

# EMERGENCY SHELTER (ES)

# ServicePoint Handbook

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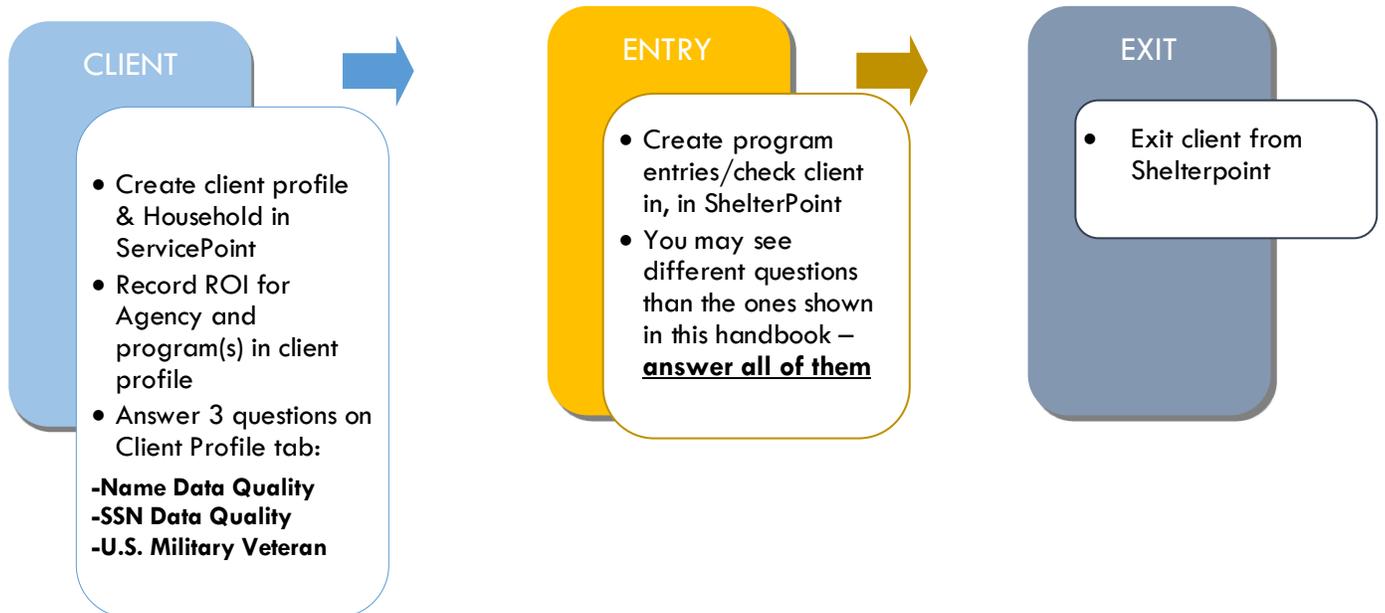
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## DATA MILESTONES – EMERGENCY SHELTER



# ENTERING/CHECKING IN A SHELTER CLIENT IN SERVICEPOINT

- See Appendix C for tips on using Assign Unit to see open beds

1.

## UNIT ENTRY IN SHELTERPOINT

- ▶ Last Viewed
- ▶ Favorites
- Home
- ClientPoint
- ResourcePoint
- ▶ FundManager
- ShelterPoint**
- ActivityPoint
- ▶ Reports
- ▶ Admin
- Logout

Find appropriate bedlist in ShelterPoint  
 Clients can be checked in through 'Client Check In' or 'View All'

**View Shelter Inventory**

Provider \* Portland Homeless Family Solutions (PHFS): SHELTERPOINT-Lents Family Shelter (6636)  My Provider

Unit List \* Lents Family Shelter

Type Emergency Shelter

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**ShelterPoint Dashboard**



Check Client In



Check In Referral



Hold ALL Empty Beds



Print ID Cards



Update Confirmation List



Transmit Today's Check Out List



View All

- Choose an available bed, indicated with this icon: 
- If no unit is available, an Overflow unit may be used

2.

