# MULTNOMAH STABILITY INITIATIVE (MSI)

# ServicePoint Handbook

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Questions? Contact the ServicePoint Helpline at 503.970.4408 or <a href="mailto:servicepoint@multco.us">servicepoint@multco.us</a> <a href="http://multco.us/servicepoint">http://multco.us/servicepoint</a>

# Multnomah Stability Initiative ServicePoint Handbook - Revision History

- **Revised 6/2020:** Removed the requirement to check all the household members associated with the Entry/Exit for the Follow-up reviews.
- Revised 11/2019: Revised workflow for entering MSI Progress Updates: removed Progress Updates every 6 months and moved MSI Progress Updates Due at Entry from "Interim" to "Entry Assessment". Added Appendix D – MSI Household Employment Services
- **Revised 8/2018:** Added Appendix C HUD Verification New and Existing Clients, added federal Race/Ethnicity question, Level of Family Income question and move School Age Children question within program entry.
- **Revised 6/2018:** Updated ROI section; changed end date from 'plus 10 years' to 'plus 7 years'. Added Follow-Up Interval question to follow-ups.
- Revised 4/25/18 Revised Follow-up Status question
- Revised 3/8/18: Added Ethnicity (Hispanic/Latino) question to entry assessment
- Revised 1/30/18: Updated to reflect changes in data collection on entry/exit, Progress Updates, and Follow-Ups
- Revised 10/10/17: Updated ROI instructions
- Revised 3/27/17: Removed MSI Flex Funds from Rent Assistance Service Category pg.6
- **Revised 11/21/16:** Updated ROI instructions on pg. 4 to include adding project ROIs in addition to agency ROI, revised MSI Service Categories on pg. 7
- Revised 11/4/16: Added "How to Enter Multiple Services" to Appendix.
- Revised 10/10/16: Updated "Gender" description.
- Revised 8/9/16: Updated Program Model description; removed Entry question "Is Client Chronically Homeless?"; changed Residence Prior questions at Entry to be required for all adults and not just Head of Household; changed DV question at Entry to be required only for adults and not children.
- **Revised 7/13/16:** Removed Entry question "Was household referred from HFSC" and added "How was household referred to MSI?"
- **Revised 6/29/16:** New work flow for entering MSI Progress Updates and Follow-Ups; added MSI Life Domains Priorities question to program entry assessment; changed employment "hours per month" to "hours per week" on Progress Update; added "School Name" to exit assessment.
- Revised 3/29/16: Revised work flow for entering Progress Updates and Follow-Ups
- Revised 1/19/16: Revised pg. 6 to add "MSI Flex Funds Rent Assistance" as service category
- Original version published Jul 2015

# MULTNOMAH STABILITY INITIATIVE PROGRAM MODEL

The goal of the Multnomah Stability Initiative (MSI) is to engage households living on low incomes in ways that foster hope, leadership, and community so that they avoid crisis, achieve stability, and access opportunities to reach prosperity. By protecting and building human capital in each family served by MSI, the economic well-being of the entire community is created, grown, and maintained. MSI is an aligned partnership that provides a comprehensive package of services to help households achieve stability and prosperity. MSI partners include:

- Multnomah County Department of County Human Services (DCHS)
- Community-based, contracted partners
- WorkSource Inc. (WSI)
- Oregon Department of Human Services (DHS)

Assertive Engagement (AE) principles guide all MSI system elements. Direct services provided by staff funded by MSI are AE Services. An AE staff person works with each family, offering services and supports at a frequency, location and duration chosen by each family. AE staff provide a direct connection with each family, designed to nurture and foster the household's innate ability to envision and realize a brighter future as they choose from a menu of flexible and aligned services and supports that promote hope, leadership and community.



