

FAMILY SHELTER SYSTEM & GRESHAM WOMEN'S SHELTER

ServicePoint Handbook

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

FSS ServicePoint Handbook - Revision History

- **Revised November 2, 2021:** Added information on how to select more than one Gender option; added new JOHS Population A/B question to program entry.
- **Revised August 15, 2018:** Add Appendix B & C, clarified workflow.
- **Revised June 21, 2018:** Updated workflow for entry, Change ROI to plus 7 years
- **Revised 10/19/17:** Updated ROI instructions and History of Homelessness questions.
- **Revised April 2017:** Added ROI section to workflow. Removed follow-ups.
- **Revised June 2020:** Added instructions for children's activities – Fun Adventures (FSSS)

PROGRAM MODEL - FAMILY SHELTER SYSTEM

EMERGENCY SHELTER FOR FAMILIES

- Day and night shelters on the East side of Multnomah County
- Human Solutions and Portland Homeless Family Solutions operates all family shelters.
- Food, clothing, hygiene supplies and showers available

MOBILE RESPONSE TEAM

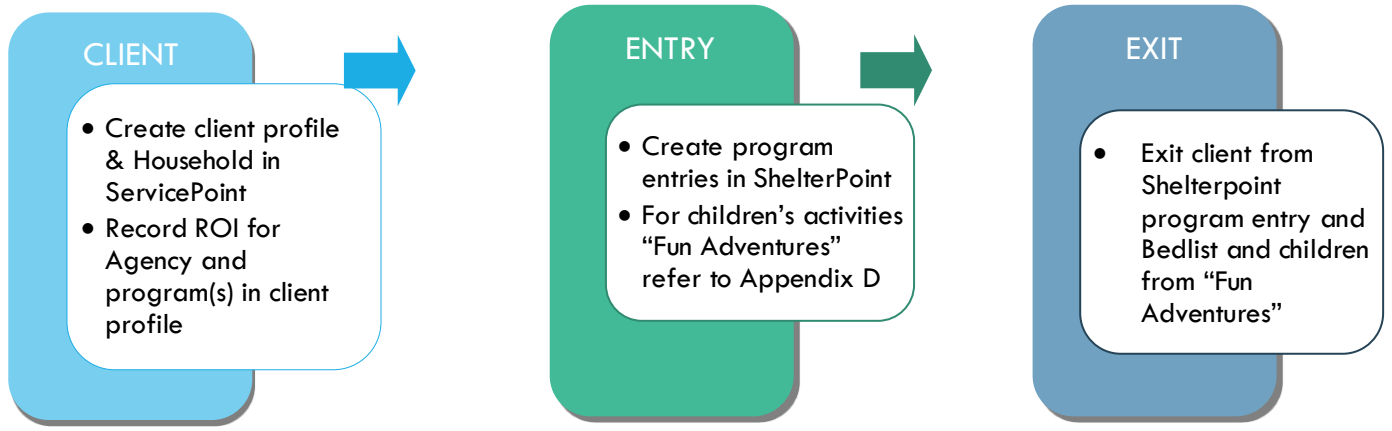
- Coordinated intake through 211 info and other providers links vulnerable families with shelter and rent assistance
- Culturally-specific services offered through local community organizations

ASSERTIVE ENGAGEMENT

A service approach based on the beliefs that:

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

DATA MILESTONES – FAMILY SHELTER SYSTEM



ENTERING A FAMILY SHELTER SYSTEM CLIENT IN SERVICEPOINT

1. UNIT ENTRY IN SHELTERPOINT

► Last Viewed Favorites

Home

ClientPoint

ResourcePoint

► FundManager

ShelterPoint

ActivityPoint

► Reports

► Admin

Logout








Find appropriate bedlist in ShelterPoint


Clients can be checked in through 'Client Check In' or 'View All'

View Shelter Inventory

Provider *	Portland Homeless Family Solutions (PHFS): SHELTERPOINT-Lents Family Shelter (6636)	<input type="button" value="Search"/>	<input type="button" value="My Provider"/>	<input type="button" value="Clear"/>	<input type="button" value="Check Unit Availability"/>
Unit List *	Lents Family Shelter	<input type="button" value="Submit"/>			
Type	Emergency Shelter				

ShelterPoint Dashboard

 Check Client In	 Check In Referral	 Hold ALL Empty Beds	 Print ID Cards	 Update Confirmation List
 Transmit Today's Check Out List	 View All			

- Choose an available bed, indicated with this icon: 
- If no unit is available, an Overflow unit may be used

2. CLIENT SEARCH and Shelter Check-in

Search for Head of Household, if no matches, Add new Client with This Information

Client Search

Please Search the System before adding a New Client.

Name	First	Middle	Last	Suffix
	Jet		Setter	
Name Data Quality	-Select-			
Alias				
Social Security Number	- - -			
Social Security Number Data Quality	-Select-			
U.S. Military Veteran?	-Select-			
Exact Match	<input type="checkbox"/>			

Client Number

Enter or scan a Client ID to check that Client in.