## CLIENT SEARCH and Shelter Check-in

Search for Head of Household, if no matches, Add new Client with This Information

**Client Search**

Please Search the System before adding a New Client.

Name: First  Middle  Last  Suffix

Name Data Quality:

Alias:

Social Security Number:  -  -

Social Security Number Data Quality:

U.S. Military Veteran?:

Exact Match:

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**Client Number**

Enter or scan a Client ID to check that Client in.

Client ID #

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**Client Results**

ID	Name	Social Security Number	Date of Birth	Alias
No matches.				

**Household set up not required for Single Individuals. SKIP this step if entering a single individual.**

Select Add Client and SEARCH Households, to look for additional HH members.

**Add New Client Information**

You are about to add a New Client to the system (Be sure to look through all the possible matches before continuing this process).

Would you like to:



Add Client ONLY



Add Client and Add NEW Household



Add Client and SEARCH Households

If no matches, select Add New Household

**Household Search**

**Household Search**

Search for a Household by using keywords for Client Names, Client ID, or Social Security Numbers of Clients already in a Household.

Search

**Household Results**

Household ID	Type	Head of Household	Client Count
No matches.			

Choose Household Type and search for additional family members entering shelter, add if not found.

**Add New Household**

**Household Type**

Household Type \*

**Client Search**

Please Search the System before adding a New Client.

Name	First <input type="text" value="Noah"/>	Middle <input type="text"/>	Last <input type="text" value="Benson"/>	Suffix <input type="text"/>
Name Data Quality	<input type="text" value="-Select-"/>			
Alias	<input type="text"/>			
Social Security Number	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>			
Social Security Number Data Quality	<input type="text" value="-Select-"/>			
U.S. Military Veteran?	<input type="text" value="-Select-"/>			
Exact Match	<input type="checkbox"/>			

Verify all Household members have been added, and then select continue.

**Selected Clients**

ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
267	Benson, Noah						0
266	Benson, Olivia						0

Showing 1-2 of 2

# HOUSEHOLD Every client needs 1 (and only 1) household

Household Members							
Name	Age	Head of Household	Relationship to Head of Household	Joined Household *		Previous Associations	Household Count
(373) Button, Benjamin		No	-Select-	08 / 20 / 2018		0	1
(374) Button, Bobbi		No	-Select-	08 / 20 / 2018		0	1

Buttons: Add/Delete Household Members, Household History Report

Head of Household	Only <u>one</u> household member 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	Required if entering the client into ServicePoint for the first time; same as Program Entry Date (Intake Date)

**NOTE: Households can also be created or updated in ClientPoint**  
**Click Save & Exit when done, then click the green plus sign next to client name**

### Client Results

ID	Name
375	Flintstone, Fred

Enter date In

Select all members of the household

## 3. 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 (also known as your Login Provider) AND the SP program provider.

Transact Release of Information – Select View ROI Details

Click Add Release of Information

**Release Of Information**

Provider	Permission	Start Date	End Date
<a href="#">Add Release of Information</a>		No matches.	

[Exit](#)

Select all Household members checking in to shelter

**Release of Information - (932406) Real, Not**

**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.**

- (477178) Female Single Parent
  - (932406) Real, Not
  - (932416) Real, Son of not

Click 'Search' to select your PARENT provide (also known as your Login provider) AND your Shelter System provider for your agency.

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

**Provider \***

- [Human Solutions - SP \(14\)](#)
- [Human Solutions: SHELTERPOINT-Family Center - SP \(3066\)](#)

[Search](#)

**Release Granted \*** Yes ▾

**Start Date \*** 06 / 21 / 2018   

**End Date \*** 06 / 21 / 2025   

**Documentation** Signed Statement from Client ▾

**Witness**

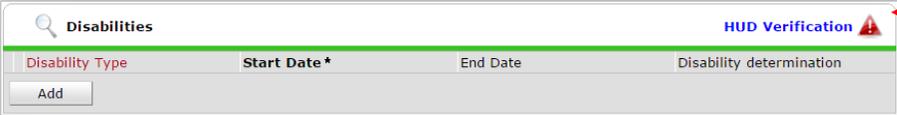
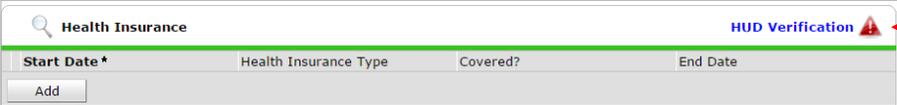
**Start Date:** day ROI was signed

