

# OHCS COVID-19 RENT RELIEF PROGRAMS (CVRRP)

## ServicePoint Handbook

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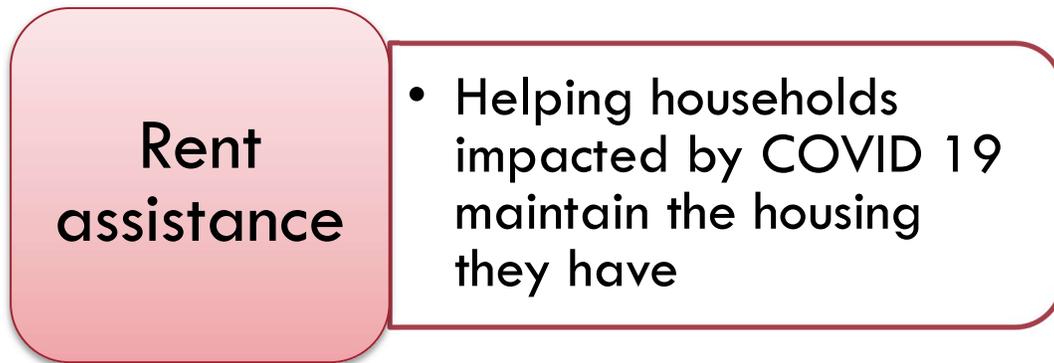


# OHCS COVID-19 Rent Relief Program ServicePoint Handbook - Revision History

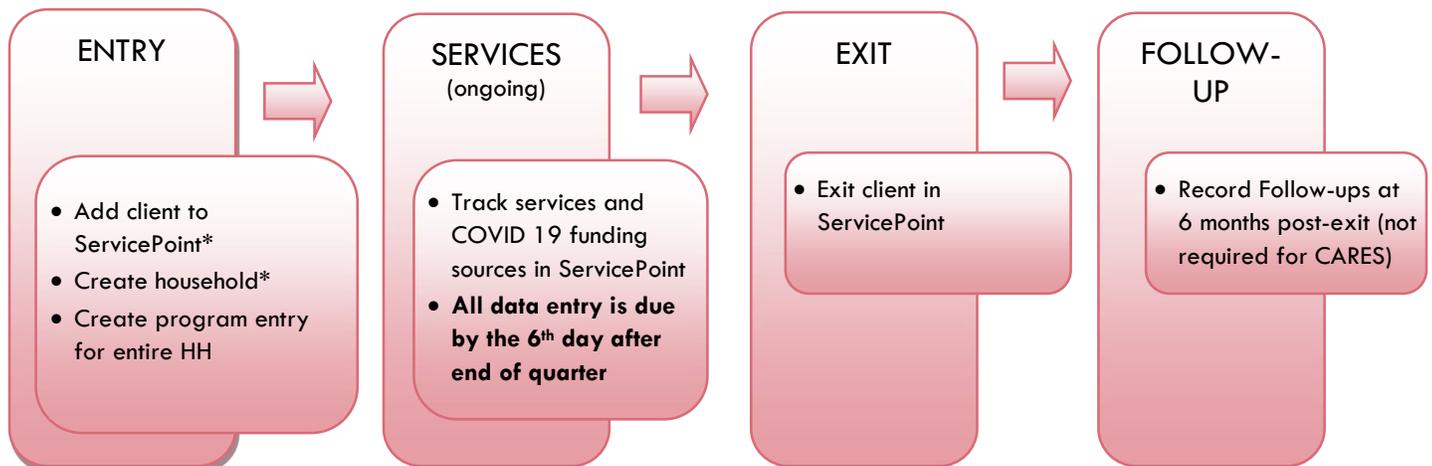
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## OHCS COVID-19 RENT RELIEF PROGRAM MODEL

The **COVID-19 Rent Relief Program (CVRRP)** provides funds for rent assistance to individuals and families who experienced a loss of income, have compromised health conditions and are at risk of homelessness due to the COVID-19 pandemic.



## DATA MILESTONES – OHCS – COVID-19



## ENTERING A CLIENT

- Create a program entry for the Head of Household. Click the check box next to the names of **all household members** to include them in the entry.
- Go into **each** client's entry (adults and children) to enter data.