With safe, well located and affordable housing, reflective of family choice, families become stable and able to take advantage of opportunities

### INCOME

Family income meets basic needs, reduces debt and allows for asset building

# MULTNOMAH STABILITY INITIATIVE LIFE DOMAINS

#### WELLNESS & HEALTH

Safe and Healthy

Children

Children are safe and successful

Families have the physical, spiritual, emotional and mental capacity to meets life's challenges

# <u>EDUCATION</u>

Level of education and training meets family vocational and life aspirations

# Family, Friends and Community

Families have relationships that build on their values and create mutual support, allowing them to be active members of their community

# DATA MILESTONES - MULTNOMAH STABILITY INITIATIVE



\*Instructions for doing these items are not covered in this handbook. Go to our website to download the following materials for these instructions:

- Add client to ServicePoint and Create household
  - ServicePoint New User PowerPoint: <u>https://multco.us/file/14855/download</u>

# ENTERING MSI CLIENTS IN SERVICEPOINT

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

#### Household Type

Head of Household Only <u>one</u> person should be designated as head of household

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

HH Date Entered

#### 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 MSI 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 your agency MSI provider.

- 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 "Summary" tab of the Head of Household, click on "Add ROI" in the Release of Information box.

Transact ROI under	Releas	e of Informa	ntion	
Head of Household	Provider	Permission	Start Date	End Date
	Add ROI	No ma	itches.	

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



	Click 'Search' to select your	Release of Inform	mation Data
Provider	known as your Login provider) <u>AND</u> your MSI provider for your agency.	Clicking 'Sav Provider *	ve Release of Information' will create a distinct Release of Information for each selected provider. Self-Enhancement, Inc. (SEI) - SP (2479) Self-Enhancement, Inc. (SEI): Multnomah Stability Initiative (MSI) - SP (5029)
Release Granted	Choose Yes or No based on the Client Consent to Share form		
Start Date	Date the Client Consent	Release Granted*	Yes v
	signed	Start Date *	06 / 01 / 2018 🙇 💐 🥇
	7 years after Start	End Date *	06 / 01 / 2025 🔊 💐 🤇
End Date	Date	Documentation	Signed Statement from Client •
	Salact "Signad Statement	Witness	Multco
Documentation	from Client" - Verbal consent is not an option		Save Release of Information Cancel
Witness	Enter <i>Mult</i> co		

When successfully transacted, it should look like this:

	Release of Inform	nation		
	Provider	Permission	Start Date	End Date
/	Self-Enhancement, Inc. (SEI) - SP	Yes	01/23/2018	01/23/2028
/	Self-Enhancement, Inc. (SEI): Multnomah Stability Initiative (MSI) - SP	Yes	01/23/2018	01/23/2028
	Add ROI	Showing 1-2	of 2	

\* 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 <a href="mailto:servicepoint@multco.us">servicepoint@multco.us</a>

# 3. ENTRY

#### Without a program entry, clients will not appear in reports

- 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

Туре	Always choose 'Basic'
Entry Date	*Defaults to date of data entry – Change to date of program entry (i.e. intake date)
Section I	Complete the following questions for EACH Household Member
SUN Service System Contract	Choose relevant contract. Missing or wrong information will impact Outputs and Outcomes
Relationship to Head of Household	Choose "Self" if head of household. Otherwise, choose appropriate relationship to head of household. One member of the household (and no more than one) must be designated as head of household.
Date of Birth	
Date of Birth Type	
Gender	
Household Size	
Race	
Race-Additional	Only answer if client is multi-racial
Ethnicity (Hispanic/Latino)	
Inclusive Identity	Click 'Add' to enter a client's self-identified race/ethnicity. Add all that apply.          Inclusive Identity (Race/Ethnicity/Origin)         Start Date*         Add
Primary Language	
If Primary Language is Other, then Specify	Required if Primary Language chosen above is 'Other' - <b>Do</b> <u>not</u> enter a 2 <sup>nd</sup> language or a language that is part of the picklist options under "Primary Language"
Does the client have a disablin	g condition?
	If no data has been previously entered, click 'HUD Verification' to create a Y/N response for each Disability Type. Otherwise, click the magnifying glass to review and update existing records.
Disabilities	HUD Verification
	Disability Type         Start Date *         End Date         Disability determination           Add
Covered by Health Insurance?	

