FAMILY SHELTER DIVERSION ServicePoint Handbook

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Questions? Contact the ServicePoint Helpline at servicepoint@multco.us

http://multco.us/servicepoint

Version 3.1

Shelter Diversion ServicePoint Handbook - Revision History

- November 2021 (Version 3.1) Added information on how to select more than one Gender option; added new JOHS Population A/B question to program entry.
- November 2020: (Version 3.0) Revised process for removing families from Coordinated Entry Waitlist (formerly called the Family Queue).
- July 2020: Remove sections on Service Transactions; Services are not required for Shelter Diversion
- November 2019: (Version 2.5) Update queue removal process.
- March 2019: Added sections on updating the Referral to Family Queue and recording 6- and 12-month follow-ups. Eliminated service entries unless tied to a funding stream.
- August 2018: (Version 2.4) Added Appendix II: HUD Verification New & Existing Clients.
- June 2018: Updated ROI section, changed end date from plus 10 years to plus 7 years.
- December 21, 2017 (Version 2.3): Updated Program Entry and Exit instructions to reflect changes to the order and layout of questions in SP.
- September 12, 2017 (Version 2.2): Changed start date instructions for services to be the same for both Homelessness Prevention and Rapid Re-Housing. Updated ROI instructions to reflect additional diversion provider.
- August 23, 2017 (Version 2.0): Updated instructions to reflect change from one ServicePoint Shelter Diversion provider per agency to two ServicePoint Shelter Diversion providers per agency (Homelessness Prevention and Rapid Re-Housing). Removed "Rental Application Fee Payment Assistance" and "Rental Deposit Assistance" from service list for Homelessness Prevention provider; a Rapid Re-Housing program entry should be opened if funds expended are in these service categories. Updated entry/exit assessments to collect all HUD required elements.
- November 15, 2016: Added ROI instructions and updated with 2016 HUD Standards Changes (Gender options, Disabling Condition question required for all, History of Homelessness/Living Situation questions)
- Original version published July 8, 2016

DATA MILESTONES - SHELTER DIVERSION

ENTRY

- Add client to ServicePoint
- Create household (HH)
- Transact ROI for entire HH
- Create appropriate Shelter Diversion program entry (Homelessness Prevention or Rapid Re-Housing) for household
- Send email to JOHS to remove family from waitlist

UPDATES

- Add Housing Move In Dates (HMIDs) when clients are housed in RRH
- HMIDs entered through the Interim icon on the Entry/Exit tab, if they don't occur on the same day as the Entry Date



FOLLOW-UPS

 Record follow-ups at 6 & 12 months after exit

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1. BUILD/UPDATE HOUSEHOLD

Household Type

Head of Household Only <u>one</u> head of household

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

HH Date Entered

2. TRANSACT ROJ 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 (Rapid Re-Housing <u>and</u> Homelessness Prevention) 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. For Shelter Diversion, this would be Shelter Diversion: Rapid Re-Housing and Shelter Diversion: Homelessness Prevention providers.

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

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

	Client Information	Service Transactions						
	Summary	Summary Client Profile Households ROI						
Transact ROI under Head of Household	Release of J	Release of Information						
	Add Release of	Information		Permission 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
	☑ <u>(478) Mouse, Sally</u>

Click 'Search' to select your PARENT provider (also known as your Login provider) AND all Provider of your Shelter Diversion providers (RRH and HP) for your agency. Choose Yes or No based on the Client Release of Information Data **Release Granted** Consent to Share form Clicking 'Save Release of Information' will create a distinct Release of 0 Information for each selected provider. Provider * Human Solutions - SP (14) Search Human Solutions: Shelter Diversion Date the Client (Homelessness Prevention) (5497) Human Solutions: Shelter Diversion (Rapid Re-Start Date Consent to Share <u>Housing) (6178)</u> form was signed 7 years after End Date Start Date Release Granted * Yes ۲ Select "Signed 06 / 01 / 2018 27 🔾 27 Start Date * Statement 06 / 01 / 2025 🧖 🔿 🦉 End Date * Documentation from Client" Documentation Signed Statement from Client Verbal consent is not an option Witness Multco Save Release of Information Cancel Enter Multco Witness

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).

