

# HOUSING STABILITY TEAM (HST) – EMERGENCY HOUSING ASSISTANCE (EHA) Wellsky Handbook

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Questions? Contact the program’s Data Technician, Kat Thompson, at  
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Revised February 2025

## REVISION HISTORY

- Original version published September 2020
- Updated December 2020 to include Mortgage Payment Assistance as an allowable expense; added to list of available services in Service Type list under HST: EHA providers.
- February 2025 Update
  - Updated Servicepoint to Wellsky
  - Updated Data Technician contact information

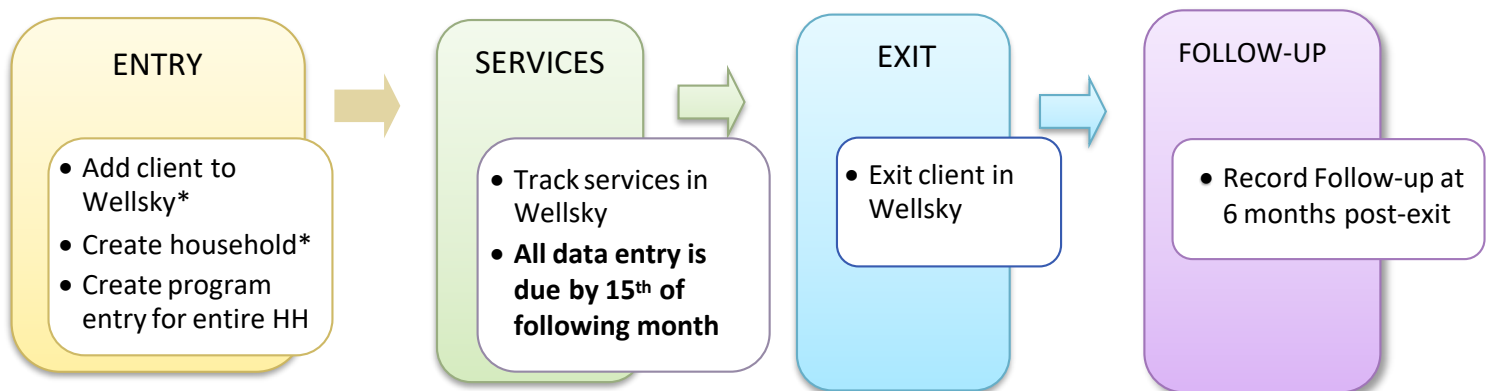
## HOUSING STABILITY TEAM PROGRAM MODEL

Housing Stability Team (HST) is a program to promote housing stability for clients enrolled in DCHS and Health Department programs. HST consists of two funding sources, which have different eligibility and reporting requirements: County General Fund (CGF) and Emergency Housing Assistance (EHA).

The information contained within this handbook provides instructions related to **Emergency Housing Assistance**.

EHA is an Oregon State Fund created to help stabilize households by providing temporary rent and mortgage assistance, as well as case management. EHA funds can be used for Homeless Placement and Eviction Prevention.

### DATA MILESTONES – HOUSING STABILITY TEAM - EHA



# ENTERING CLIENTS

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

Household Type	
Head of Household	Only <u>one</u> 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	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

- Create a program entry for the Head of Household 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 them in the program entry. **INCLUDE CHILDREN IN EHA ENTRY.**
- Click on the name of **EACH** household member (adults AND children) *within the HoH's program entry* to enter their individual program entry data.

Type	Always choose 'Basic'
Entry Date	<b>*Defaults to date of data entry – Change to date of program entry (i.e. intake date)</b>

### Section I Complete the following questions for EACH Household Member

Housing Move-in Date	
Relationship to Head of Household	Choose "Self" if head of household. Otherwise, choose appropriate relationship to head of household. One member of the household (and no more than one) must be designated as head of household.
Client Location	OR-501 Portland/Gresham/Multnomah County
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 (Hispanic/Latino)	Required in addition to Inclusive Identity.

