

MULTNOMAH STABILITY INITIATIVE - ENHANCED FAMILY UNIFICATION PROJECT

ServicePoint Handbook

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

Revision History

- 7/2020 – Removed Progress Updates at 6-month intervals and left 12-month intervals only. Added 4 questions to the “Family Unification and Section 8” section of the Progress Updates (Extension requested?, Extension granted?, Did child return within 90 days of lease-up?, Date DHS case closed). Removed Employment related questions from the Progress Updates under the “Housing and Employment” section. Removed “Monthly Income” section from the Progress Updates. Removed Follow-ups at 12 months post-exit.
- 8/2018 – added Appendix C – HUD Verification for New and Existing Clients
- 6/2018 – updated ROI section, changed end date from ‘plus 10 years’ to ‘plus 7 years’.
- 3/22/2017 changed project name to MSI – Enhanced; updated progress update and follow-up instructions.

PROGRAM MODEL

The Multnomah Stability Initiative – Enhanced Family Unification Project is a comprehensive package of services intended to foster the reunification of households involved in Oregon Department of Human Services Child Welfare (DHS). MSI-ES FUP supports long term family unity, self-sufficiency and economic prosperity for households by aligning employment, education, housing, and support services in an efficient and effective manner.

ASSERTIVE ENGAGEMENT

A service approach based on the beliefs that:

- Clients are the experts, with power over their own choices and lives
- Families are capable of choosing the solutions to their own problems
- Hope is a source of motivation and strength for finding solutions
- Persistence, creativity and active listening are essential tools for service providers

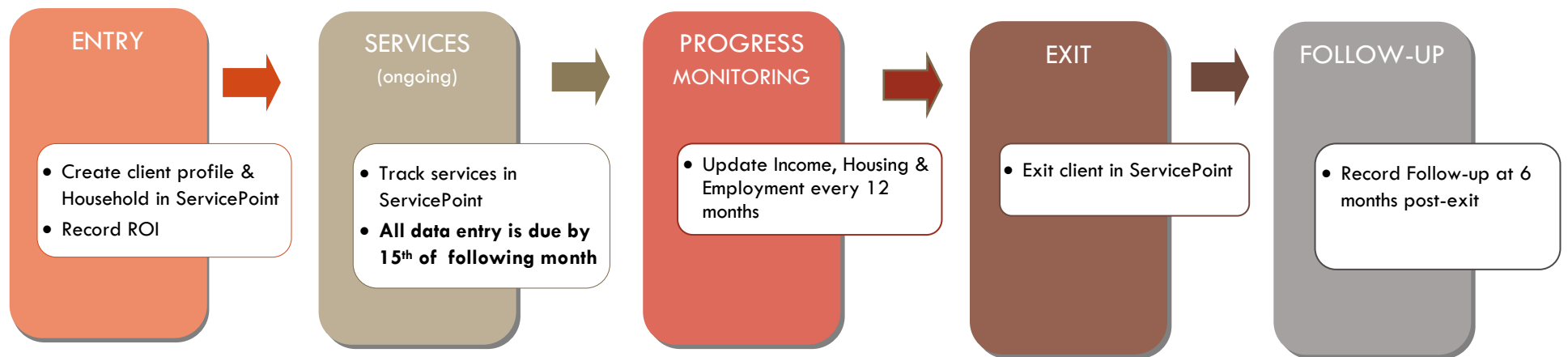
CLIENT ASSISTANCE & HOUSING SUPPORT

- Flexible funds are available to support client case plan goals
- Funds can be used for healthcare services, household supplies, utility assistance, food, childcare, transportation, rent, deposit, etc.