Relea	xample, HoH se of Information: No	ne		-Switch	to Another Househ	nold Member- >	Submit
Client Information Service Transactions							
Summary Client Profile Households ROI Entry / Exit Case Managers Case Plans Assessments							
/ 🧋	Human Solutions: S Re-Housing)	helter Diversion (Rapid	Yes	10/10/2017	10/10/2027	*
/	Human Solutions: S Re-Housing)	helter Diversion (Rapid	Yes	10/10/2017	10/10/2027	ŵ
1	Human Solutions: S Prevention)	helter Diversion (Homelessness	Yes	10/10/2017	10/10/2027	¢,
 9 	B.	SP		Yes	10/10/2017	10/10/2027	Å.
	Human Solutions -						

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

3. CLIENT PROFILE Every Client must have 3 questions answered in the Client Profile Tab Name Data Quality Client Information Summary Client Profile Households ROI Click the SSN Data Quality - always answer 🧪 Client Record pencil to 'Client Refused' (unless SSN is answer the 3 Name Client, Sample required for a particular project) profile Name Data Quality Full Name Reported Alias questions U.S. Military Veteran? (Required Social Security SSN Data Quality Client refused (HUD) for adults 18+) U.S. Military Veteran? No (HUD)

4. ADD PROGRAM ENTRY

There are two Shelter Diversion SP providers per agency. Follow the following guidelines to determine whether you will need to add a <u>Homelessness Prevention</u> or <u>Rapid Re-Housing</u> Program Entry.

HUD Project Type	Intention/Purpose	Residence Prior/Homeless Status
Homelessness Prevention	To keep the household in existing housing	Housed
Rapid Re-Housing	To prevent a household from entering shelter by providing new housing placement	Literally Homeless – Unsheltered (including Fleeing)
Rapid Re-Housing	To move households who are already in shelter into new housing placement	Literally Homeless – Emergency Shelter

- Create a program entry for the <u>Head of Household</u> 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 in the program entry.
- Go into the entry of EACH household member (adults and children) to enter program entry data.

Entry Provider	Choose your relevant Shelter Diversion provider. Pay attention to whether you are choosing "Homelessness Prevention" or "Rapid Re-Housing."
Entry Type	Always choose 'Basic'
Entry Date	Defaults to data entry date - Change to date of intake/service
Complete the following que	stions for EACH Household Member
Housing Move-in Date	If this person is NOT in permanent housing at the time of program entry, make sure this field is blank (delete date if needed). For Rapid Re-Housing, when permanent housing placement is made, update this field by creating an Interim Review (see page 11).
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	Correct answer is: OR-501 Portland/Gresham/Multnomah County
Date of Birth	

Date of Birth Type	
Gender	Use CTRL to select more than one option
Federal Race/Ethnicity Questions	Required by HUD
Race	
Race-Additional	(optional) Do not answer the same as 'Race' above
Ethnicity	
Inclusive Identity: Required Loca	lly
Inclusive Identity	Click 'Add' to enter a client's self-identified race/ethnicity. Add all that apply. This is in addition to the Federal Race/Ethnicity Questions above (i.e. If you entered "White" under Race above, enter "White" here as well).
Primary Language	
If Primary Language is Other, then Specify	Required if Primary Language chosen above is 'Other' - Do <u>not</u> enter a 2 nd language or a language that is part of the picklist options under "Primary Language"
Does client have a disabling condi	tion?
Disabilities	Click 'HUD Verification' to create a Y/N response for each Disability Type Uisabilities Disability Type Start Date* End Date Disability determination Add
Covered by Health Insurance?	
Health Insurance	Click 'HUD Verification' to create a Y/N response for each Health Insurance Type Health Insurance Health Insurance Health Insurance Start Date* Health Insurance Health Insurance Start Date* Health Insurance Health
Complete the following questi	ons for Head of Household and All Adults
Identify JOHS priority population	Refer to Population A/B Determination form: <u>https://rb.gy/hfc1au</u>
Income from Any Source?	See Appendix I for detailed instructions on recording and updating already existing client income.