If no data has been previously entered, click 'HUD Verification' to create a Y/N response for each Health Insurance Type. Otherwise, click the magnifying glass to review and update existing records.

Health Insurance	update existing record	us.			
	🔍 Health Insurance			HUD Verification 🔺 📥	-
	Start Date * ⊦	Health Insurance Type	Covered?	End Date	
	Add				
Highest Grade Completed					
Current School Status					
Section II	Complete for ADUL	LTS Only			
Employment Status					
Income from Any Source?	See Appendix B for c client income.	detailed instruc	tions on recordir	g and updating already existin	g
Monthly Income	If no data has been p for each Income Type existing records. * Enter Household Inco	previously ente 2. Otherwise, cl ome provided	red, click 'HUD \ ick the magnifyin by a minor in the	Yerification' to create a Y/N res ng glass to review and update e <b>Head of Household's profile</b>	ponse
	Monthly Income			HUD Verification 🛦 🔶	-
	Start Date * Sour	rce of Income	Receiving Income Source?	Monthly Amount End Date	
Non-cash benefit from any source	Complete HUD Verific	cation; record	benefit type, an	ount is no longer required	
Non-Cash Benefits	If no data has been p for each Non-Cash Be update existing recor * Enter benefits receiv * \$ amounts are not re	previously ente enefits Type. C ds. ved by a minor equired for no	red, click 'HUD N Otherwise, click th r in the <b>Head of</b> n-cash benefits	Yerification' to create a Y/N res ne magnifying glass to review ar Household's profile	ponse 1d
	🔍 Non-Cash Benefits			HUD Verification 🔬 🚽	-
	Start Date *	rce of Non-Cash	Receiving Benefit?	Amount of Non-Cash End Date	
	Add	ent	-	Benefit	
Residence Prior to Project Entry	Residence just prior to	o entry (i.e. the	night before en	try date). Choose only ONE.	
Length of Stay in Previous Place					
If response to Residence Prior t	o Project Entry is unde	r HOMELESS S	ITUATION, you	will see the following questions:	
Approximate date homelessnes	ss started				
Regardless of where they staye haven in the past 3 years includ	ed last night - Number ding today	of times client	has been on the	streets, in emergency shelter, o	r 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 [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 <u>and</u> 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?

# Section III Complete for HEAD OF HOUSEHOLD Only (within 60 Days of Entry) Level of Family Income How was household referred

to MSI?	
MSI Life Domains Priorities	Add one or more life domains to identify which domains the family has chosen to work on through MSI
Zip Code of Last Permanent Address	
ls any adult in the household currently employed?	
Is Household Receiving TANF?	
Current Savings	
Total Monthly Expenses	
Monthly Housing Cost	
Is family engaged with any employment services?	

	If yes to employme	nt services, click "add"	below to record each	type.
	Q MSI Househo	ld Employment Service	15	
	Start Date*		Job Training Category	End Date
MSI Household Employment	Add	7	MSI Household Em	ployment Services
Services			Start Date *	01 / 22 / 2018 🛛 🔊 🖏 G
			Employment Service Category	-Select- V G
			Other Employment Service (specify)	G
			End Date	Save Save and Add Another Cancel
	Instructions for re-	cording Employn	nent Services car	n be found in Appendix D.
Do all household members receive health services appropriate to their needs?				
Do all household members				
receive dental services				
appropriate to their needs?				
My family's current housing situation meets our needs for size, health, safety, and				
location.				
My current level of household income meets my family's				
savinas.				
social networks that provide				
positive supports to each				
omer.				
My family has relationships or social networks that reinforce				
our culture and values.				
My family's overall education or job training meets our vocational and life aspirations.				
In the last three months, my				
family had enough resources				
for food, and no one in our				
family had to reduce the size of their meals or skip meals				
All family members feel safe in our home.				
My children are able to be safe and successful in their family, school, and community.				
Section IV	Complete for a	ll School-Aged	Children Only	/

Please indicate which school client is CURRENTLY attending

# **ENTERING MSI 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	Leave blank - 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 ServicePoint Helpline to have the picklist updated if staff is not listed
# of Units	Total # of service hours rounded to nearest 15 minutes (.25 hours) or Exact dollar amount

# MSI SERVICE CATEGORIES

Services are considered flex funds and should be recorded in dollars. Assertive Engagement is the only service that should be recorded in the form of *hours*.