EMPLOYMENT TRAINING & CAREER DEVELOPMENT

- Families increase self-sufficiency and income through development of soft employment skills
- Employment trainings and educational resources are provided through WorkSystems, Inc. or other partners

DATA MILESTONES



ENTRY

- Create a program entry in the profile of 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. HOUSEHOLD

Head of Household Only choose one head of household

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


HH Date Entered Same as Program Entry Date

2. ROI

Required for ALL clients

Create one ROI for your AGENCY PROVIDER and one ROI for your MSI-ES FUP PROVIDER

Release of Information


	Provider	Permission	Start Date	End Date	
	Impact Northwest - SP	Yes	03/24/2017	03/24/2027	
	Impact Northwest: Action for Prosperity-Family Unification Program (FUP) - SP	Yes	03/24/2017	03/24/2020	
 Add Release of Information		Showing 1-2 of 2			

Provider

Use Search button to add MSI-ES FUP provider to the ROI

Release of Information Data

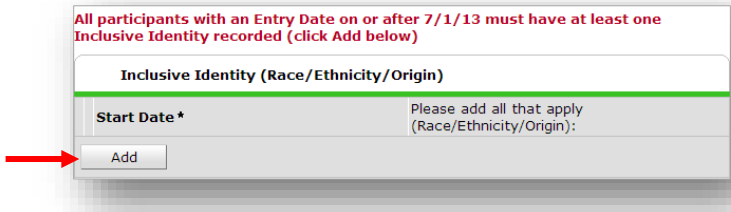
Clicking 'Save Release of Information' will create a distinct Release of Information for each selected provider.

Provider *	<div><input checked="" type="checkbox"/> Self-Enhancement, Inc. (SEI) - SP (2479) <input checked="" type="checkbox"/> Self-Enhancement, Inc. (SEI): Action for Prosperity-Family Unification Program (FUP) - SP (3399)</div> <div></div>
Release Granted *	Yes ▾
Start Date *	06 / 01 / 2018
End Date *	06 / 01 / 2025
Documentation	Signed Statement from Client ▾
Witness	Multco
<div>Save Release of Information Cancel</div>	

Choose Yes /No based on the Client Consent to Share form

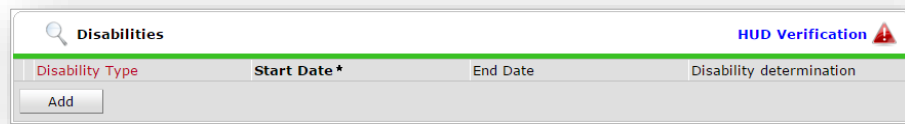
Release Granted

***Clients only need to sign one "Consent to Share" form per agency. If they respond 'Yes,' create a 'Yes' ROI for your agency and 'Yes' ROIs for any project they participate in at your agency.**

	Date the Consent to Data Sharing form was signed
Start Date	*If you're creating a new program entry for a client who has already been served by another project at your agency, check for the ROI they already have on file. If they already have a 'Yes' ROI, add a new 'Yes' ROI for PCDS and give it the same start date as their original ROI.
End Date	7 years after ROI Start Date
Documentation	Select "Signed Consent" - Verbal consent is not an option for this ROI
Witness	Enter <i>Multco</i>
3. ENTRY	Without a program entry, clients will not appear in reports
Entry Type	Always choose 'Basic'
Entry Date	*Defaults to date of data entry - Remember to change*
Section I	Complete for ALL Household Members
Relationship to Head of Household	
Date of Birth	
Date of Birth Type	
Gender	
If Other Gender, specify	Only required if Gender is 'Other'
	Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as apply.
Inclusive Identity	
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	
Primary Language-Other	Only required if Primary Language is 'Other' - Do not enter a second language
Highest Grade Completed	Do not select <i>current</i> grade
Household Size	
Does the client have a disabling condition?	

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

Disabilities

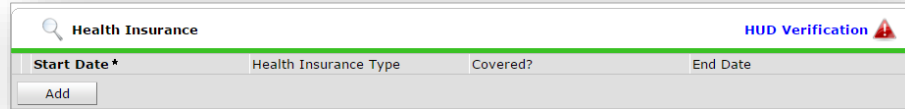


The screenshot shows the 'Disabilities' form. At the top right, there is a blue button labeled 'HUD Verification' with a red warning icon next to it. A red arrow points to this button. Below the button is a table with columns: 'Disability Type', 'Start Date *', 'End Date', and 'Disability determination'. There is an 'Add' button at the bottom left.