### 1. BUILD/UPDATE HOUSEHOLD

Household Type

Head of Household Only one person should be designated as head of household

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

HH Date Entered

### 2. ADD PROGRAM ENTRY

Entry Provider Select the **MultCo Youth and Family Services (YFS): EHA - COVID-19 – HP** provider

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 This person **MUST** be in permanent housing at the time of program entry, and Housing Move-In Date should be changed to the Entry Date.

Relationship to Head of Household Choose "Self" if client is head of household. Make sure to designate one person as the head of household. Do NOT assign more than one person as the head of household.

Date of Birth

Date of Birth Type

Gender

Race **Required in addition to Inclusive Identity**

Race-Additional (optional) Do not answer the same as 'Race'

Ethnicity **Required in addition to Inclusive Identity**

**Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as apply.**

Inclusive Identity



Primary Language

If Primary Language is Other, then Specify

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

Does client have a disabling condition?

Disabilities

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

Disability Type	Start Date*	End Date	Disability determination
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Covered by Health Insurance?

Health Insurance

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

Start Date*	Health Insurance Type	Covered?	End Date
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**Complete the following questions for Head of Household and All Adults**

Income from Any Source?

Monthly 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**

Start Date*	Source of Income	Receiving Income Source?	Monthly Amount	End Date
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See Appendix B for additional information about recording 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**
- \* \$ amounts are not required for non-cash benefits

Start Date*	Source of Non-Cash Benefit	Receiving Benefit?	Amount of Non-Cash Benefit	End Date
-------------	----------------------------	--------------------	----------------------------	----------

**Residence Prior to Project Entry** 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 TRANSITIONAL 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

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

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

**Update the following questions when required by funder or administrator:**

Household Size NOT required

Percent of Median Family Income REQUIRED

Level of Family Income (% HHS Guidelines) NOT required

Employment Status NOT required

Zip Code of Last Permanent Address NOT required

Client's Residence / Last Permanent Address **Click "Add" to enter a client's residence or last permanent address (Optional)**

The screenshot shows a form titled "Client's Residence / Last Permanent Address" with a search icon. Below the title is a table with the following columns: "Placement Date" (marked with an asterisk), "Client's Street Address", "Apt. #", "Client's ZIP", and "Housing Type". At the bottom of the table is an "Add" button, which is pointed to by a red arrow.

## RECORDING SERVICES

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

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

On the **Client Information-Summary** tab or

Services		
Start Date	End Date	Provider
<a href="#">Add Service</a>	<b>Add Multiple Services</b>	No matches.

In the **Service Transaction** tab menu

Service Transaction Dashboard

[Add Need](#)
[Add Service](#)
**Add Multiple Services**
[Add Referrals](#)
[View Previous Transactions](#)

[View Shelter Stays](#)
[View Entire Service History](#)

Important: Check off ALL family members.  
**Services will be applied to all family members that are checked off.**

(338576) Male Single Parent

(1) Test, Justin A, Sr

(58100) Test, Just A, Jr

❶ Select the appropriate Provider from the dropdown (or Search). The screen will refresh, and the Service Type menus will appear. (The provider shown is just an example).

Multiple Services

Be sure to select the correct Provider before entering data in the Service List below. If you change the Provider, the page will refresh to make adjustments for the new Provider's Service List defaults. Any data that is currently in the Service List will be removed and will need to be re-entered.

❶ Service Provider\* Human Solutions - STRA - Homeless Prevention (5635) **Search** My Provider Clear

❷ The Number of Services will default to 1 and that is exactly what you want.

Service List

Number of Services\* 1 ❷

❸ Start Date\* 12 / 16 / 2016 2 : 52 : 55 PM

End Date 12 / 16 / 2016 2 : 52 : 55 PM

Service Type ❹

❸ Enter the Start Date and the End Date for each service transaction. **The Start Date should never be before the Entry Date and the End Date should never be after the Exit Date.**

Services can be provided for up to three months at a time (example: Start Date=7/1/2020 and End Date=9/30/2020).

Edit Service Type

Service Type -Select-

Submit

❹ Click on pencil to select the appropriate Service Type from the dropdown menu.