**Click 'Add' to enter clients' self-identified race/ethnicity. Add all that apply.**

Inclusive Identity	<input type="text" value="Inclusive Identity (Race/Ethnicity/Origin)"/>			
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Start Date *</td> <td style="width: 50%;">Please add all that apply (Race/Ethnicity/Origin):</td> </tr> <tr> <td style="text-align: center;"><span style="color: red;">→</span> <input type="button" value="Add"/></td> <td></td> </tr> </table>	Start Date *	Please add all that apply (Race/Ethnicity/Origin):	<span style="color: red;">→</span> <input type="button" value="Add"/>
Start Date *	Please add all that apply (Race/Ethnicity/Origin):			
<span style="color: red;">→</span> <input type="button" value="Add"/>				

Primary Language	Select Primary Language.
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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".**

Disabling Condition

Disability Type

If no data has been previously entered, click 'HUD Verification' to create a Y/N response for each Disability Type. Otherwise, click the magnifying glass to review and update existing records. Each option must have one—and only one!—true and ongoing answer (no End Date).

Disability Type	Start Date *	Disability determination	End Date
<input type="button" value="Add"/>			

Covered by Health Insurance

Health Insurance

If no data has been previously entered, click 'HUD Verification' to create a Y/N response for each Health Insurance Type. Otherwise, click the magnifying glass to review and update existing records. Each option must have one—and only one!—true and ongoing answer (no End Date).

Start Date *	Health Insurance Type	Covered?	End Date
<input type="button" value="Add"/>			

## Section II

## Complete for Head of Household and All Adults

Income from Any Source?

See **Appendix B** for detailed instructions on recording and updating income.

Monthly Income

If no data has been previously entered, click 'HUD Verification' to create a Y/N response for each Income Type. Otherwise, click the magnifying glass to review and update existing records. Each option must have one—and only one!—true and ongoing answer (no End Date).

\* 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
<input type="button" value="Add"/> <input type="button" value="View Gross Income"/>				

Non-cash benefit from any source?

Non-Cash Benefits

If no data has been previously entered, click ‘HUD Verification’ to create a Y/N response for each Non-Cash Benefits Type. Otherwise, click the magnifying glass to review and update existing records. Each option must have one—and only one!—true and ongoing answer (no End Date).

- \* 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.



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.

Domestic violence victim/survivor?

If Yes for Domestic Violence Victim/Survivor, are you currently fleeing?

If Yes for Domestic Violence Victim/Survivor, when experience occurred?

**The following questions should be answered only when required by funder or administrator:**

Household Size	<b>Required for HST: EHA program</b>
Percent of Median Family Income	<b>Required for HST: EHA program</b>
Level of Family Income (% HHS Guidelines)	Not required
Employment Status	Not required
Zip Code of Last Permanent Address	<b>Required for HST: EHA program</b>
Client’s Residence / Last Permanent Address	Not required
Current Living Situation	Not Required

## 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 Last day of the service month

End Date Leave blank

Service Type Select service from the list of the following categories:

- Eviction Prevention Legal Assistance
- Housing Expense Assistance
- Mortgage Payment Assistance
- Rental Deposit Assistance
- Rent Payment Assistance
- Utility Assistance

Service Staff Not required, leave blank.

# of Units Exact dollar amount

Unit Type Not required; leave blank.

# EXITING CLIENTS

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

## EXIT

Exit Date

**\*Defaults to date of data entry - Remember to change\***  
Backdate Exit Date to match End Date of most recent service

Reason for Leaving

Destination

### Section I

Review and update the following questions for EACH household member

Housing Move-in Date

Relationship to Head of Household

Choose "Self" if head of household. Otherwise, choose appropriate relationship to head of household. One member of the household (and no more than one) must be designated as head of household.

Disabling Condition?

Click the magnifying glass to check that responses are still accurate

Disabilities

Disabilities				HUD Verification
Disability Type	Start Date *	Disability determination	End Date	
<input type="button" value="Add"/>				

Covered by health insurance?

Click the magnifying glass to check that responses are still accurate

Health Insurance

Health Insurance				HUD Verification
Start Date *	Health Insurance Type	Covered?	End Date	
<input type="button" value="Add"/>				

### Section II

Review and update the following questions for adult household members ONLY

Income from any source?

Click the magnifying glass to check that responses are still accurate

Monthly Income

Monthly Income					HUD Verification
Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date	
<input type="button" value="Add"/>		<input type="button" value="View Gross Income"/>			

Non-cash benefits from any source?