 Monthly Income
 Image: Click 'HUD Verification' to create a Y/N response for each Income Source * Only list income that will be ongoing

 Monthly Income
 * Enter Household Income provided by a minor in the Head of Household's profile

 Image: Click 'HUD Verification' to create a Y/N response for each Income Source * Only list income that will be ongoing

 Monthly Income
 HUD Verification * Enter Household Income provided by a minor in the Head of Household's profile

 Image: Click 'HUD Verification * Enter Household Income Provided By a minor in the Head of Household's profile

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 Image: Click 'HUD Verification * Enter Household Income Provided By a minor in the Head of Household's profile

 Image: Click 'HUD Verification * Enter Household Income Provided By a minor in the Head of Household's profile

 Image: Click 'HUD Verification * Enter Household By a minor in the

Non-cash benefit from any source Complete HUD Verification; record benefit type, amount is no longer required

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

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

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

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 <u>and</u> Length of Stay in Previous Place is less than **90 days**, you will see the following questions:

On the night before, 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 <u>and</u> Length of Stay in Previous Place is less than **7 days**, you will see the following questions:

On the night before, 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	Required for EACH Household Member
Percent of Median Family Income	NOT required
Level of Family Income (% HHS Guidelines)	NOT required

Employment Status	Required for Head of Household and ALL Adults
Zip Code of Last Permanent Address	Required for Head of Household and ALL Adults
Client's Residence/Last Permanent Address	NOT required

UPDATING WAITLIST FOR COORDINATED ACCESS (RRH ONLY)

Most Shelter Families go through Coordinated Access and are on the Family Housing Waitlist (formerly called the Family Queue). On October 1, 2020 Coordinated Entry was changed from a referral process to an Entry/Exit process. The Entry looks like this:

ummary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Cas	e Plans	Measurements	Activities	Assess	ments
		🕕 Reminder	: Household men	ibers must be estat	blished on Households	s tab b	efore creating	Entry / Exits			
Entry /	Exit										
Progra	m		Туре		Project Start Date		Exit Date	Interi	ns Follow Ups	Client Count	
🗑 OR-501	: Coordinated Access	(7326)	Basic	1	09/01/2020	/		lo	Ē.		ŵ
	/ Exit				Showin	g 1-1	of 1				

To keep this waitlist clean, it is important to notify JOHS so the family can be removed.

Send an email to Yesenia Delgado - <u>yesenia.delgado@multco.us</u>. Your email should include the ServicePoint client number and date family has been enrolled into a Shelter Diversion RRH program.

If Housing wasn't successful:

Send an email to Yesenia Delgado - <u>yesenia.delgado@multco.us</u>. Include the ServicePoint client number and date family was exited from the Shelter Diversion RRH program.

HOUSING PLACEMENT for SHELTER DIVERSION: RAPID RE-HOUSING

When a household has been placed in permanent housing, **update the Housing Move-in Date** using the following steps. Do NOT pencil back into the program entry to update this field.

