

# SHELTER PLUS CARE (S+C)

## ServicePoint Handbook

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Questions? Contact [servicepoint@multco.us](mailto:servicepoint@multco.us)

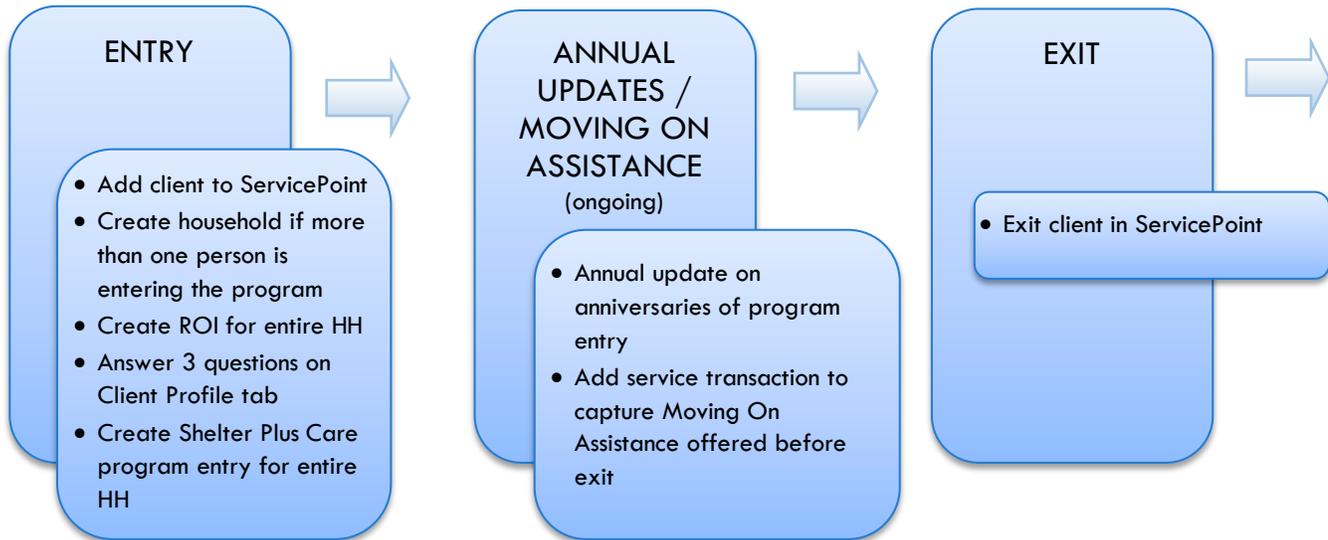
## SHELTER PLUS CARE (S+C) SERVICEPOINT HANDBOOK REVISION HISTORY

- Published October 2020
- **July 2021** – added Client Profile questions (Name Data Quality, SSN Data Quality, U.S. Veteran) to entry steps
- **October 2021** – added instructions for selecting multiple Gender options, added SHS Expansion Population A/B question to entry, added HUD PSH required questions.
- **January 2022** – added instructions for Moving On Assistance as a service transaction, added General Health question to the entry and exit sections.

## SHELTER PLUS CARE (S+C) PROGRAM MODEL

The S+C Program provides a variety of permanent housing choices, accompanied by a range of supportive services funded through other sources.

### DATA MILESTONES – SHELTER PLUS CARE (S+C)



## ENTRY INTO SHELTER PLUS CARE (S+C)

- After clients sign a *Client Consent to Share* form for their household, add agency AND Shelter Plus Care level ROIs to each HH member's ServicePoint profile. Instructions can be found at: <https://multco.us/servicepoint/manualsguides>
- 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 – NOT required for Single Individuals

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. 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 S+C 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 **all** of the SP providers associated with the program they are participating in (e.g. the S+C provider)

- Download Client Consent forms here: <https://multco.us/multnomah-county-servicepoint-helpline/homeless-family-system-care-hfsc>
- View a Video on How to Transact an ROI here: <https://www.youtube.com/watch?v=A6YYacA-sd4>

In the client profile of the Head of Household, click on the "ROI" tab. Then, click on "Add Release of Information."