**End Date:** plus 7 years from the Start Date

**Documentation:** Signed Statement or Verbal Consent

**Witness:** Multco

# ENTERING A CLIENT IN SHELTERPOINT

*Entry Type *Entry Date <b>Section I</b>	Always choose 'Basic' <b>*Defaults to date of data entry - Remember to change to Date of Intake* Complete for ALL Household Members</b>
Housing Move In Date	SKIP – NOT Required for Emergency Shelter
Relationship to Head of Household	If Head of Household, enter Self
Client Location	OR-501: Portland/Gresham/Multnomah County
Date of Birth	May approximate within 1 year if client doesn't know exact date
Date of Birth Type	
Gender	Use CTRL to select more than one option
Race	Required in addition to Inclusive Identity
Race-Additional	(optional) Do not answer the same as 'Race'
Ethnicity – Hispanic/Latino	
Inclusive Identity	<b>Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as apply.</b>  
Primary Language	
If Primary Language is Other, then Specify	Required if Primary Language chosen above is 'Other' - <b>Do not enter a 2<sup>nd</sup> language or a language that is part of the picklist options under "Primary Language"</b>
Does client have a disabling condition?	
Disabilities	<b>Click 'HUD Verification' to create a Y/N response for each Disability Type</b>  
Covered by Health Insurance?	
Health Insurance	<b>Click 'HUD Verification' to create a Y/N response for each Health Insurance Type</b>  

## Complete the following questions for Head of Household and All Adults

Complete SHS Priority Pop for HOH if funded by JOHS

Identify the SHS Priority Population

Refer to Population A/B Determination form: <https://rb.gy/hfc1cu>

Income from Any Source?

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

See Appendix B for additional information about recording income

Non-cash benefit from any source

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

**Note: See Appendix B for Conditional Questions, these may look different**

Residence Prior to Project Entry	
Length of Stay in Previous Place	
Approximate date homelessness started	
Total number of months homeless on the street, in ES or SH in the past 3 yrs	Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past 3 years including today
Domestic Violence Survivor	If response is "Yes," also provide a response to the two follow-up questions: <i>When did the experience occur?</i> and <i>Are you currently fleeing?</i>
Current Living Situation	Click "Add" to enter client's current living situation

## Every Client must have 3 questions answered on Client Profile tab

Click the pencil to answer the 3 profile questions:

Name Data Quality

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

U.S. Military Veteran  
(Required for adults 18+)

## EXITING CLIENTS FROM SHELTERPOINT

Go to the ShelterPoint bedlist; click the red minus-sign next to the name of the client you want to exit from the program.

**View Shelter Inventory**

Provider\*

Unit List\*

Type

---

**Shelter Inventory Information**

Unit List - Blanchet House 2nd, 3rd and 4th Floor

Display  Sort By

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
 6/16/2021	2nd Floor	201	201 A		(561) Brainerd, Brian	08/22/1975	Male		No	
	2nd Floor	201	201 B	Hold	EMPTY					
	2nd Floor	202	202 A	Hold	EMPTY					
	2nd Floor	202	202 B	Hold	EMPTY					

Answer Date Out, Reason for Leaving and Destination at the top of the screen.

In the lower section you will see the data you entered when they entered the shelter. Review and Update that data with any changes that occurred while they were in shelter.

Save and Exit in the lower right-hand corner of the screen.