	Client Informa	ition			ice Tr	ansactions		
	Summary	Client Profile	Househo	lds ROI	Entry / Exit	Case Managers	Case Pla	ns Assessments
Ulick on the Entry/Exit tab in the	0	Reminder: Hous	ehold memt	bers must be esta	ablished on House	eholds tab before o	reating Ent	ry / Exits
riedd of Household's prome	Entry /	Exit						
	Program	ı		Туре	Entry Date	Exit Date	Interims	Follow Client Ups Count
	Human Se (Rapid Re	olutions: Shelter e-Housing) (6178	Diversion	Basic	07/01/2017	2	E.	E 🔏 🎍
Olick on the icon in the 'Interims' column	Add Entry	y / Exit	,		Showing 1	-1 of 1	2	
6 Click the 'Add Interim Review' button								Exit
		Interim Rev	views					×
		Interim	Reviews /	Associated with	this Entry / Ex	it		1
		Review	v Date Re	eview Type				Client Count
	B	Add Interin	Review		No r	natches.		6
	Add Inte	erim Reviev	v - (2) I	Ivanovna, M	larina			
	Hou	isehold Memt	oers					
Olick to include all household members	_ То	o include Hou	sehold m	nembers asso	ciated with th	e Entry / Exit f	or this In	terim Review, click
				the	box beside ea	ach name.		,
S Choose 'Update' for Interim Review Type		Two Parent F	amily arina (Ent	rv Date: 03/05	/2019 1·41 PM)		
	. <u>(1</u>) Vladimirovici	<u>n, Pyotr (E</u>	Entry Date: 03/	05/2019 1:41	<u>PM)</u>		
Set Review Date to Housing Move-in Date	Inte	erim Review I	Data					
Click 'Save & Continue'			Jutu				>	
	Entry	/ Exit Provide	r	Human Solution	is: Shelter Dive	ersion (RRH) (61	/8)	
	5 Inter	rim Review T	ype*	Update	•			
	6 Revie	ew Date *		03 / 14 / 20:	19 🧖 🕽 🧸	1 •: 40 • :	17 * PM	T
	Y							
Entry / Exit Inter	im Review							et 23
⁽³⁾ Fill in or update the	/ Data							
Housing Move-in Date								

Olick on each household member and repeat step 8.

When steps above are Completed, click on 'Save & Exit.'



EXITING SHELTER DIVERSION HOUSEHOLDS IN SERVICEPOINT

Note: Due to the nature of shelter diversion services, it's possible that the Entry, Exit, and Service dates are all on the same dates.

See income instructions on pg. 14 on how to end date income and benefits records and add new ones.

EXIT Answers	from Entry will carry over. <u>Remember to update all responses that have changed</u> .
Exit Date	Defaults to data entry date – change to Exit Date
Reason for Leaving	
Destination	
Verify, and if applicable, upd	late 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 House	hold
Does client have a disabling co	ondition?
	Click magnifying glass to check that all responses are still accurate
Disabilities	HUD Verification V
Covered by Health Insurance?	
	Click magnifying glass to check that all responses are still accurate
Health Insurance	
	Hud Verification V
Verify, and if applicable, upd	HUD Verification
Verify, and if applicable, upd Income from Any Source?	A Health Insurance HUD Verification
Verify, and if applicable, upd Income from Any Source?	Hub Verification
Verify, and if applicable, upd Income from Any Source? Monthly Income	Health Insurance HUD Verification Automatic Provide the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate
Verify, and if applicable, upd Income from Any Source? Monthly Income Non-cash benefit from any sou	Health Insurance HUD Verification Verificatio Verification Verification Verification Verificati
Verify, and if applicable, upd Income from Any Source? Monthly Income Non-cash benefit from any sou	Health Insurance Hub Verification Verificatio Verification Verification Verification Verificati
Verify, and if applicable, upd Income from Any Source? Monthly Income Non-cash benefit from any sou Non-Cash Benefits	Realth Insurance RUD Verification Constraints Rub Verification Rub Verifi
Verify, and if applicable, upd Income from Any Source? Monthly Income Non-cash benefit from any sou Non-Cash Benefits Update the following questio	Health Insurance Health Insurance Indee the following questions for Head of Household and All Adults Click magnifying glass to check that all responses are still accurate HUD Verification Image: Provide the state of the s
Verify, and if applicable, upd Income from Any Source? Monthly Income Non-cash benefit from any sou Non-Cash Benefits Update the following questio Percent of Median Family Inco	Indee the following questions for Head of Household and All Adults
Verify, and if applicable, upd Income from Any Source? Monthly Income Non-cash benefit from any sou Non-Cash Benefits Update the following questio Percent of Median Family Inco Achieved case plan goals	Iteatth Insurance