Transact ROI under Head of Household

The screenshot shows a web application interface for 'Client Information'. At the top, there are two tabs: 'Client Information' (active) and 'Service Transactions'. Below these are four sub-tabs: 'Summary', 'Client Profile', 'Households', and 'ROI' (active). A red arrow points to the 'ROI' tab. Below the sub-tabs is a section titled 'Release of Information'. Under this section, there are two columns: 'Provider' and 'Permission'. In the 'Provider' column, there is a button labeled 'Add Release of Information' with a red arrow pointing to it. In the 'Permission' column, there is a button labeled 'No mat'.

Check off all household members who were included on the *Client Consent to Release of Information for Data Sharing in Multnomah County* form.

Household Members

**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.**

(230) Female Single Parent

(477) Mouse, Donald

(468) Mouse, Minnie

(478) Mouse, Sally

Provider

Click 'Search' to select your PARENT provider (also known as your Login provider) **AND your S+C provider.**

**Release of Information Data**

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

**Provider \***

- [HAP - JOIN Catholic Charities grspcich - SP \(3144\)](#)
- [Housing Transitions \(PHB\) - Catholic Charities - SP \(3326\)](#)

**Release Granted \*** Yes

**Start Date \*** 10 / 01 / 2020

**End Date \*** 10 / 01 / 2027

**Documentation** Signed Statement from Client

**Witness** SPC

Release Granted

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

Start Date

Date the Client Consent to Share form was signed

End Date

7 years after Start Date

Documentation

Select Signed Statement from Client or Verbal consent

Witness

Enter SPC

When successfully transacted, it should look like this under the ROI tab. You may choose to attach the signed Client Consent to Share form by clicking on the image of the binder clip (optional).

**Client Information** | Service Transactions

Summary | Client Profile | Households | **ROI** | Entry / Exit | Case Managers | Assessments

**Release of Information**

Provider	Permission	Start Date	End Date	
Housing Transitions (PHB) - Catholic Charities - SP	Yes	10/01/2020	10/01/2027	
HAP - JOIN Catholic Charities grspcich - SP	Yes	10/01/2020	10/01/2027	

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\* Email or call the ServicePoint Helpline if you see there are other ROIs transacted for the household already and you are unsure what to do: 503-970-4408 or [servicepoint@multco.us](mailto:servicepoint@multco.us)

### 3. CLIENT PROFILE **Every Client must have 3 questions answered in the Client Profile Tab**

Name Data Quality

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

U.S. Military Veteran?

Click the pencil to answer the 3 profile questions



Client Information	
Summary	Client Profile
<b>Client Record</b>	
Name	Client, Sample
Name Data Quality	Full Name Reported
Alias	
Social Security	
SSN Data Quality	Client refused (HUD)
U.S. Military Veteran?	No (HUD)

### 4. ADD PROGRAM ENTRY

Entry Provider Choose your relevant HAP – JOIN Catholic Charities grspcich – SP (3144)

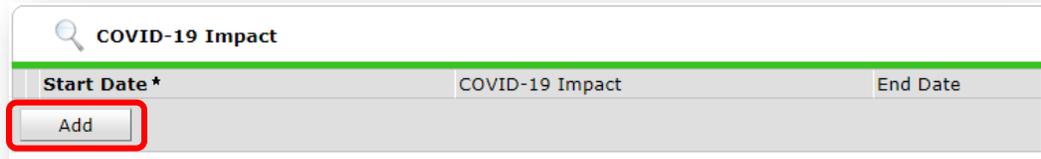
Entry Type Always choose 'HUD'

Entry Date Defaults to data entry date - **Change to date the SPC application was signed**

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

COVID-19 Related **Required for all COVID projects; NOT required for S+C**

COVID-19 Impact



Start Date *	COVID-19 Impact	End Date
<input type="button" value="Add"/>		

**Required for all COVID Projects; Click Add to select source of impact; NOT required for S+C**

Housing Move-in Date

- If client moves in on the same day as they start the program, HMID = program entry date
- If client moves in AFTER the day they start the program, HMID entered as Interim Review, NOT in the program entry (see page 9 for Interim Review instructions)

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.

