# HOUSING STABILIZATION PROGRAM (HSP)

## ServicePoint Handbook

#### CONTENTS

HSP Program Model	1
Data Milestones	1
Entering a Client	2
Exiting a Client	4
Appendix A	5



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

Revised 04.03.2020

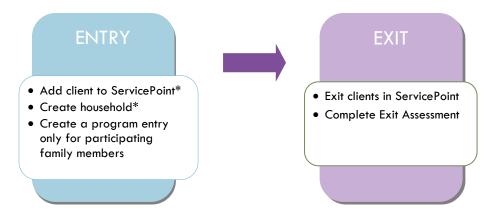
HSP ServicePoint Handbook - Revision History

• Originally Published April 2020

#### PROGRAM MODEL - HOUSING STABILIZATION PROGRAM

The Housing Stabilization Program (HSP) provides temporary financial assistance and support services to stabilize housing for low-income eligible families who are homeless or unstably housed and at risk of losing their housing. HSP funds are available for four program components: housing related costs, auxiliary services, case management and data collection. The program's purpose is to assist TANF eligible families with non-recurrent, short-term benefits.

#### DATA MILESTONES - EMERGENCY HOUSING ASSISTANCE



\*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: https://multco.us/file/14855/download

#### ENTERING HSP CLIENTS IN SERVICEPOINT

1. HOUSEHOLD	Every client needs 1 (and only 1) household
Head of Household	Only one person should be designated as Head of Household
Relationship to Head of HH	If client is Head of Household, choose 'Self'
HH Date Entered	Required if entering client into ServicePoint for the first time. Same as Program Entry Date
2. ENTRY	Without a program entry, clients will not appear in reports
Entry Provider	May default to your Agency level - *Click Search and change to your HSP Provider*
Entry Type	Always choose 'Basic'
Entry Date	*Defaults to date of data entry - Remember to change to date of program entry*
Section I	Complete for ALL Household Members
Household Size	Total # in household - may be different from # of people who need an entry
Relationship to Head of Household	Choose one Head of Household per family
Date of Birth	
Date of Birth Type	
Gender	
Inclusive Identity	Click 'Add' to enter clients' race/ethnicity. Add all that apply.
Race	Required in addition to Inclusive Identity
Race-Additional	(Optional) Do not answer the same as "Race"
Ethnicity (Hispanic/Latino)	Required in addition to Inclusive Identity
Primary Language	Select Primary Language
Primary Language- Other	Only required if Primary Language is 'Other' - Do not enter a second language
Section II	Complete for Head of Household and All Adults
Disabling Condition	If Yes, must click on the 'Add' button to specify the type

	Specify start date (same as entry da	ite) and type	
	Q Disabilities		HUD Verification 🛕
Disability Type	Disability Type Start Date*	End Date	Disability determination
Prior Living Situation	See <b>Appendix A</b> for additional infor	mation about this	question
Length of Stay in Previous Place	See Appendix A for additional infor	mation about this	s question
Section III	Complete for Head of Household	Only	
Client Location	OR-501 Portland/Gresham/Multr	iomah County	
HSP Eligibility			
DHS Referral			
ls the Head of Household a teen parent?			
Refugee			

#### EXITING HSP CLIENTS FROM SERVICEPOINT

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

EXIT	
Exit Date	*Defaults to date of data entry - Remember to change*
Reason for Leaving	
Destination	
Section II	Update for Head of Household and All Adults
Disabling Condition	If Yes, must click on the 'Add' button to specify the type
	Click magnifying glass to check that all responses are still accurate
Disability Type	Oisabilities HUD Verification   Disability Type Start Date* End Date Disability determination   Add Add
	Disability Type Start Date * End Date Disability determination
Section III	Disability Type Start Date * End Date Disability determination
Section III lient Location	Disability Type Start Date * End Date Disability determination
Section III lient Location SP Eligibility	Disability Type Start Date * End Date Disability determination
Disability Type Section III Client Location HSP Eligibility DHS Referral s the Head of Household a een parent?	Disability Type Start Date * End Date Disability determination

### APPENDIX A

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

**Prior Living Situation** Residence just prior to entry (i.e. the night before entry date). Choose only ONE.

#### Length of Stay in Previous Place

If response to Prior Living Situation is under HOMELESS SITUATIONS, you will see the following questions:

Approximate date homelessness started

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

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

If response to Residence Prior to Project Entry is under INSTITUTIONAL SITUATIONS <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 TEMPORARY AND PERMANENT HOUSING SITUATIONS **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