Click the magnifying glass to check that responses are still accurate

Non-cash Benefits



Non-Cash Benefits					HUD Verification 
Start Date *	Source of Non-Cash Benefit	Receiving Benefit?	Amount of Non-Cash Benefit	End Date	
<input type="button" value="Add"/>					

The following questions should be reviewed and updated only when required by funder or administrator:

Percent of Median Family Income **Required for HST: EHA program**

Achieved case plan goals Not required; leave blank.

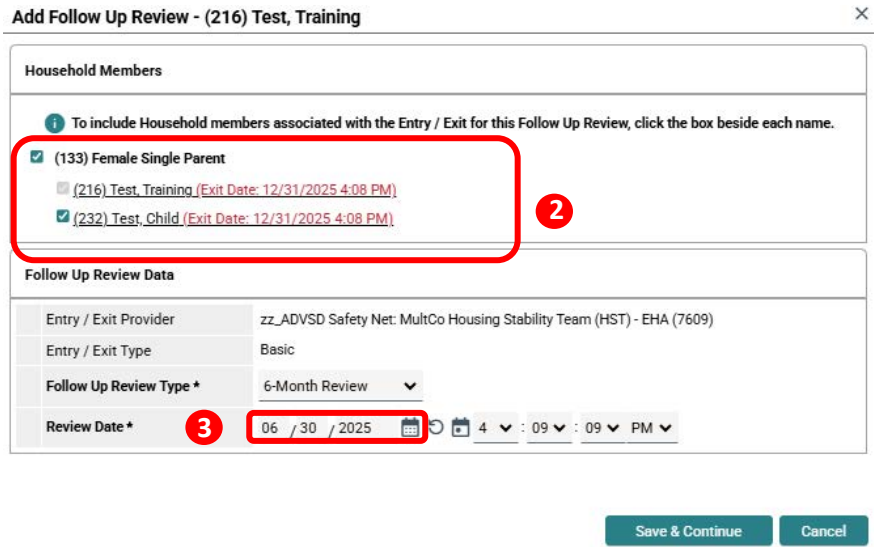
Client's Residence/Last Permanent Address Not required; leave blank.

# RECORDING FOLLOW-UPS

- Follow-ups are due at 6 months post-exit.
- Record follow-ups under the Head of Household ONLY.



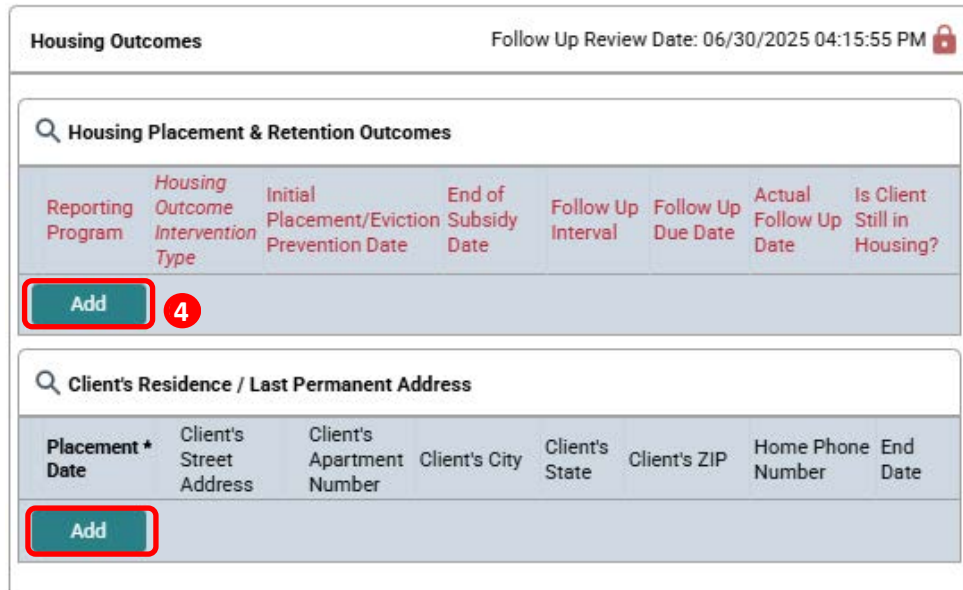
1 Click on the Follow Ups icon associated with the program entry under the “Entry/Exit” tab. Then, click on “Add Follow Up Review”.



2 Leave all household members’ names checked.

3 Choose the appropriate “Follow Up Review Type”. The one you will be using is the 6-Month Review. Click “Save & Continue”.