Covered by Health Insurance

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

Health Insurance



The screenshot shows the 'Health Insurance' form. At the top right, there is a blue button labeled 'HUD Verification' with a red warning icon next to it. A red arrow points to this button. Below the button is a table with columns: 'Start Date *', 'Health Insurance Type', 'Covered?', and 'End Date'. There is an 'Add' button at the bottom left.

Section IIa

Complete for all ADULTS (18+ yrs of age)

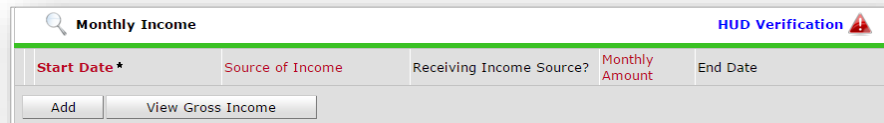
Income from Any Source

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



The screenshot shows the 'Monthly Income' form. At the top right, there is a blue button labeled 'HUD Verification' with a red warning icon next to it. A red arrow points to this button. Below the button is a table with columns: 'Start Date *', 'Source of Income', 'Receiving Income Source?', 'Monthly Amount', and 'End Date'. There are 'Add' and 'View Gross Income' buttons at the bottom left.

Total Monthly Income

Sum of all types of income in the Monthly Income box

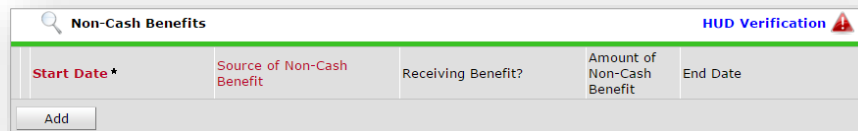
Non-cash Benefit from any source

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

Non-cash Benefits



The screenshot shows the 'Non-Cash Benefits' form. At the top right, there is a blue button labeled 'HUD Verification' with a red warning icon next to it. A red arrow points to this button. Below the button is a table with columns: 'Start Date *', 'Source of Non-Cash Benefit', 'Receiving Benefit?', 'Amount of Non-Cash Benefit', and 'End Date'. There is an 'Add' button at the bottom left.

Employment Status

U.S. Military Veteran?
(Moved to Profile)

This question has been relocated to the Client Record, please answer it there.

Domestic Violence
Victim/Survivor

Zip Code of Last
Permanent Address

Residence Prior to Project
Entry

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 IIb**Complete this section for Head of Household ONLY**

Client Location OR-501 Portland/Gresham/Multnomah County

Level of Family Income
(%HHS Guideline)

Section VI**Complete for all School-Aged Household Members**

Current School Status

Please indicate which
school client is CURRENTLY
attending

ENTERING SERVICES

- Services can be summed by category and entered into ServicePoint on a monthly basis.
- 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 (if entering monthly)
End Date	Leave blank
Service Type	Always Basic Needs - automatically fills if you select a provider-specific service
Provider Specific Service	Select service (see list below)
Service Staff	Select staff person providing services; contact the Helpline to have the picklist updated
# of Units	Total # of service hours rounded to nearest 15 minutes (.25 hours) or Exact dollar amount
Unit Type	Select Hours or Dollars

MSI-ES FUP PROVIDER-SPECIFIC SERVICES

Case Management (Hours)
Child Care (Dollars)
Clothing (Dollars)
Food (Dollars)
Furniture (Dollars)
Household Supplies (Dollars)
Housing Arrears Payment (Dollars)
Housing Background Check (Dollars)
Housing Deposit (Dollars)
Identification or Other Records (Dollars)
Language Interpretation (Dollars)
Other Client Assistance (Dollars)
Transportation (Dollars)
Utilities (Dollars)

RECORDING PROGRESS UPDATES AND FOLLOW-UPS

Progress Update and Follow-up are recorded under the Head of Household ONLY.