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

Date of Birth

Date of Birth Type

Gender Use CTRL to choose more than one option

Race **Required in addition to Inclusive Identity**

Race-Additional (optional) Leave blank if no other Race is identified

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 2nd language or a language that is part of the picklist options under "Primary Language"**

Does client have a disabling condition? Choose answer from drop-down list

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

Disabilities

Covered by Health Insurance? Choose answer from drop-down list

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

Health Insurance

### 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/hfc1au>

Income from Any Source? Choose answer from drop-down list

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 Choose answer from drop-down list

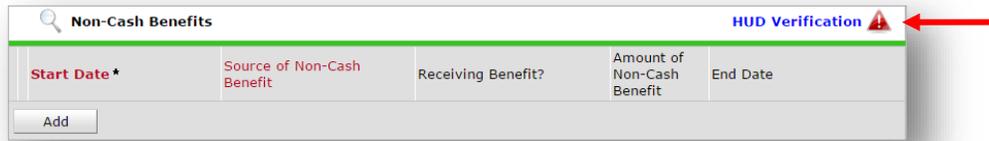
**Click 'HUD Verification' to create a Y/N response for each Benefit Source**

\* 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**



**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

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

NOT 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 **Optional**

Client's Residence / Last Permanent Address				
Placement Date *	Client's Street Address	Apt. #	Client's ZIP	Housing Type
<input type="button" value="Add"/>				

Current Living Situation **Optional**

Current Living Situation			
Start Date *	End Date	Information Date	Current Living Situation
<input type="button" value="Add"/>			

### Complete if HUD PSH Funded

Client perceives their life has value and worth. Required for Shelter Plus Care

Client perceives they have support from others who will listen to problems. Required for Shelter Plus Care

Client perceives they have a tendency to bounce back after hard times. Required for Shelter Plus Care

Clients frequency of feeling nervous, tense, worried, frustrated or afraid. Required for Shelter Plus Care

General Health Status

## ANNUAL / INTERIM REVIEWS

The Interim Review is an annual update of a client's income, benefits, and disability status. Interim Reviews are required for **each household member** even if there have been no status changes. **Interim Reviews are also used to add Housing Move-In Date if it occurs after the program entry date.**

The Interim Review can be found in the **Entry/Exit Tab** under 'Interims'

## SETTING UP AN ANNUAL / INTERIM REVIEW

The Interim Review can be found in the **Entry/Exit Tab** under 'Interims'

- 1 Click the Interims icon belonging to the program entry that requires an Interim Review

Program	Type	Project Start Date	Exit Date	Interims	Follow Ups	Client Count
HAP - JOIN Catholic Charities grspcch - SP (3144)	HUD	10/19/2020				
OR-501: Coordinated Access (7326)	Basic	10/15/2020				

- 2 Click 'Add Interim Review'

Interim Reviews Associated with this Entry / Exit

Review Date	Review Type	Client Count
No matches.		

Add Interim Review

- 3 Be sure that all household members are checked off
- 4 Interim Review Type = 'Annual Review'
- 5 Review Date = Use the same day and month as the program entry
- 6 Click 'Save and Continue'

Add Interim Review - (154) Client, Test

Household Members

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

- (87) Two Parent Family
  - (174) Client, Daughter (Entry Date: 08/19/2013 10:40 AM)
  - (176) Client, Son (Entry Date: 08/19/2013 10:40 AM)
  - (154) Client, Test (Entry Date: 08/19/2013 10:40 AM)

Interim Review Data

Entry / Exit Provider: Impact Northwest: HUD Family Futures - SP (2372)

Entry / Exit Type: HUD

Interim Review Type\*: Annual Review

Review Date\*: 08 / 20 / 2014 2 : 29 : 45 PM

Save & Continue Cancel

# COMPLETING AN ANNUAL ASSESSMENT

Housing Move In Date  
 NOT REQUIRED AT ANNUAL REVIEW  
 Relationship to Head of Household

## Assessment Updates (Formerly known as the RARE)

Verify that **Disability** responses are still accurate as of the Interim Review date. (See all areas in orange.) If not, update.

Verify that responses to **Health Insurance** questions are still accurate as of the Interim Review date (See all areas in green). If not, update responses.

Verify that **Income** responses are still accurate as of the Interim Review date. (See all areas in purple.) If not, update responses.

