onthly Income	Start Date * Source of Income Receiving Income Source? Monthly Amount End Date Add View Gross Income
	Click magnifying glass to check that all responses are still accurate
burce	Click magnifying glass to check that all responses are still accurate
Non-Cash Benefits from any ource Non-Cash Benefits Covered by Health nsurance?	Click magnifying glass to check that all responses are still accurate Non-Cash Benefits HUD Verification (A) Start Date * Source of Non-Cash Benefit? Amount of Non-Cash Benefit? End Date Benefit End Date
ource Ion-Cash Benefits Covered by Health	Click magnifying glass to check that all responses are still accurate Non-Cash Benefits HUD Verification (Annount of Benefit) Start Date * Source of Non-Cash Benefit? Amount of Benefit
ource Jon-Cash Benefits Covered by Health	Click magnifying glass to check that all responses are still accurate Non-Cash Benefits HUD Verification Start Date * Source of Non-Cash Benefit Receiving Benefit? Amount of Non-Cash Benefit End Date

APPENDIX A

"Prior Living Situation" now has multiple housing situations to choose from. Each housing situation (Homeless, Institutional, and Temporary & Permanent) has a list of options.

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 Prior Living Situation is under HOMELESS SITUATIONS, 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 saf 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 SITUATIONS <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 sat 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 SITUATIONS <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 sc haven in the past 3 years including today				
Fotal number of months homeless on the street, in emergency shelter or safe haven in the past 3 years				

APPENDIX B

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.



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

ADDING INCOME

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

ENDING INCOME

When updating income at Entry/Exit, enter data in client's program Entry/Exit.

- 1. Click the pencil next to outdated income
- 2. Leave Start Date, Source, and Amount unchanged
- 3. End Date = the day before Entry/Exit
- 4. Save and Exit

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