Assertive Engagement (Hours) Basic Needs (Dollars) - Includes: food, clothing, household goods, etc. Childcare (Dollars) Counseling/Therapy (Dollars) Education Expenses (Dollars) - Includes: tuition, fees, textbooks, school supplies, tutoring, etc. Healthcare Expenses (Dollars) Housing Debt (Dollars) - Includes arrears or other housing-related debts that hinder clients' ability to rent Housing Placement (Dollars) - Includes deposits, background check fees, application fees, moving costs, etc. Identification or Other Records (Dollars) Job Training (Dollars) Legal Services (Dollars) Rent Assistance (Dollars) - \*NOT\* STRA Other Client Assistance (must specify) Transportation (Dollars) Trauma Services (Dollars) Utilities (Dollars)

For additional information on how to enter MULTIPLE SERVICES, see Appendix A.

# EXITING MSI HOUSEHOLDS IN SERVICEPOINT

- Answers in the Program Entry will carry over into the Program Exit. Be sure to update any responses that have changed.
- If receiving short-term rent assistance (STRA), households should remain open in MSI until STRA subsidies end.
- Set STRA follow-up due dates at 3, 6 & 12 mo. intervals as directed by Home Forward. STRA follow-ups should be based on the end of STRA subsidy, not the MSI Exit Date.

EXIT	Answers from Entry will carry over. Remember to update all responses that have changed, including the MSI Progress Update in Section IV
Section I	Update for ALL Household Members
Does the client have a disabling condition	on?
Disabilities	Click the magnifying glass to check that responses are still accurate
Covered by Health Insurance?	
Health Insurance	Click magnifying glass to check that all responses are still accurate
Current School Status at Exit	
Highest Grade Completed at Exit	
Section II	Update for Adults ONLY
Employment Status	
Income from Any Source?	
Monthly Income	Click magnifying glass to check that all responses are still accurate
Non-cash benefit from any source?	
Non-Cash Benefits	Click magnifying glass to check that all responses are still accurate
Section III	Update for all School-Aged Children Only
Please indicate which school client is CU	RRENTLY attending at Exit
Section IV	Update for Head of Household ONLY
Level of Family Income	
Was household screened for benefits e	igibility and referred as appropriate?
MSI Progress Update	The MSI Progress Update is integrated into the Exit assessment and will be pre- filled with the most recent responses. Be sure to update the responses to reflect any changes at exit.

# RECORDING MSI FOLLOW-UPS IN SERVICEPOINT

- MSI follow-ups are due for **ALL HOUSEHOLDS** (regardless of housing status at exit) enrolled in MSI for 90 days or more (3 months).
- Follow-ups are due at 6 and 12 months post-exit, based on the MSI exit date.
- Record follow-ups under the Head of Household ONLY.



#### Record follow-ups under the Head of Household ONLY

Follow Up	
Follow-Up Interval (6- and 12-Month)	Choose the appropriate interval
	Choose one.
Follow Up Status	If "Attempted, Unable to Contact Client" or "Client re-entered - New Entry/Exit," skip the rest and click "Save & Exit."
	If "Other Verifiable Source Contacted," choose appropriate response for "Is Client Still in Housing?" and then skip the rest and click "Save & Exit."
ls Client Still in Housing?	
Monthly Household Income	

# ENTERING MULTIPLE SERVICES

#### Use the steps below to record *multiple* services to a client/household at the same time

The 'Add Multiple Services' icon can be found in two locations:

Services           Start Date         End Date         Provider           Add Service         Add Multiple Services         No matches.	Add Need Add Service Add Multiple Services Add Referrals View Previou
	View Shelter Stays View Entire Service
<ul> <li>Check off any family members you want to include in the service transaction.</li> <li>Services will be applied to all family members that are checked off.</li> </ul>	<ul> <li>(338576) Male Single Parent</li> <li>(1) Test, Justin A, Sr</li> <li>(58100) Test, Just A, Jr</li> </ul>
	Multiple Services Be sure to select the correct Provider before entering data in the Service List below. If you change the Provider, the page will refresh to make adjustments for the new Provider's Service List defaults. Any data that is currently in the Service List will be removed and will need to be re-entered.
Enter the number of services you'd like to generate in both places (this will typically be 1)	Service Provider* IRCO: Parent Child Development Services - SP (2434)  Service List  2 Number of Services  1 Need Status Identified  Set All
Set Start Date as the last day of the month that the services took place	2 Number of services       1         3 start Date*       05 //31 //2015
Choose Provider Specific Service	Service Type Basic Needs (B) Provider Specific Case Management (Hours)
Choose Service Staff	Service Staff -Select-
Enter the Number of Units rounding to nearest 15 minutes (.25 hours)	Service Costs       Image: Service Costs       Number of Units       Image: Number of Units       Image: Service Costs       Image: Number of Units       Image: Nu
Enter the Unit Type	Cost per Unit     \$       Total Cost of Units     \$
At the bottom of the screen, click 'Add Another' to add a different type services to this client's profile.	Clear Clear Add Another Remove All Clear All

# RECORDING CLIENT INCOME

- Each client's record should store their entire income history. Never update a client's income by deleting or writing-over the answers in an existing income record.
- Each income source should have a Yes/No response. The same is true for Benefits, Disability and Health Insurance types.
- New program entries pre-fill with income data from previous entries. If the income data that pre-fills is not accurate for your point in time, end date it and add a new/updated income.



#### Follow the process below to record client income at Entry and Exit:

#### ADDING INCOME

- To create all 15 income responses at once for NEW clients, click the HUD V icon www.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)
- 3. Select Source of Income
- 4. Monthly Amount = (\$ amount from this source)
- 5. Leave End Date blank
- 6. Save / add another Exit

#### ENDING INCOME

When updating income at Entry/Exit, enter data in client's program Entry/Exit.

- 1. Click the pencil next to outdated income
- 2. Leave Start Date, Source, and Amount unchanged
- 3. End Date = the day before Entry/Exit
- 4. Save and Exit

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

#### 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.

Ith Insurance Questions wer the "Covered by Health :	Insurance" question for everyone.		HUD Verification for CoC
Covered by Health Insurance	Yes (HUD)	Insurance Type	Programs
🔍 Health Insurance			2 HUD Verification 🗹
Start Date *	Health Insurance Type	Covered?	End Date
10/01/2014	State Health Insurance for Adults	Yes	
		A1-	
10/01/2014	Private Pay Health Insurance	NO	
10/01/2014           10/01/2014           10/01/2014	Private Pay Health Insurance Health Insurance obtained through COBRA	No	
i0/01/2014           i0/01/2014           i0/01/2014           i0/01/2014	Private Pay Health Insurance Health Insurance obtained through COBRA State Children's Health Insurance Program	No	

Per Source of Income, the current records for Monthly I records for Monthly Income not overlapping as of this exist per Source of Income as of 10/01/2014, records co for report	ncome as of 10/0 date are not dis ntaining "Yes" va ing purposes.	01/2014 are di: played. In the alues will be di:	splayed below. , event that multi splayed and tak	Any previous ple records e precedence
Select the Receiving Income Source? value for all incomplete Source of Income records	ollected			
		Receiving Ir	come Source?	
Source of Income	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	0	0	0	۲
Child Support (HUD)	0	0	0	۲