Verify that responses to **Non-Cash Benefits** questions are still accurate as of the Interim Review date. (See all areas in blue.) If not, update responses.

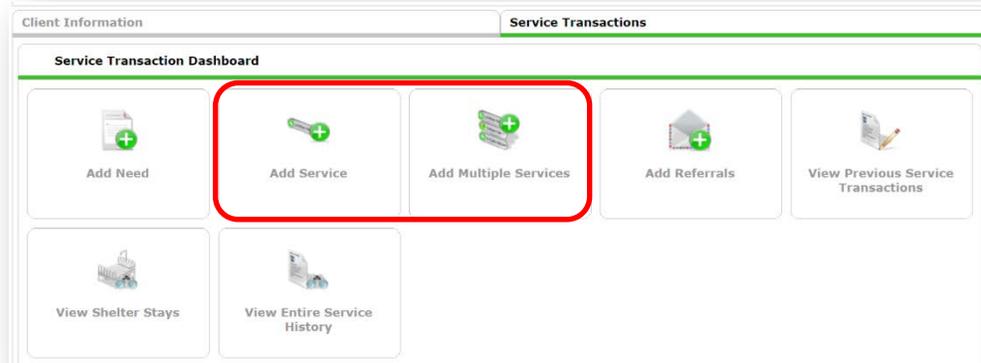
Remember to also check the **Level of Family Income** question. Hover over the question to see HHS guidelines.

**🎯 SAVE and REPEAT steps for all household members**

## ENTERING PSH MOVING ON ASSISTANCE – SERVICE TRANSACTION

- Services are entered through ClientPoint, on the client’s record
- Moving On Assistance is entered for each type offered

You can choose Add Service or Add Multiple Services; Multiple Services is faster



Start Date	Date that assistance happened
End Date	Same as the Start Date
Provider Specific Service	Select Case/Care Management; then Save & Continue
Type of Moving on Assistance	Choose one from list below; scroll to bottom of screen to Save & Exit in the lower right-hand corner

### Types of Moving on Assistance

- Subsidized housing application assistance
- Financial assistance for Moving On (e.g., security deposit, moving expenses)
- Non-financial assistance for Moving On (e.g., housing navigation, transition support)
- Housing referral/placement
- Other (please specify)

## EXIT FROM SHELTER PLUS CARE (S+C)

- A client may leave their housing situation, but still be enrolled in S+C.
- If a client is between housing units for more than 7 days, exit them from the program on the day they moved out. Re-Enter them in the program on the next day.
- Enter Housing Move-In Date (HMD) when it occurs, through the Interim icon of the new entry

### EXIT

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

Exit Date Last day of housing

Reason for Leaving

Destination

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

Housing Move-in Date Review. Leave blank or delete only if client is NOT in permanent housing at exit.

Relationship to Head of Household

Does client have a disabling condition?

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

Disabilities

A screenshot of a form field labeled "Disabilities". A red arrow points to a magnifying glass icon on the left side of the field. On the right side, there is a "HUD Verification" label with a green checkmark icon.

Covered by Health Insurance?

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

Health Insurance

A screenshot of a form field labeled "Health Insurance". A red arrow points to a magnifying glass icon on the left side of the field. On the right side, there is a "HUD Verification" label with a green checkmark icon.

### 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

A screenshot of a form field labeled "Monthly Income". A red arrow points to a magnifying glass icon on the left side of the field. On the right side, there is a "HUD Verification" label with a green checkmark icon.

Non-cash benefit from any source?

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

Non-Cash Benefits

A screenshot of a form field labeled "Non-Cash Benefits". A red arrow points to a magnifying glass icon on the left side of the field. On the right side, there is a "HUD Verification" label with a green checkmark icon.

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

Percent of Median Family Income NOT 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". It has a table with columns: "Placement Date", "Client's Street Address", "Apt. #", "Client's ZIP", and "Housing Type". There is an "Add" button at the bottom left.