## APPENDIX A: QUICK GUIDE TO ENTERING CLIENTS IN SHELTERPOINT

- Clients can be created in ClientPoint before being entered in ShelterPoint, OR you can create clients during check-in
- Start by clicking the ShelterPoint link on the left side of the ServicePoint screen

### View Shelter Inventory

**Provider\*** Janus Youth Programs: STREETLIGHT (Short-Term Shelter) - SP (3046) ▼

**Unit List\*** Short-Term Shelter ▼

Check Unit Availability

Submit

---

### ShelterPoint Dashboard



Check Client In



Express Check In



Check In Referral



Hold ALL Empty Beds



Print ID Cards



Update Confirmation List



Transmit Today's Check Out List



View All

## CHECKING A CLIENT IN

✳ Clients can be checked in through 'Client Check In,' 'Express Check In,' or 'View All'

- ❶ Choose an available bed, indicated with this icon: 
- ❷ Search for client
- ❸ 'Date In' defaults to data entry date **\*Remember to change to check-in date.\***
- ❹ Check off all family members who will also be staying in shelter
- ❺ Save and exit

## CHECKING A CLIENT OUT

✳ Check clients out individually through 'View All,' or check out multiple clients with the same exit date using 'Transmit Today's Check Out List'

- ❶ Use the red – (minus) sign next to the client name to remove them from the room/bed 
- ❷ Check off all family members who are also exiting shelter/housing
- ❸ Answer Date, Reason for Leaving, Destination
- ❹ 'Date Out' defaults to data entry date **\*Remember to change to check-out date.\***
- ❺ Save and Exit

Shelter Inventory Information										
Unit List - Harry's Mother										
Display All Beds ▼    Sort By Floor ▼    Ascending ▼    Sort										
Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes	
	--	--		(550203) Ross, Zariya	01/27/1999	Female		No		
	--	--	Hold	EMPTY						
	--	--	Hold	EMPTY						
	--	--	Hold	EMPTY						

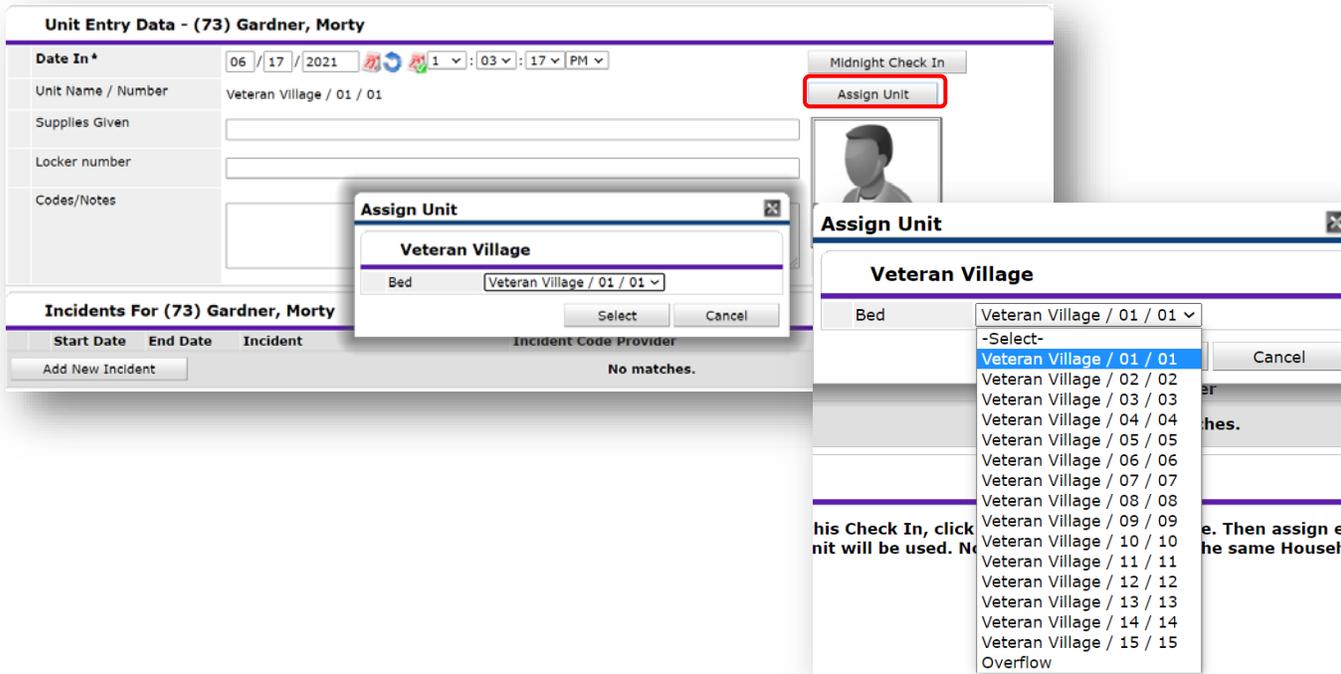
## APPENDIX B: Conditional questions from Section IIa