Client ID #

Client Results


ID	Name	Social Security Number	Date of Birth	Alias
No matches.				

Select Add Client and SEARCH Households, to look for additional HH members.


Add New Client Information

You are about to add a New Client to the system (Be sure to look through all the possible matches before continuing this process).


Would you like to:



Add Client ONLY



Add Client and Add NEW Household



Add Client and SEARCH Households

Cancel

If no matches, select Add New Household

Household Search

Household Search

Search for a Household by using keywords for Client Names, Client ID, or Social Security Numbers of Clients already in a Household.

Search

Household Results

Household ID	Type	Head of Household	Client Count
No matches.			

Choose Household Type and search for additional family members entering shelter, add if not found.

Add New Household

Household Type

Household Type *

Client Search

Please Search the System before adding a New Client.

Name	First <input type="text" value="Noah"/>	Middle <input type="text"/>	Last <input type="text" value="Benson"/>	Suffix <input type="text"/>
Name Data Quality	<input type="text" value="-Select-"/>			
Alias	<input type="text"/>			
Social Security Number	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>			
Social Security Number Data Quality	<input type="text" value="-Select-"/>			
U.S. Military Veteran?	<input type="text" value="-Select-"/>			
Exact Match	<input type="checkbox"/>			

Verify all Household members have been added, and then select continue.

Selected Clients

ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
267	Benson, Noah						0
266	Benson, Olivia						0

Showing 1-2 of 2

HOUSEHOLD Every client needs 1 (and only 1) household

Household Members							
	Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count
	(373) Button, Benjamin		No	-Select-	08 / 20 / 2018		0 1
	(374) Button, Bobbi		No	-Select-	08 / 20 / 2018		0 1

Add/Delete Household Members Household History Report

Head of Household	Only <u>one</u> household member 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	Required if entering the client into ServicePoint for the first time; same as Program Entry Date (Intake Date)

NOTE: Households can also be created or updated in ClientPoint
Click Save & Exit when done, then green plus sign next to client name

Client Results

	ID	Name
	375	Flintstone, Fred

Enter date In

Date In * 08 / 15 / 2018 7 20 55 AM

Unit Name / Number Floor 1 / Room 1 / Bed 002 Midnight Check In

Supplies Given Assign Unit

Locker number

Codes/Notes

Select all members of the household

Households Overview

Household Members

To include Household members in this Check In, click the box beside each name. Then assign each member a unit. If no unit is available, an Overflow unit will be used. Note: Only members from the same Household may be selected.

☒ Female Single Parent

☒ (267) Benson, Noah Assign Unit

☒ (266) Benson, Olivia Assign Unit

3. 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 Program 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 the SP program provider.

Transact Release of Information – Select View ROI Details

Release of Information

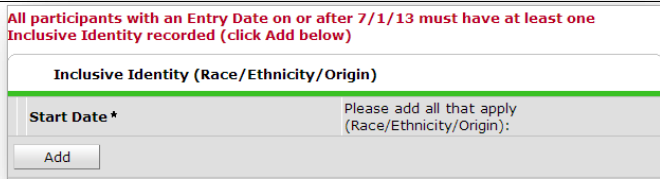
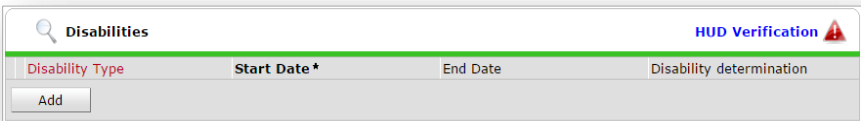
Release of Information None







View ROI Details

Click Add Release of Information	<div data-bbox="472 100 1349 283"> <h3>Release Of Information</h3> <table border="1"> <thead> <tr> <th>Provider</th> <th>Permission</th> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td colspan="2">Add Release of Information</td> <td colspan="2">No matches.</td> </tr> </tbody> </table> <div>Exit</div> </div>	Provider	Permission	Start Date	End Date	Add Release of Information		No matches.	
Provider	Permission	Start Date	End Date						
Add Release of Information		No matches.							
Select all Household members checking in to shelter	<div data-bbox="472 296 1302 583"> <h3>Release of Information - (932406) Real, Not</h3> <div>Household Members</div> <p>To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> (477178) Female Single Parent <ul style="list-style-type: none"> <input checked="" type="checkbox"/> (932406) Real, Not <input checked="" type="checkbox"/> (932416) Real, Son of not </div>								
<p>Click 'Search' to select your PARENT provider (also known as your Login provider) AND your Family Shelter System provider for your agency.</p> <p>Release Granted Choose yes or no based on the Client Consent to Share form</p> <p>*Start Date: Date the Client Consent form was signed *End Date: 7 years after start date *Documentation is Signed Statement from Client *Witness is Multco</p>	<div data-bbox="472 806 1360 1486"> <p>Clicking 'Save Release of Information' will create a distinct Release of Information for each selected provider.</p> <div> <div>Provider *</div> <div> <input checked="" type="checkbox"/> Human Solutions - SP (14) <input checked="" type="checkbox"/> Human Solutions: SHELTERPOINT-Family Center - SP (3066) </div> <div>Search</div> </div> <div> <div>Release Granted *</div> <div>Yes ▼</div> </div> <div> <div>Start Date *</div> <div>06 / 21 / 2018</div> </div> <div> <div>End Date *</div> <div>06 / 21 / 2025</div> </div> <div> <div>Documentation</div> <div>Signed Statement from Client ▼</div> </div> <div> <div>Witness</div> <div>multco</div> </div> </div>								