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Save Save & Exit Exit

HUD Verification: Monthly Income for 10/01/2014

Pension or retirement income from another iob (HUD)

VA Non-Service Connected Disability Pension (HUD)

VA Service Connected Disability Compensation (HUD)

Retirement Income From Social Security (HUD)

Earned Income (HUD)

Private Disability Insurance (HUD)

Unemployment Insurance (HUD)

Worker's Compensation (HUD)

Other (HUD)

SSDI (HUD)

TANF (HUD)

SSI (HUD)

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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 🛛 🔊 🧞 G
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 🧖 🔿 🦝 G
Note on Disability	G
Above condition is going to be long term? (Retired)	Yes V G
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes (HUD) T
Disability determination	Yes (HUD)
End Date	/ / 🧖 🦉 🧟 G
	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.



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!

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

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.	
Covered by Health	veryone
Insurance Insurance Insurance	• (

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

Covered by Health Insurance	Yes (HUD) 🔻 G		
Health Insurance	lect appropriate answer for each Health	Insurance Type	HUD Verification
Start Date*	Health Insurance Type	Covered?	End Date
2 🗑 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	

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

Multhomah County Domestic Violence Coordinator's Offic - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017 D1/01/2017       Provided Health Insurance       No       "MEDIC/ the line         Multhomah County Domestic Violence Coordinator's Offic - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017       Veteran's Administration (VA) Medical Services       No       "MEDIC/ the line         Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       01/01/2017       No       No       Wolence's Health Insurance       No         Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       01/01/2017       MEDICARE       No       No         Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       01/01/2017       MEDICARE       No       No         Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       01/01/2017       No       Other       No         Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Other       No       Other       No         Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Indian Health Insurance for Aduits       No       Click on in line w to edit.         Multhomah County Domestic - DV - SP (727)       01/01/2017       01/01/2017 <t< th=""><th>rePoint as</th></t<>	rePoint as
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       Image: Constraints of Constrai	DICAID", so t
Image: Wilthomah County Domestic rolence Coordinator's Office - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017       State Children's Health Insurance Health Insurance No       No       the part has heal         Image: Wilthomah County Domestic - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017       MEDICARE       No       the part has heal         Image: Wilthomah County Domestic - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017       Other       No       No         Image: Wilthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Other       No       No       Click on in line Health Scortes Program       No         Image: Wilthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       India Health Scortes Program       No       Click on in line wilthomah dults         Image: Wilthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       India Health Insurance for Adults       No       Click on in line wilthomah to edit.         Image: Wilthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Private Pay Health Insurance       No       Click on in line wilthomah to edit.         Image: Wilthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Private Pay Health Insurance       No       Click on in line wilthomah	ne that must ted to reflec
Image: Multinomah County Domestic rolence Coordinator's Office - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017       MEDICARE       No         Image: Multinomah County Domestic - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017       Other       No         Image: Multinomah County Domestic - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017       Other       No         Image: Nov SP (727)       01/01/2017 3:34:32 PM       01/01/2017       Indian Health Secret Se Program       No         Image: Nov SP (727)       01/01/2017 3:34:32 PM       01/01/2017       Indian Health Secret Se Program       No         Image: Nov SP (727)       01/01/2017 3:34:32 PM       01/01/2017       Indian Health Secret Se Program       No         Image: Nov SP (727)       01/01/2017       Indian Health Secret Se Program       No       Click on         Image: Nov SP (727)       01/01/2017       Insurance for Adults       No       Image: Nov Secret Sec	articipant no
Image: Wulthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       01/01/2017       Other       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       01/01/2017       Indian Health Sport SS Program       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       01/01/2017       Indian Health Sport SS Program       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       Insurance for Adults       No       Click on in line we to explain the state Health Insurance for Adults         Image: Wulthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Private Pay Health Insurance for Adults       No         Image: Wulthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Private Pay Health Insurance for Adults       No         Image: Wulthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Private Pay Health Insurance for Adults       No         Image: Wulthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Private Pay Health Insurance for Adults       No         Image: Wulthomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017       Private Pay Health Insurance for Adults       No	ealth insura
Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       Indian Health Services Program       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       State Health Insurance for Adults       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       State Health Insurance for Adults       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       State Health Insurance for Adults       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       D1/01/2017       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       Private Pay Health Insurance       No         Image: Wulthomah County Domestic - DV - SP (727)       01/01/2017       D1/01/2017       Private Pay Health Insurance       No	
Wulthomah County Domestic Volence Coordinator's Office - DV - SP (727)       01/01/2017 3:34:32 PM       State Health Insurance for Adults       No       in line w         Wulthomah County Domestic Volence Coordinator's Office - DV - SP (727)       01/01/2017       State Health Insurance for Adults       No       in line w         Wulthomah County Domestic Volence Coordinator's Office - DV - SP (727)       01/01/2017       01/01/2017       No       in line w         Hulthomah County Domestic Volence Coordinator's Office - DV - SP (727)       01/01/2017       Private Pay Health Insurance       No       to edit.	
Image: Wulthnomah County Domestic Violence Coordinator's Office - DV - SP (727)     01/01/2017     Private Pay Health Insurance     No       Image: Wulthnomah County Domestic Wulthnomah County Domestic Wulthnomah County Domestic     01/01/2017     Private Pay Health Insurance     No	e with this a
Multhomah Centry Domestic	it.
V Violence Coordinator's Office 01/01/2017 01/01/2017 01/01/2017 obtained through No COBRA	
Multhomah County Domestic Violence Coordinator's Office - DV - SP (727) 01/01/2017 01/01/2017 MEDICAID No	
Add Showing 1-10 of 10	