Placement Date	Client's Street Address	Apt. #	Client's ZIP	Housing Type

Add

## Complete if HUD PSH Funded

Client perceives their life has value and worth. Required for Shelter Plus Care

---

Client perceives they have support from others who will listen to problems. Required for Shelter Plus Care

---

Client perceives they have a tendency to bounce back after hard times. Required for Shelter Plus Care

---

Clients frequency of feeling nervous, tense, worried, frustrated or afraid. Required for Shelter Plus Care

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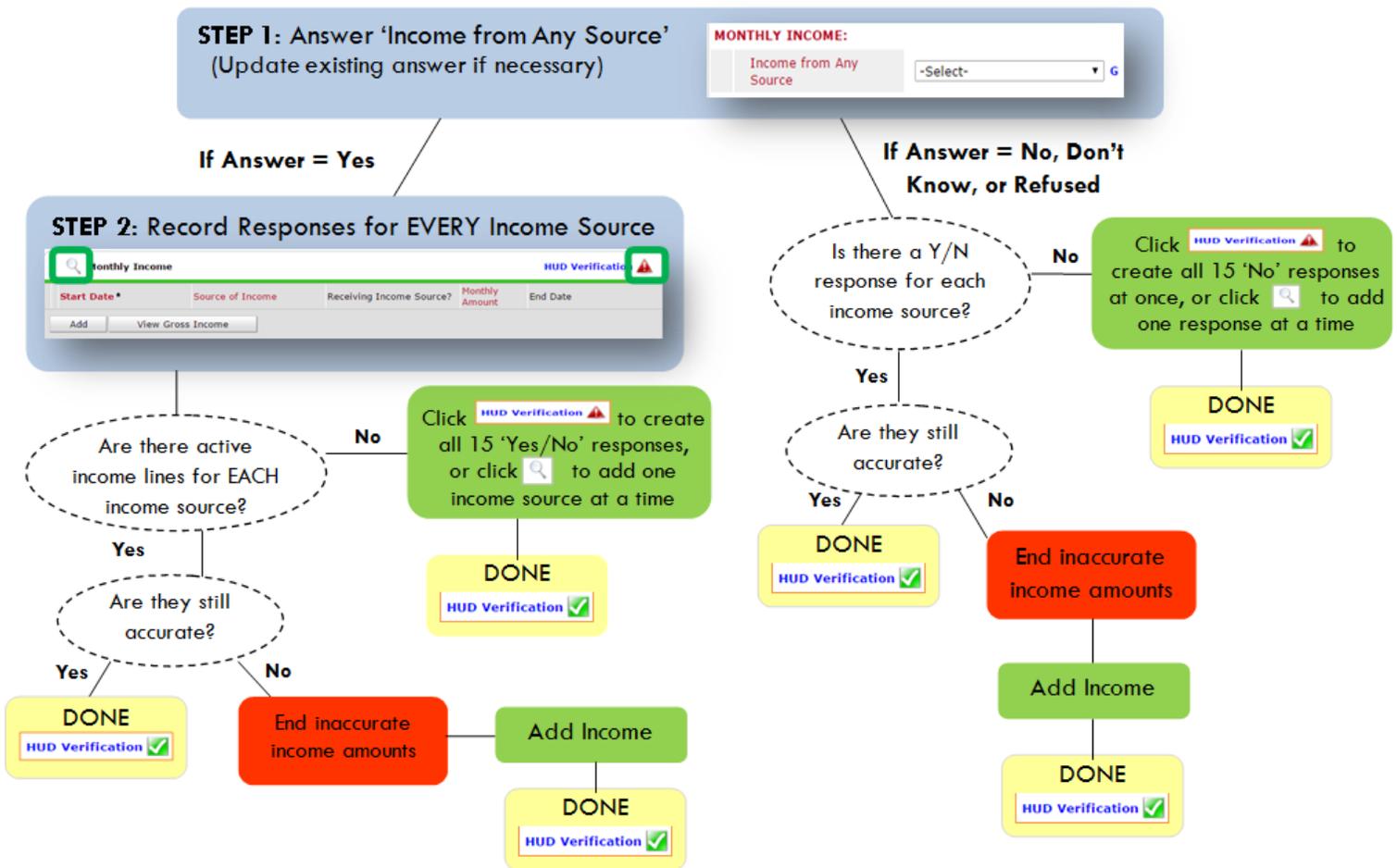
General Health Status

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# APPENDIX I

## 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 (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**

## APPENDIX II

### 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	

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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

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	

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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 3:24:32 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

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
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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.