<b>Residence Prior to Project Entry</b>	Residence just prior to entry (i.e. the night before entry date). Choose only ONE.
<b>Length of Stay in Previous Place</b>	
If response to Residence Prior to Project Entry is under <u>HOMELESS SITUATION</u> , 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 <u>INSTITUTIONAL SITUATION</u> <b>and</b> Length of Stay in Previous Place is less than <b>90 days</b> , 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 <u>TRANSITIONAL AND PERMANENT HOUSING SITUATION</u> <b>and</b> Length of Stay in Previous Place is less than <b>7 days</b> , 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(ES), or safe haven(SH) in the past 3 years including today	
Total number of months homeless on the street, in emergency shelter (ES) or safe haven (SH) in the past 3 years	

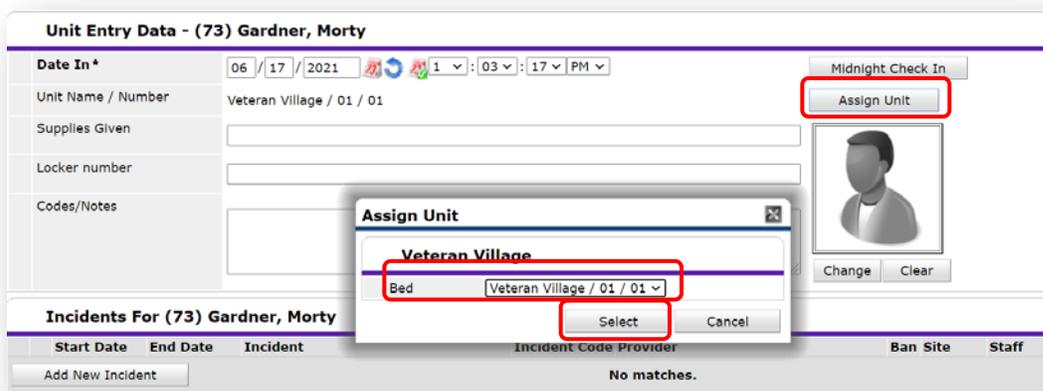
## APPENDIX C: ASSIGN UNIT

The Assign Unit function, will put the client into whatever bed/room you specify, in sequential order. This can help you track your number of available beds.

At the top of the ShelterPoint check in screen, click the 'Assign Unit' button on the right; then choose a bed from the Assign Unit pop-up box. The list, will only show your available beds.