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		G
Covered?	No	
(HOPWA) If Private Pay Insurance, Specify		G
(HOPWA) If No, Reason not covered	-Select- 🔻 G	
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 <b>Entry Date</b> for the new program is 01/01/2018, so the <b>End Date</b> is 12/31/2017.

DV - SP (727)

After entering an End Date, click Save.

MEDICAID

No

The End Date now appears in line with the "No" for th MEDICAID answer.

the	Add	Showing 1-10 of 10	

01/01/2017

The next step is to document an ongoing "Yes" for MEDICAID as of the date of the new program entry. Click the Add button.

Wultnomah County Domestic Violence Coordinator's Office 01/01/2017 3:34:32 PM

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.

Health Insurance			
Start Date*	01 / 01 / 2018	20 🔿 🕂 G	
Health Insurance Type	MEDICAID	٣	G
(If Yes to Other) Specify Source			G
Covered?	Yes	▼ G	
(HOPWA) If Private Pay Insurance, Specify			G
(HOPWA) If No, Reason not covered	-Select-	▼ G	
End Date		🥂 💙 🥂 G	
	Save	Save and Add Another	Cancel

12/31/2017

A correctly up	odated HUD Verific	ation question	should look so	mething like this:
		acion question		

Health Insurance       Covered?       End Date         Provider       Date Effective <	Show All Health Insurance	Records				et.
ProviderDate Effective <	Health Insurance					
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)01/01/2018 S:06:56 PM01/01/2018MEDICAIDYesImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017Employer - Provided Health InsuranceNoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017Veteran's Administration (VA) Medical ServicesNoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017Veteran's Administration (VA) Medical ServicesNoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017State Children's Health Insurance ProgramNoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017MEDICARENoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017MEDICARENoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017OtherNoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017Indian Health Services ProgramNoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017Indian Health Services ProgramNoImage: Specific Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017Indian Health Insurance for AdultsNoImage: Specific Coordinator's Office 	Provider	Date Effective 🔻	Start Date	Health Insurance Type	Covered?	End Date
Multnomah County Domestic Violence Coordinator's Office01/01/2017 3:34:32 PMEmployer - Provided Health 	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2018 5:06:56 PM	01/01/2018	MEDICAID	Yes	
Image: Services of the service	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 PMState Children's Health Insurance ProgramNoMultnomah County Domestic - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017MEDICARENoMultnomah County Domestic Violence Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017MEDICARENoMultnomah County Domestic Violence Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017 01/01/2017OtherNoMultnomah County Domestic Violence Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017 01/01/2017OtherNoMultnomah County Domestic Violence Coordinator's Office - DV - SP (727)01/01/2017 3:34:32 PM01/01/2017 01/01/2017Indian Health Services ProgramNoMultnomah County Domestic Violence Coordinator's Office 	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	
