HOUSING STABILIZATION PROGRAM (HSP)

WellSky Handbook

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Multnomah County

Questions? Contact the WellSky Helpline at 503.970.4408 or yfswellskysupport@multco.us

Revised 06.27.2024

HSP WellSky Handbook - Revision History

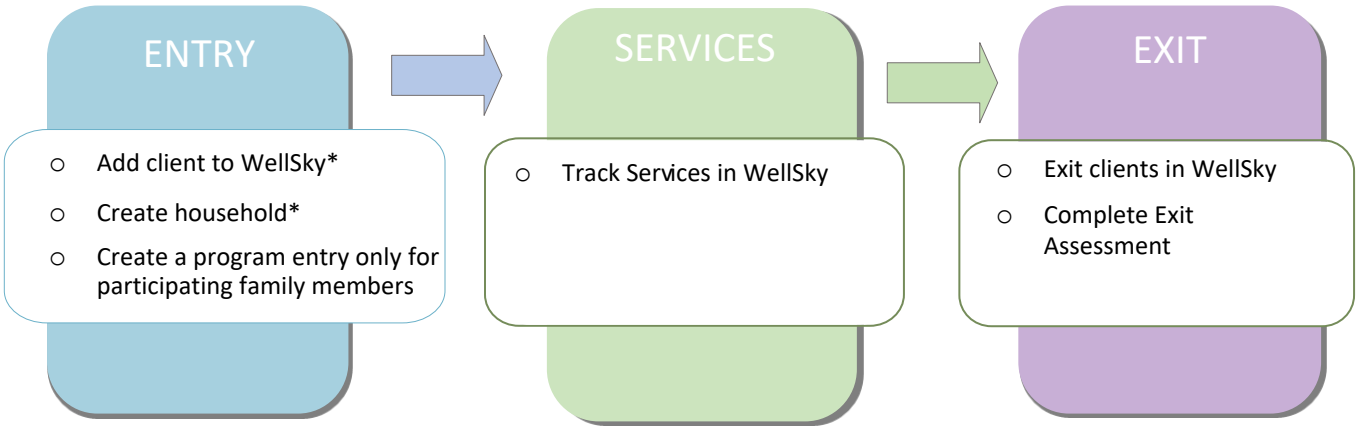
☐ **Originally Published April 2020**

☐ **Updated 6/27/2024 – Added process for how to enter services, updated entry assessment questions**

PROGRAM MODEL – HOUSING STABILIZATION PROGRAM

The Housing Stabilization Program (HSP) provides temporary financial assistance and support services to stabilize housing for low-income eligible families who are homeless or unstably housed and at risk of losing their housing. HSP funds are available for four program components: housing related costs, auxiliary services, case management and data collection. The program's purpose is to assist TANF eligible families with non-recurrent, short-term benefits.

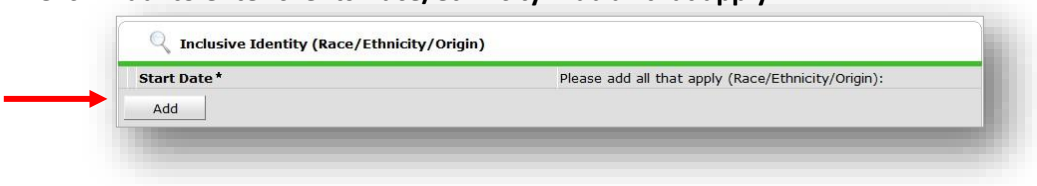
DATA MILESTONES - EMERGENCY HOUSING ASSISTANCE

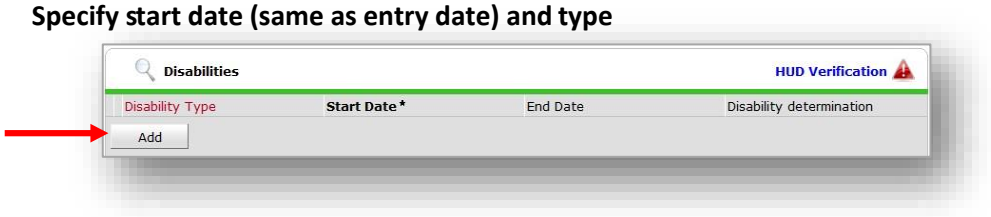


*Instructions for doing these items are not covered in this handbook. Go to our website to download the following materials for these instructions:

- Add client to WellSky and Create household

ENTERING HSP CLIENTS IN WELLSKY

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 WellSky 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 HSP 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**
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	Gender picklist is multi select, click a response to select it, if you want to add an additional gender selection hold down Ctrl key and click the additional gender to select it
Inclusive Identity	**Click 'Add' to enter clients' race/ethnicity. Add all that apply.** 
Race and Ethnicity	Required in addition to Inclusive Identity. Picklist like Gender is multiselect, please select each race / ethnicity option that applies to the client. After selecting one response, hold Ctrl key to click and select additional options
Primary Language	Select Primary Language
Primary Language – Other	Only required if Primary Language is 'Other' – Do not use this response to enter a second language
Disabling Condition	If Yes, must click on the 'Add' button to specify the type