Progress Update and Follow-up Interval	Where do I record the Progress Update in SP?
Entry (within 60 days), every 12 months during enrollment and Exit	Use the "Interims" icon and add a new interim review EACH time
Follow-Ups (6 months post-exit)	Use the "Follow Ups" icon and add a new follow-up EACH time

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 *	Impact Northwest: Action for Prosperity-Family Unification Program (FUP) - SP (3397)	Search	My Provider	Clear
Type *	Basic			
Update				

Household Members Associated with this Entry / Exit									
	Name	Head of Household	Entry Date	Exit Date	Interims	Follow Ups	Reason for Leaving	Destination	Notes
	(1) Test, Just A	Yes	03/27/2017						
	(760840) test, Justin, Jr.	No	03/27/2017						
Showing 1-2 of 2									

1 At the top of the Program Entry screen under the Head of Household, click the **Interims Icon** if you are recording a Progress Update.

Note: The process is the same for recording **Follow-ups** with the exception that the client needs to be Exited from the program first.

2 In the next window that appears, click 'Add Interim Review'

3 Leave all household members' names checked

4 Set **Interim Review Type** to 'Scheduled Review'

5 **Review Date** = Date Progress Update/Follow-up was completed (this is not necessarily the same as the date you are entering the data into ServicePoint)

6 Click Save & Continue

Interim Reviews

Interim Reviews Associated with this Entry / Exit

Review Date	Review Type	Client Count
Add Interim Review		
No matches.		

Add Interim Review - (553) Client, Mother

Household Members

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

- ☒ (240) Female Single Parent
- ☒ (553) Client, Mother (Entry Date: 06/22/2015 9:07 AM)
- ☒ (556) Client, Child 1 (Entry Date: 06/22/2015 9:07 AM)
- ☒ (557) Client, Child 2 (Entry Date: 06/22/2015 9:07 AM)

Interim Review Data

Entry / Exit Provider	Impact Northwest: Action for Prosperity-Family Unification Program (FUP) - SP (3397)
Entry / Exit Type	Basic
Interim Review Type *	Scheduled Review
Review Date *	03 / 29 / 2017 1 : 38 : 04 PM

Save & Continue Cancel

FAMILY UNIFICATION AND SECTION 8 QUESTIONS

- Answer the questions in this section for every interval period.

Family Unification and Section 8											
	Data Entry Date	Progress and Follow-Up Interval	Is at least one child currently living with client?	Are any children currently living in a DHS out-of-home placement (kinship, foster, residential, etc.)?	Extension requested?	Extension granted?	Did child return within 90 days of lease-up?	Date DHS case closed	Date client attended Home Forward Section 8 orientation	Date of FUP-supported Section 8 lease agreement	
	12/04/2014	Entry	Yes	Yes							
	08/10/2012	Entry	Yes	No							
<div> <div>Add</div> <div>Showing 1-2 of 2</div> </div>											

1 Click 'Add' to record responses

2 Enter 'Data Entry Date'

3 Select the appropriate interval

4 Answer both questions 'Yes/No'

5 Enter date only ONCE for the interval in which each event occurred

6 Click 'Save'

Family Unification and Section 8

2
Data Entry Date
03 / 29 / 2017

SECTION I.

3
Matrix Interval
-Select-

4

Is at least one child currently living with client?
-Select-

Are any children currently living in a DHS out-of-home placement (kinship, foster, residential, etc.)?
-Select-

SECTION II.

Enter dates in this section ONCE for the interval in which each occurred:

5

Date client attended Home Forward Section 8 orientation
 / /

Date of FUP-supported Section 8 lease agreement
 / /

DO NOT USE!
 / /

6

Save
Save and Add Another
Cancel

10

HOUSING AND EMPLOYMENT

- The Housing and Employment questions must be completed at each progress update and follow-up interval.
- The employment questions must be answered for each job the Participant holds during that interval period (e.g. if a Participant has two jobs at their 6 month interval you must complete this section twice. Click 'Save and Add Another' to complete this for additional jobs).