- Moving Expense Assistance
- Rental Application Fee Payment Assistance
- Rental Deposit Assistance
- Rent Payment Assistance
- Utility Assistance
- Utility Deposit Assistance

5 Click **Apply Funds for Service** to display Add Funding Source and click on it.

5 **Apply Funds for Service**

Distribute as Voucher  Yes  No

Vendor's Client Account Number

Name on Bill

Vendor  Please Select a Vendor

Code for Accounting Department  -Select-

**Funding Sources**

Source	Client Co-Pay
	<input type="button" value="Add Funding Source"/> <input type="button" value="Add Other Contributing Sources"/>

6 Click the green plus button to add **OHCS – COVID 19 Rent Relief** or **OHCS – COVID 19 Rent Relief\_CARES Act** funding source.

6 **Add Funding Source**

**Fund Search**

Search for Funds by using keywords for Fund Name, Category, or Description.

Search

Show Matching Funds ONLY

**Fund Search Results**

Fund	Submission Deadline	Remaining Balance
<input checked="" type="checkbox"/> <input type="button" value="Add"/> OHCS – COVID 19 Rent Relief Oregon Housing & Community Services	N/A	N/A

Showing 1-1 of 1

7 Enter the Amount of funding, how much was the check cut?

**Funding Sources**

Source	Amount
Client Co-Pay	<input type="text" value="0.00"/>
<input checked="" type="checkbox"/> OHCS – COVID 19 Rent Relief	<input type="text"/>

Save  Submission  Completed

**Total: \$0.00**

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

8

9 Click 'Save & Exit' to finish

## EXITING A CLIENT

- After exiting clients, if they come back within 3 months – delete exit date and add new services. If the client comes back after 3 months or longer from program exit, create new program entry.

### EXIT

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

Exit Date Last day of subsidy

Reason for Leaving

Destination

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

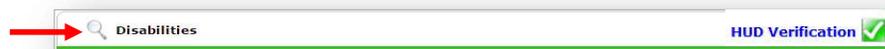
Housing Move-in Date Same as Entry Date.

Relationship to Head of Household

Does client have a disabling condition?

**Click magnifying glass to check that all responses are still accurate**

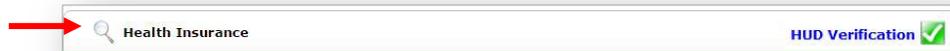
Disabilities



Covered by Health Insurance?

**Click magnifying glass to check that all responses are still accurate**

Health Insurance

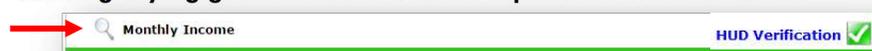


**Verify, and if applicable, update the following questions for Head of Household and All Adults**

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 REQUIRED

Achieved case plan goals NOT required

Client's Residence / Last Permanent Address **Add Client's Residence / Last Permanent Address (Optional)**

A screenshot of a form titled 'Client's Residence / Last Permanent Address'. The form has a header with a magnifying glass icon and the title. Below the header are five input fields: 'Placement Date' (with an asterisk), 'Client's Street Address', 'Apt. #', 'Client's ZIP', and 'Housing Type'. At the bottom of the form is an 'Add' button. A red arrow points to the 'Add' button.

# CREATING A FOLLOW-UP REVIEW (not required for OHCS – COVID 19 Rent Relief\_CARES Act)

The Follow Up Review can be found in the Entry/Exit Tab under 'Follow Ups'

- 1 Click the Follow Ups icon belonging to the program entry that requires a Follow Up Review

**Entry/Exit Data**

Note: If you change the provider selected it may cause the Assessments to adjust for the new Provider's Entry/Exit Assessment defaults. Any information saved to the previous Assessment will still be attached to that Assessment record for the Client.

Provider\*: MultCo Youth and Family Services (YFS): EHA - COVID-19 - HP (7409) [Search] [My Provider] [Clear]

Type\*: Basic [Update]

Name	Head of Household	Project Start Date	Exit Date	Interims	Follow Ups	Reason for Leaving	Destination	Notes
(1) Case, Justin A	Yes	06/15/2020	06/30/2020				Rental by client, no ongoing housing subsidy (HUD)	
(1072375) Case, Julie c	No	06/15/2020	06/30/2020				Rental by client, no ongoing housing subsidy (HUD)	
(58100) Test, Just A, Jr	No	06/15/2020	06/30/2020				Rental by client, no ongoing housing subsidy (HUD)	

Include Additional Household Members [Button] Showing 1-3 of 3

- 2 Click 'Add Follow Up Review'

**Follow Up Reviews**

Follow Up Reviews Associated with this Entry / Exit

Review Date	Review Type	Client Count
No matches.		