PRE-SETTING SHELTER DIVERSION FOLLOW-UPS FOR RAPID RE-HOUSING

- 6 and 12 month follow-ups are required after exit from Shelter Diversion
- At the time of Exit from Shelter Diversion Rapid Re-Housing, go to the Assessments tab of the Head of Household's profile. Select **'DSCP 3, 6, 9, and 12-Month Follow-Up'** from the drop-down menu and click 'Submit.'

Client Information Service Transactions
Summary Client Profile Households ROI Entry / Exit Case Managers Case Plans Activities Assessments
Select an Assessment
DSCP 3, 6, 9, and 12-Month Follow-Up
DSCP 3, 6, 9, and 12-Month Follow-Up
Save Cancel
Save Cancel
Save Cancel Follow-Up required 3, 6, 9, and 12 months after Exit
Save Cancel Follow-Up required 3, 6, 9, and 12 months after Exit Housing Placement & Retention Outcomes
Save Cancel Save Cancel Follow-Up required 3, 6, 9, and 12 months after Exit A Housing Placement & Retention Outcomes Program Initial Placement/Eviction Program End of Subsidy Pollow Up Due Actual Follow Up Date Save Cancel Program Initial Placement/Eviction Date Follow Up Due Actual Follow Up Date Is Client Still in Housing?



Olick 'Save and Add Another' and repeat Steps 1-5 for 12 mo. follow-up, changing The 'Follow-Up Interval'.

RECORDING SHELTER DIVERSION FOLLOW-UPS FOR RAPID RE-HOUSING

Follow-ups that were pre-set at the time of RRH Exit can be found in the Assessments tab of the Head of Household's profile. Select **'DSCP 3, 6, 9, and 12-Month** Follow-Up' and click 'Submit.

- Click the pencil next to the follow-up interval you'd like to record
- Record Actual Follow-up responses
- Click 'Save

Select an Assessment DSCP 3, 6, and 12 Honth Follow-Up Solamk OSCP 3, 6, and 12 Honth Follow-Up Follow-Up required 3, 6, and 12 months after Exit	å 0.
DSCP 3, 6, and 12 Horth Follow-Up DSCP 3, 6, and 12 Horth Follow-Up Follow-Up required 3, 6, and 12 months after Exit	å 0
DSCP 2, 6, and 12 Honth Follow-Up	2 0
Follow-Up required 3, 6, and 12 months after Exit	* 11
Reporting Program Hosaing Outcome Intervention Type Actual Follow Up Date Tellow Up Date Actual Follow Up Date Actual Follow Up Date Actual Follow Up Date Provention Date	ient Still in ing?
/ Vito Diversion Permanent Placement 12/01/2015 03/30/2016 12-Months 03/30/2017	
2 10HS Diversion Permanent Placement 12/01/2015 03/30/2017 6-Months 09/30/2017	

Housing Placement	& Retention Outcomes	Å.
Reporting Program	JOHS Diversion V G	
Housing Outcome Intervention Type	Permanent Placement V G	
Housing Placement Information:	L	
Initial Placement/Eviction Prevention Date	12 / 01 / 2015 🧖 💐 G	
End of Subsidy Date	03 / 30 / 2017 🧖 🔿 🦉 G	
Follow-Up Schedule:		
What event triggered this follow-up?	End of Subsidy/Exit • G	
Follow Up Interval	6-Months 🔻 G	
Follow Up Due Date	09 / 30 / 2017 🥂 🤯 😋 G	
Actual Follow-Up Outcome:		
Actual Follow Up Date	10 / 01 / 2017 🧖 🔿 🤯 G	
Follow-Up Status	Client contacted V G	
Is Client Still in Housing?	Yes (HUD) 🔻 G	
Leave Blank	// 🧖 🧿 🦉 G	
Print Recordset	Save Save and Add Another C	ancel