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Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017 01/01/2017       Other       No         Image: Second Se	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       01/01/2017       01/01/2017       Indian Health       No         Voience Coordinator's Office       01/01/2017       01/01/2017       Indian Health       No         Voience Coordinator's Office       01/01/2017       01/01/2017       State Health       No         Voience Coordinator's Office       01/01/2017       01/01/2017       State Health       No         Voience Coordinator's Office       01/01/2017       01/01/2017       State Health       No         Voience Coordinator's Office       01/01/2017       01/01/2017       Private Pay Health       No         Voience Coordinator's Office       01/01/2017       01/01/2017       Private Pay Health       No	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
Image: Multinomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017 3:34:32 PM       State Health Insurance for Adults       No         Image: Multinomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017 3:34:32 PM       01/01/2017 0!/01/2017       Private Pay Health Insurance       No         Image: Multinomah County Domestic Violence Coordinator's Office - DV - SP (727)       01/01/2017 0!/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	Indian Health Services Program	No	
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) 01/01/2017 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	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 01/01/2017 3:34:32 PM 01/01/2017 Health Insurance obtained through COBRA	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 01/01/2017 MEDICAID No 12/31/2017	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	Add		Sho	wing 1-11 of 11		

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.

# Appendix D

#### MSI HOUSEHOLD EMPLOYMENT SERVICES

#### ENTERING NEW HOUSEHOLD EMPLOYMENT SERVICES INFORMATION

• If any ADULT in the household is participating in an employment service, enter the information in the MSI Household Employment Services section.

Click "Add"		🔍 MSI Housel	hold Employme	nt Services		
		Start Date*	Empl Cate	oyment Service gory	End Date	
2 Leave the Start Date as the default	0	Add		No matche	s.	
Choose the relevant Employment Service Category		Ļ				
<b>4</b> Leave the <b>End Date</b> blank.	M	SI Household Em	ployment Se	rvices		Karalari
Click "Save" or "Save and Add Another" if you have more than one	2 Star 3 Emp Cate	rt Date * loyment Service agory	01 / 22 / 2 WorkSource	018 🛛 🔊 💐 G	G	
employment service category to enter.	Othe (spe	er Employment Service ecify) Date		77 🔿 🗷 G		G
		Print Recordset	Save	Save and Add	Another	Cancel
				6		

#### **UPDATING HOUSEHOLD EMPLOYMENT SERVICES INFORMATION**

When completing the Exit assessment, update the MSI Household Employment Services if there are any changes.

Add a new employment service by following the instructions above. If a previous employment service listed is no longer valid, follow these steps:

# • Click on the pencil next to the employment service category that is no longer valid

 MSI Household Employment Services

 Start Date \*
 Employment Service Category

 01/22/2018
 WorkSource

 Add
 Showing 1-1 of 1

• Fill in the **End Date**. The End Date = the day before the Exit/Follow-Up date

- Ex 1: if you are updating the record at the 12-Month Follow-up interval and the 12-Month Review Date is 1/2/2016, the End Date would be 1/1/2016.
- Ex 2: if you are updating the record at Exit and the Exit Date is 2/2/2016, the End Date would be 2/1/2016.

B	Click	"Save"
---	-------	--------

Start Date *	01 / 22 / 2018 🧖 🔿 🦉 G	
Employment Service Category	WorkSource v G	
Other Employment Service (specify)		G
End Date	/ / 🧖 💐 G	