Record responses in both the “Housing Placement & Retention Outcomes” and the “Client’s Residence/Last Permanent Address” sections.



4 Click the “Add” button in each section to record responses



5 When done recording all responses, click “Save” at the bottom of the Housing Outcomes pop-up window.

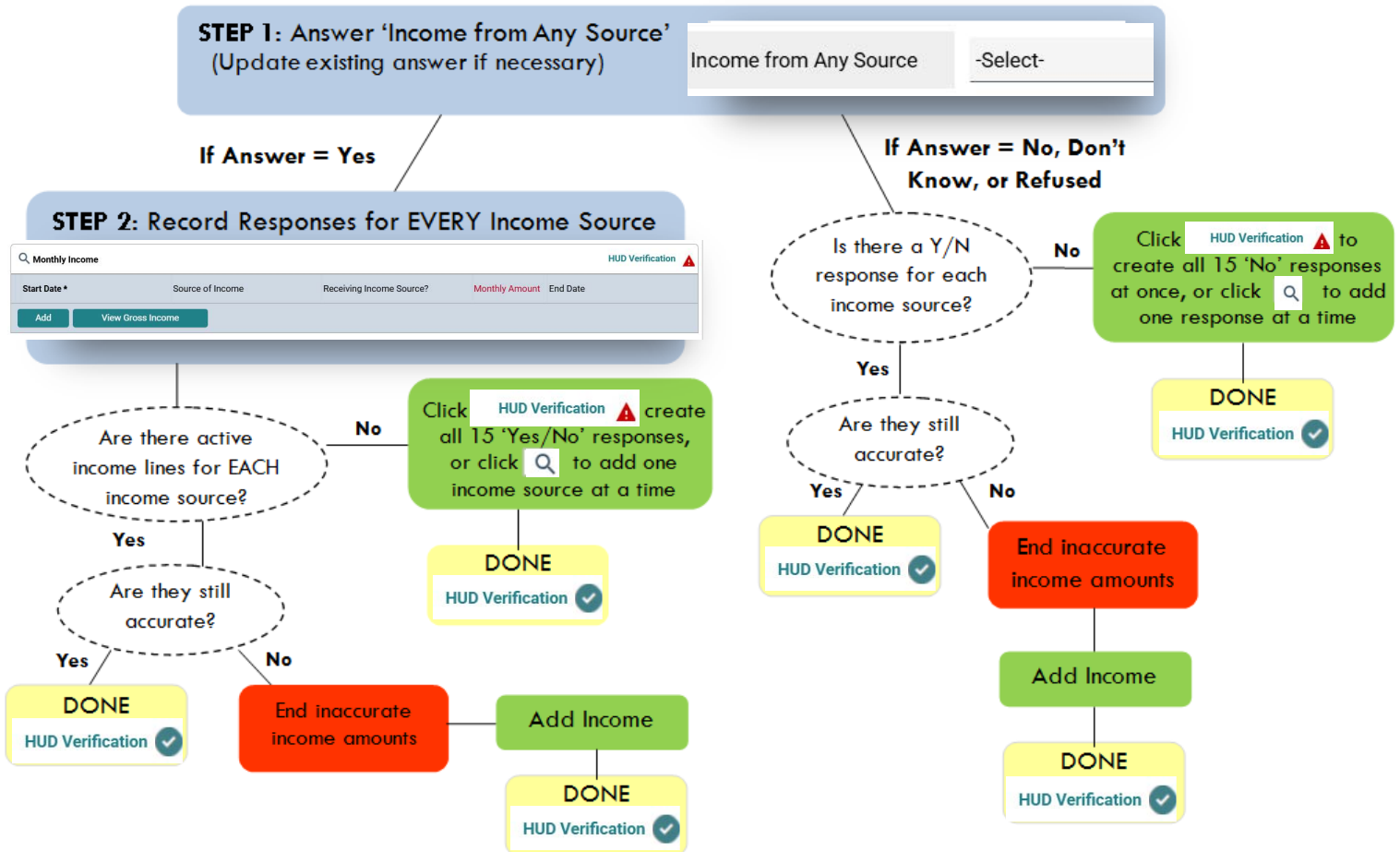
## APPENDIX A: Prior Living Situation

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

<b>Prior Living Situation</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 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 <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 TEMPORARY AND PERMANENT HOUSING SITUATIONS <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, 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	

## 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

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 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