APPENDIX I: CLIENT INCOME

RECORDING CLIENT INCOME

- Each client's record should store their entire income history. Never update a client's income by deleting or writingover 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 HUD Verification A 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)
- S Leave End Date blank
- **G** 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.
- Olick the pencil next to outdated income
- ² 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

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.

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.

ealth Insurance Ques sewer the "Covered b Covered by Health Insurance	y Health Insurance" question for everyone.	0	HUD Verification for CoC Programs
C Health Insurar	vd select appropriate answer for each Healt Ice	h 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	e No	
/ 🧃 10/01/2014	Health Insurance obtained through COBRA	No	
	State Children's Mealth	1	
/ 🧃 10/01/2014	Insurance Program	NO	

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	lected			
		Receiving Income Source?			
Sc	ource of Income	Yes	No	Data Not Collected	Incomplete
Ali	imony or Other Spousal Support (HUD)	•	0	0	۲
Cł	nild Support (HUD)	0	0	0	۲
Ea	arned Income (HUD)	0	0	0	۲
Ot	Other (HUD)		0	0	۲
Pe	ension or retirement income from another job (HUD)	0	0	0	۲
Pr	ivate Disability Insurance (HUD)	0	0	0	۲
Re	etirement Income From Social Security (HUD)	•	•	0	۲
SS	GDI (HUD)	0	0	0	۲
SS	SI (HUD)	•	0	۲	۲
TA	ANF (HUD)	0	0	0	۲
Ur	nemployment Insurance (HUD)	0	0	0	۲
VA	A Non-Service Connected Disability Pension (HUD)	0	0	0	۲
VA	A Service Connected Disability Compensation (HUD)	•	0	0	۲
W	orker's Compensation (HUD)	0	0	0	۲
			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.

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.

Monthly Income	
Start Date *	10 /01 /2014 🛛 💐 💙 💑 6
Source of Income	TANF (HUD)
If Other, Please Specify	G
Receiving Income Source?	Yes
If other, specify	
Monthly Amount 5	487 G
End Date	// 🥂 🏹 🖏 G
ARCHIVAL USE ONLY!	-Select- V G
	Save Cancel

Disabilities Disability Type Mental Health Problem (HUD) Start Date • 07 / 30 / 2018 2 3 6 Note on Disability 07 / 30 / 2018 2 3 6 Above condition is going to be long term? (Retired) G Above condition is going to be long term? (Retired) Yes • G If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently • G Disability determination Yes (HUD) • G End Date / / / 2018 2 6 Save	Add Recordset	×
Disability Type Mental Health Problem (HUD) Start Date * 07 / 30 / 2018 2 3 6 Note on Disability Image: Comparison of the second se	Disabilities	
Start Date * 07 / 30 / 2018 3 3 3 6 Note on Disability G Above condition is going to be long term? (Retired) F If Yes, Expected to be of long-continued and substantially impairs ability to live independently F Disability determination Yes (HUD) G End Date / / / 30 / 2018 3 3 3 6 G	Disability Type	Mental Health Problem (HUD)
Note on Disability G Above condition is going to be long term? (Retired) Yes • G If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently Yes (HUD) • G Disability determination Yes (HUD) G End Date / / / Ø Ø Ø Ø G Save Cancel	Start Date *	07 30 2018 🧃 💸 G
Above condition is going to be long term? (Retired) If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently Disability determination End Date Yes (HUD) End Date G Save Cancel	Note on Disability	G
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently Disability determination End Date Save Cancel	Above condition is going to be long term? (Retired)	Yes • G
Disability determination Yes (HUD) End Date Yes (HUD) Save Cancel	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes (HUD) G
End Date	Disability determination	Yes (HUD)
Save Cancel	End Date	// 🥂 G
		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.