1 Click 'Add' to record responses

2 Enter 'Data Entry Date'

3 An interval must be selected for each housing and employment assessment completed

4 Follow-up status
*Only applicable if selecting Follow-Up (6-month) Interval

5 Answer questions 'Yes/No'

6 Select the Participant's housing type for the interval being entered; this must be answered at least once for each interval.

7 Select Employment Status

8 Click 'Save'

The screenshot shows the top of the 'Housing and Employment' form. A red box highlights the 'Add' button, and a red circle with the number 1 is placed next to it. The form has a green header bar with the title 'Housing and Employment'. Below the header, there are several columns with red text labels: 'Data Entry Date', 'Progress and Follow-Up Interval', 'Follow-Up Status', 'Has the client's housing or employment information changed since the last interval?', 'Client's Living Situation', 'Employment Status', 'Employer', 'Date of Hire', 'Job Title', 'Average Hours Worked Per Week', 'Hourly Wage', and 'Employer-Paid Healthcare Benefit?'. At the bottom of the form, it says 'No matches.'

The screenshot shows the 'Housing and Employment' form with the following fields and options:

- Data Entry Date ***: 03 / 29 / 2017
- Progress and Follow-Up Interval**: -Select- (dropdown menu)
- Follow-Up Status**: -Select- (dropdown menu)
- Has the client's housing or employment information changed since the last interval?**: -Select- (dropdown menu)
- If the answer above is 'Yes', or if this is the Entry interval, answer ALL questions below:**
- Client's Living Situation**: -Select- (dropdown menu)
- Employment Status**: -Select- (dropdown menu)
- DO NOT USE!**: [] / [] / []
- Buttons**: Print Recordset, Save (highlighted with a red box and a red circle with the number 8), Save and Add Another, Cancel

EXIT

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

Section I

Update for EACH household member if needed

Covered by Health Insurance?

Click magnifying glass to check that all responses are still accurate

Health Insurance

Start Date *	Health Insurance Type	Covered?	End Date
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Add

Does client have a disabling Condition?

Click magnifying glass to check that all responses are still accurate

Disabilities

Disability Type	Start Date *	End Date	Disability determination
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Add

Section II

Complete for All Adults (18+ yrs of age)

Income from Any Source?

Click magnifying glass to check that all responses are still accurate

Monthly Income

Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date
--------------	------------------	--------------------------	----------------	----------

Add View Gross Income

Total Monthly Income

Non-Cash Benefits from any source

Click magnifying glass to check that all responses are still accurate

Non-Cash Benefits

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

Add

Employment Status at Exit

Section III

School-Age clients in Action for Prosperity II and FUP, APCM, Family Futures, Mobile Housing Team, and MultCo Rapid Re-Housing ONLY

Current School Status at
Exit

APPENDIX A

“Residence Prior to Project Entry” now has multiple housing situations to choose from. Each housing situation (Homeless, Institutional, and Transitional & Permanent) has a list of options.

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 HOMELESS SITUATION, 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 SITUATION 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 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