Add Follow Up Review [Button]

- 3 Be sure that all household members are checked off

- 4 Follow Up Review Type = '6-Month Review'

- 5 Review Date = Date the Follow Up Review was completed

- 6 Click 'Save and Continue'

**Add Follow Up Review - (1) Case, Justin A**

**Household Members**

To include Household members associated with the Entry / Exit for this Follow Up Review, click the box beside each name.

(425599) Male Single Parent

(1) Case, Justin A (Exit Date: 06/30/2020 10:53 AM)

(1072375) Case, Julie c (Exit Date: 06/30/2020 10:53 AM)

(58100) Test, Just A, Jr (Exit Date: 06/30/2020 10:53 AM)

**Follow Up Review Data**

Entry / Exit Provider: MultCo Youth and Family Services (YFS): EHA - COVID-19 - HP (7409)

Entry / Exit Type: Basic

**Follow Up Review Type\***: 6-Month Review

**Review Date\***: 12 / 30 / 2020 10 : 57 : 42 AM

[Save & Continue] [Cancel]

## RECORDING 6-MONTH FOLLOW-UPS

(not required for OHCS – COVID 19 Rent Relief\_CARES Act)

Select 'Housing Outcomes' and click 'Submit.'

1 Click Add

Entry / Exit Follow Up Review

**Follow Up Review Data**

Entry / Exit Provider: MultCo Youth and Family Services (YFS): EHA - COVID-19 - HP (7409)  
 Entry / Exit Type: Basic  
 Follow Up Review Type: 6-Month Review  
 Review Date: 12/30/2020 10:57:42 AM

**Follow Up Review Assessment**

**Household Members**

- (1) Case, Justin A  
Age: 21  
Veteran: No (HUD)
- (1072375) Case, Julie c  
Age: 0  
Veteran: No (HUD)
- (58100) Test, Just A, Jr  
Age: 50  
Veteran: Yes (HUD)

**Housing Outcomes** Follow Up Review Date: 12/30/2020 10:57:42 AM

**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?
	STRA / SHSF / ESGP	Permanent Placement	01/31/2019	01/31/2019	3-Months	02/10/2019		
	HUD Collaboration	Transitional Placement	01/03/2019	01/03/2019	3-Months	04/03/2019		
	Homeless Youth	Permanent Placement			6-Months	11/13/2018		
	VA	Permanent Placement	02/05/2018					
	SHP	Permanent Placement	01/22/2018		12-Months	01/22/2019		

Showing 1-5 of 6 First Previous Next Last

2 Only answer:

Follow Up Interval  
 Follow Up Due Date  
 Follow Up Status  
 Is Client Still in Housing?

3 Click 'Save'

Add Recordset - (1) Case, Justin A

**Housing Placement & Retention Outcomes**

Reporting Program: -Select- G

Housing Outcome Intervention Type: -Select- G

Housing Placement Information:

Initial Placement/Eviction Prevention Date: [ ]/[ ]/[ ] G

End of Subsidy Date: [ ]/[ ]/[ ] G

Follow-Up Schedule:

What event triggered this follow-up?: -Select- G

Follow Up Interval: 6-Months G

Follow Up Due Date: 12/30/2020 G

Actual Follow-Up Outcome:

Actual Follow Up Date: [ ]/[ ]/[ ] G

Follow-Up Status: -Select- G

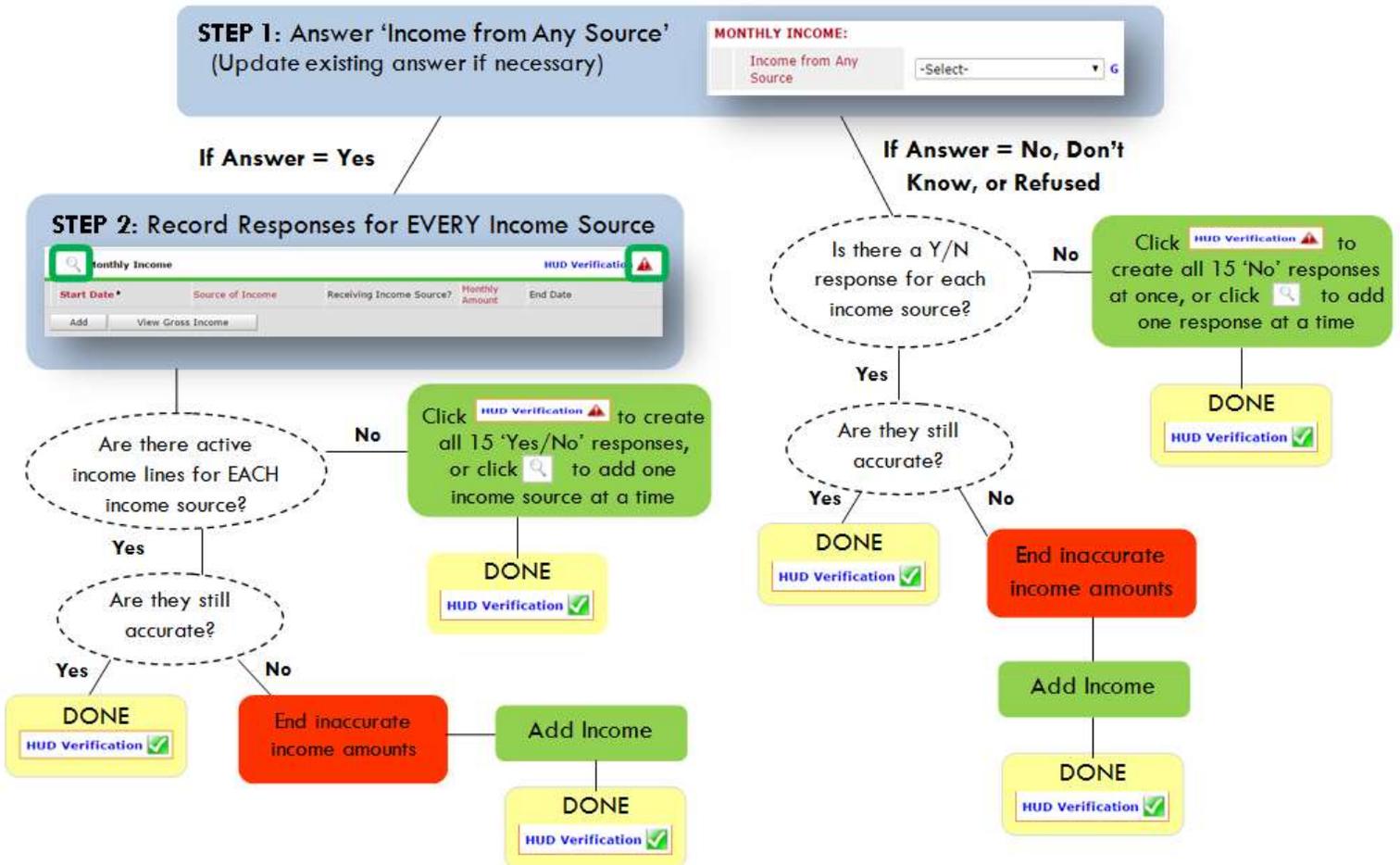
Is Client Still in Housing?: -Select- G

Leave Blank: [ ]/[ ]/[ ] G

APPENDIX A Save and Add Another Cancel

## 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 and Exit

#### ADDING INCOME

- 1 To create all 15 income responses at once for NEW clients, click the HUD V icon HUD Verification. If updating clients who already have responses, click the magnifying glass.
- 2 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 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.
- 1 Click the pencil next to outdated income
  - 2 Leave Start Date, Source, and Amount unchanged
  - 3 End Date = the day before Entry/Annual Review/Exit
  - 4 Save and Exit

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

## Key OHCS COVID-19 Funding Source Differences

<b>OHCS COVID-19 funds</b>	<b>OHCS CARES COVID-19 funds</b>
End 6/30/2021	End 12/31/2020
50% or below Area Median Income	80% or below Area Median Income
Funding Source= OHCS – COVID 19 Rent Relief	Funding Source= OHCS – COVID 19 Rent Relief_CARES Act
6-Month housing follow-up required	No 6-Month housing follow-up!