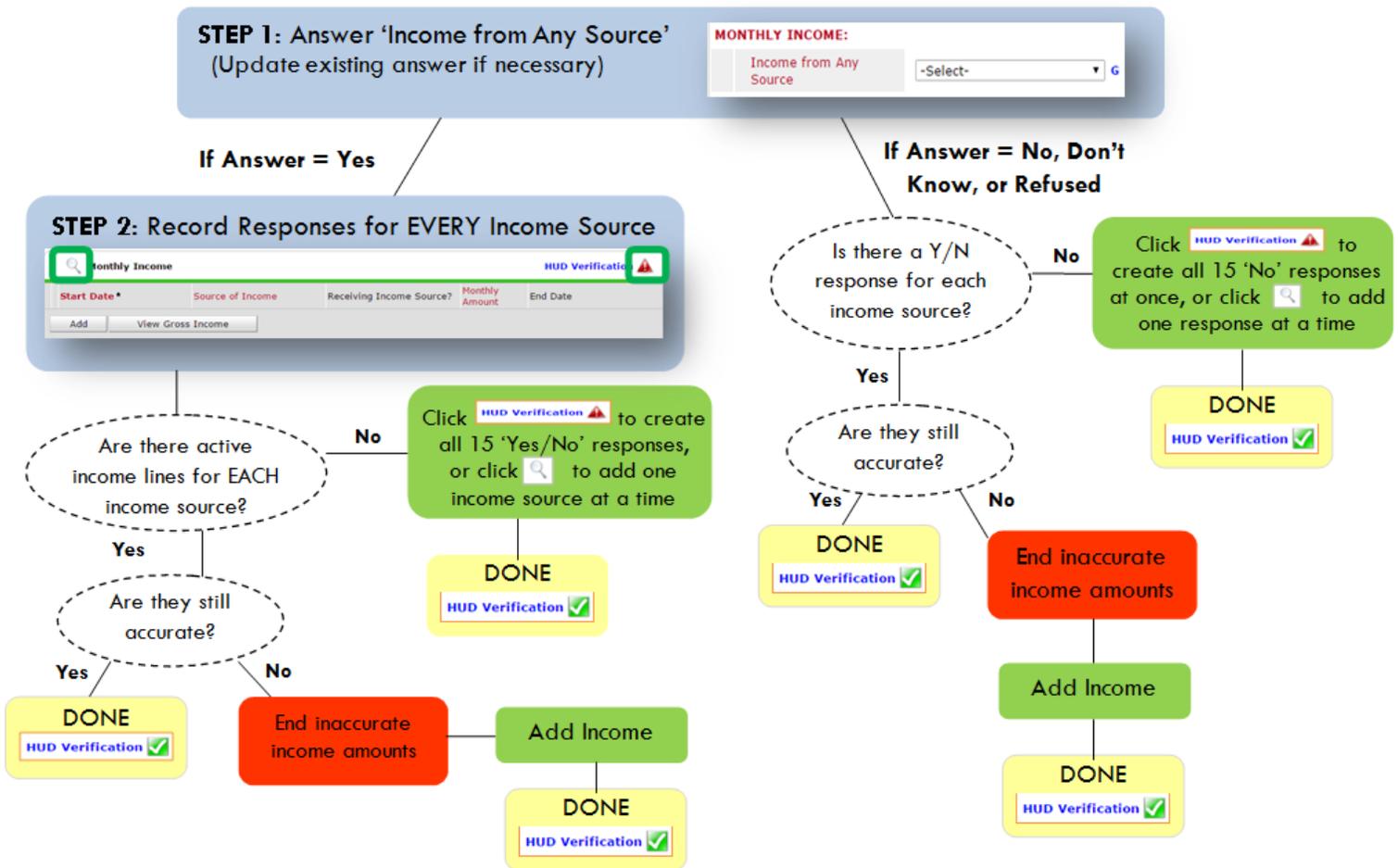


Click 'Select' to save and return to the entry assessment.



## APPENDIX D: ENTERING / UPDATING INCOME & HUD VERIFICATIONS 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

- 1 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 .
- 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**

## HUD VERIFICATION: 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

**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.

Select the Receiving Income Source? value for all incomplete Source of Income records

**3**  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

- 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 that income will be continuous and ongoing.**

**Monthly Income**

Start Date \* 10 / 01 / 2014

Source of Income TANF (HUD)

If Other, Please Specify

Receiving Income Source? Yes

If other, specify

Monthly Amount 487

End Date

ARCHIVAL USE ONLY! -Select-

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.

**Add Recordset**

**Disabilities**

Disability Type Mental Health Problem (HUD)

Start Date \* 07 / 30 / 2018

Note on Disability

Above condition is going to be long term? (Retired) Yes

If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently Yes (HUD)

Disability determination Yes (HUD)

End Date

Save Cancel



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

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

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!

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



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

Covered by Health Insurance

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

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
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.