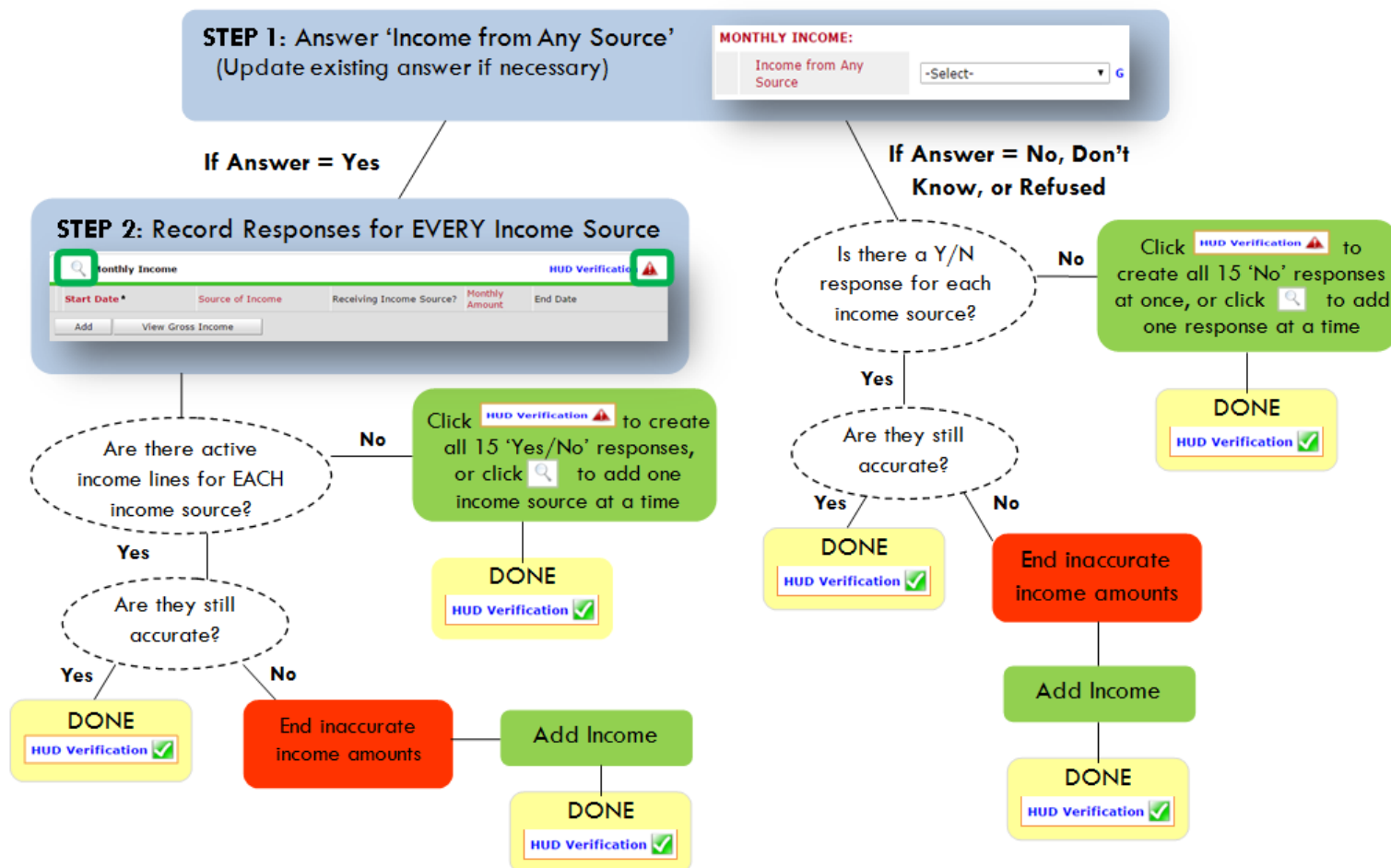
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today

Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years

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.
- 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

- 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 .
- Leave Start Date as default (date of Entry, Annual Review, or Exit)
- Select Source of Income
- Monthly Amount = (\$ amount from this source)
- Leave End Date blank
- 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.
- Click the pencil next to outdated income
 - Leave Start Date, Source, and Amount unchanged
 - End Date = the **day before** Entry/Annual Review/Exit
 - Save and Exit

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

APPENDIX C

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

Health Insurance **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

5. **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 it 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

6. **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

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!

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 No (HUD) G

➡

Health Insurance

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

Covered by Health Insurance Yes (HUD) G

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 Yes (HUD) G

Click HUD Verification and select appropriate answer for each Health Insurance Type

Health Insurance		HUD Verification ✔
Start Date *	Health Insurance Type	Covered?
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

Health Insurance						
Provider	Date Effective ▼	Start Date	Health Insurance Type	Covered?	End Date	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 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		

Showing 1-10 of 10 Add 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

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**.

Add Recordset - (192370) Test, HoH

Health Insurance

Start Date * 01 / 01 / 2018

Health Insurance Type MEDICAID

(If Yes to Other) Specify Source

Covered? Yes

(HOPWA) If Private Pay Insurance, Specify












(HOPWA) If No, Reason not covered -Select-

End Date

Save Save and Add Another Cancel

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.