Covered by Health Insurance	No (HUD) 🔻 G		
Click HUD Verification and sel	ect appropriate answer for each Health	Insurance Type	
lealth Insurance			HUD Verification
Start Date*	Health Insurance Type	Covered?	End Date
01/01/2017	Employer - Provided Health Insurance	No	
2 🗑 01/01/2017	Veteran's Administration (VA) Medical Services	No	
2 👿 01/01/2017	State Children's Health Insurance Program	No	
/ 🧃 01/01/2017	MEDICARE	No	
/ 🗑 01/01/2017	Other	No	

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!

	н	ealth Insurance	rance				
		Provider	Date Effective -	Start Date	Health Insurance Type	Covered?	End Date
1	Ŵ	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
1	1	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	
1	Ŵ	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	
1	T	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
1	Ŵ	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
1	W	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	
1	ų	Multhomah 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	
1	Ŵ	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
1	W	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	
1	¥	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	
	Ad	d		Show	wing 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".

Answer the "Covered by Health Insurance" question for everyone.		Answer the "Covered by H	Health Insurance" question for everyone.
Covered by Health Insurance No (HUD)	G	Covered by Health Insurance	Yes (HUD)

Click on the magnifying glass icon to review each of the individual answers within the HUD Verification.

c.	Cov Insi	ered by Health urance	Yes (HUD) 🔻 G		
		Health Insurance	ect appropriate answer for each Health	Insurance Type	HUD Verification
		Start Date *	Health Insurance Type	Covered?	End Date
/	ij	01/01/2017	Employer - Provided Health Insurance	No	
/	ij	01/01/2017	Veteran's Administration (VA) Medical Services	No	
/	ij	01/01/2017	State Children's Health Insurance Program	No	
1	1	01/01/2017	MEDICARE	No	
	1	01/01/2017	Other	No	

Tip: The Start Date shows the date of the entry wherein each answer was created.

Health Insurance						
	Provider	Date Effective 🔻	Start Date	Health Insurance Type	Covered?	End Date
1	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	
1	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	
1	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	
2	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
1	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
1	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	
1	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	
1	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	
1	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	

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.

Health Insurance		🍻 🔒
Start Date *	01 / 01 / 2017 🧖 🔿 🤯 G	
Health Insurance Type	MEDICAID	▼ G
(If Yes to Other) Specify Source		1
Covered?	No T G	
(HOPWA) If Private Pay Insurance, Specify		
(HOPWA) If No, Reason not covered	-Select- C	
End Date	/ / / 🕅 🔿 🚜 G	
Print Recordset	Save	Cancel

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**.

End Date Print Recordset	■ 12 / 31 / 2017 🥂 🏹 🔊 🥂 G Save Cancel	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 .

/	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
Ado	1		Showin	ng 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.

The **End Date** now appears in line with the "No" for the

MEDICAID answer.

3. Covered? Is "Yes".

LEAVE END DATE BLANK. Click **Save.**

Health Insurance	
Start Date *	01 / 01 / 2018 🛛 💐 🔿 🦉 G
Health Insurance Type	MEDICAID G
(If Yes to Other) Specify Source	G
Covered?	Yes T G
(HOPWA) If Private Pay Insurance, Specify	G
(HOPWA) If No, Reason not covered	-Select- ▼ G
End Date	/ / Ø Save Save and Add Another Cancel

A correctly updated HUD Verification question should look something like this:

Health Insurance						
	Provider	Date Effective 🔻	Start Date	Health Insurance Type	Covered?	End Date
2	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2018 5:06:56 PM	01/01/2018	MEDICAID	Yes	
1	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	
2	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	
2	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	
2	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	
1	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	
1	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
Ad	d		Sho	wing 1-11 of 11		

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.