Disability Type	**Specify start date (same as entry date) and type** 

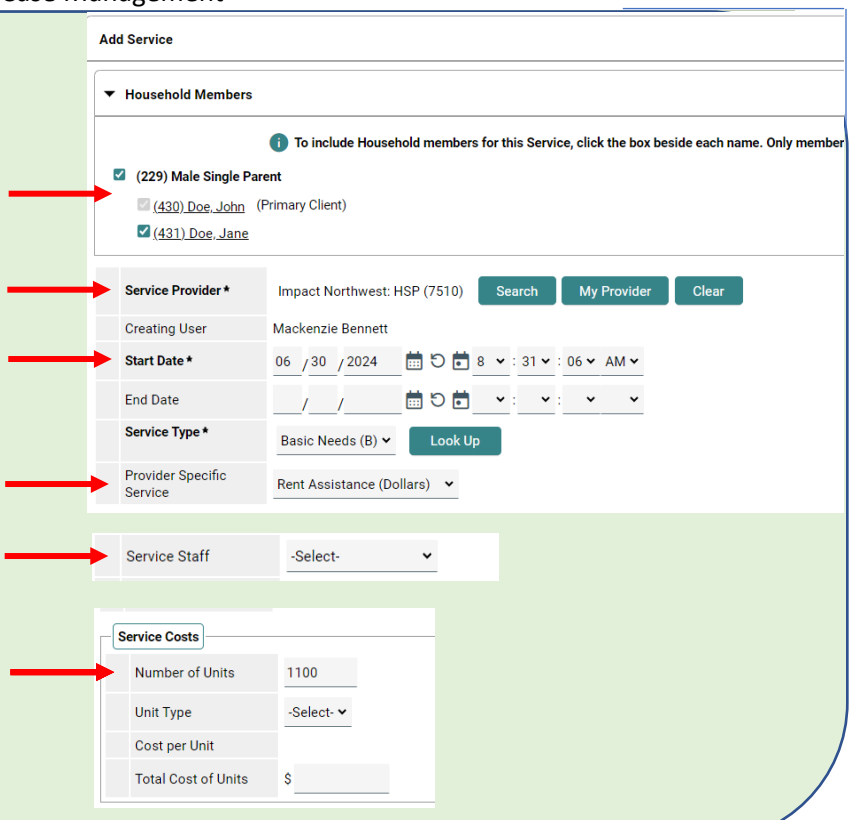
Section II	**Complete for Head of Household ONLY**
Client Location	OR-501 Portland/Gresham/Multnomah County
Prior Living Situation	See **Appendix A** for additional information about this question
Length of Stay in Previous Place	See **Appendix A** for additional information about this question
Survivor of Domestic Violence	
Received HSP in Oregon in the past 12 months	
SNAP Benefits?	
WIC Benefits?	
HSP Eligibility	
DHS Referral	
Is the Head of Household a teen parent?	
Refugee	

ENTERING SERVICES

All services should be entered in the Head of Household's record. Check off the names of all household members to include them in the service.

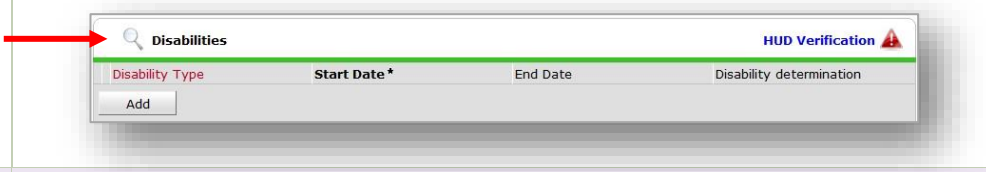
SERVICES	
Start Date	Current or future services: Last day of the service month Arrears: Intake date
End Date	Current of future services: Leave Blank Arrears: Intake date (same as Start Date)
Service Type	Leave blank – automatically fills when you select a provider-specific service
Provider Specific Service	**Select service from the list of the following categories** ○ Case Management (Hours) ○ Client Assistance (Dollars) – Auxiliary costs: household items, clothes, transportation, etc. ○ Rent Assistance (Dollars) – rent payment and utilities
Service Staff	Select staff person providing services; contact the Helpline to have the picklist updated is staff is not listed
Number of Units	Total # of service hours rounded to the nearest 15 minutes (.25 hours) OR Exact dollar amount
Unit Type	Dollars if service is "Rent Assistance" or "Client Assistance" Hours if "Case Management"

1. Select entire household
2. HSP Service Provider
3. Start Date – last day of service month
4. End Date – blank
5. Provider Specific Service – select as appropriate
6. Save and Continue
7. Select service staff name
8. Number of Units – If service is dollars then enter the total dollar amount. IF the service is in hours, enter the total hours to the nearest 15 minutes (.25 hours)
9. Unit Type -- If Provider Specific Service is "Rent Assistance" or "Client Assistance" then Unit Type = "Dollars", if Provider Specific Service is "Case Management then Unit Type = "Hours"



EXITING HSP CLIENTS FROM WELLSKY

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
Disability Type	**Click magnifying glass to check that all responses are still accurate** 
Section III	Complete for Head of Household Only
Client Location	
HSP Eligibility	
DHS Referral	
Is the Head of Household a teen parent?	
Refugee	

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 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 SITUATIONS **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 SITUATIONS **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	