4. ENTRY DATA DSCP_COC-Shelter_Entry (FSS) or Program Entry 501 /AHFE (Women's Shelter)

* - indicates questions required for Women's Shelter

*Entry Type *Entry Date Section I	Always choose 'Basic' *Defaults to date of data entry - Remember to change to Date of Intake* Complete for ALL Household Members
Housing Move-In Date	Should be blank for FSS and Women's Shelter
*Relationship to Head of Household	If Head of Household, enter Self
*Date of Birth	May approximate within 1 year if client doesn't know exact date
*Date of Birth Type	
*Gender	Use CTRL to select more than one option
*Inclusive Identity, Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as applies	
*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 *If Primary Language is Other, then Specify	Required if Primary Language chosen above is 'Other' - Do not enter a 2nd language or a language that is part of the picklist options under "Primary Language"
Highest Grade Completed	Do not select current grade
Household size	Enter number
See Appendix A for additional information on completing and updating 'HUD Verification' questions	
*Does the client have a disabling condition?	
*Disabilities	Click 'HUD' Verification to create a Y/N response for each Disability Type
	
*Covered by Health Insurance?	
*Health Insurance	Click 'HUD' Verification to create a Y/N response for each Health Insurance Type

	<div> <div>Health Insurance</div> <div>HUD Verification </div> <table border="1"> <tr> <td>Start Date *</td><td>Health Insurance Type</td><td>Covered?</td><td>End Date</td></tr> <tr> <td colspan="4">Add</td></tr> </table> </div> 	Start Date *	Health Insurance Type	Covered?	End Date	Add					
Start Date *	Health Insurance Type	Covered?	End Date								
Add											
Section IIa	Complete for Head of Household and all ADULTS (18+ yrs of age)										
	See appendix B for additional information on income										
Identify the population group (all JOHS funding)	Refer to Population A/B Determination form: https://rb.gy/hfc1au										
*Income from any source?											
Monthly Income	<p>Click 'HUD Verification' to create a Y/N response for each Income Source</p> <p> Only list income that will be ongoing</p> <p>* Enter Household Income provided by a minor in the Head of Household's profile</p> <div> <div>Monthly Income</div> <div>HUD Verification </div> <table border="1"> <tr> <td>Start Date *</td><td>Source of Income</td><td>Receiving Income Source?</td><td>Monthly Amount</td><td>End Date</td></tr> <tr> <td colspan="5">Add View Gross Income</td></tr> </table> </div> 	Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date	Add View Gross Income				
Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date							
Add View Gross Income											
*Non-cash Benefits from any source?											
Non-cash Benefits	<p>Click 'HUD Verification' to create a Y/N response for each Benefit Source</p> <p> Only list benefits that will be ongoing</p> <p>* Enter benefits received by a minor in the Head of Household's profile</p> <div> <div>Non-Cash Benefits</div> <div>HUD Verification </div> <table border="1"> <tr> <td>Start Date *</td><td>Source of Non-Cash Benefit</td><td>Receiving Benefit?</td><td>Amount of Non-Cash Benefit</td><td>End Date</td></tr> <tr> <td colspan="5">Add</td></tr> </table> </div> 	Start Date *	Source of Non-Cash Benefit	Receiving Benefit?	Amount of Non-Cash Benefit	End Date	Add				
Start Date *	Source of Non-Cash Benefit	Receiving Benefit?	Amount of Non-Cash Benefit	End Date							
Add											
Employment Status											
*U.S. Military Veteran	(Moved to Client Profile tab)										
*Domestic Violence Victim/Survivor											
*If Yes for Domestic Violence victim/survivor, when experience occurred											
*If yes for Domestic Violence victim/survivor, are you currently fleeing?											
Zip Code of Last Permanent address											
Note: See Appendix C for Conditional Questions, these may look different											
*Residence Prior to Project Entry											
*Length of Stay in Previous Place											
*Approximate date homelessness started											

*Total number of months homeless on the street, in ES or SH in the past 3 yrs	Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past 3 years including today
Section IIb Complete this section for Head of Household ONLY	
*Client Location?	OR-501 Portland/Gresham/Multnomah County
Level of Family Income?	% HHS Guidelines
Where did you live prior to entering shelter?	FSS ONLY
Which City were you living in?	FSS ONLY
Which State were you living in?	FSS ONLY
Why did you leave?	FSS ONLY
If you were there less than 6 months, where were you living before that?	FSS ONLY
How long were you there?	FSS ONLY
Section III Complete for School-Age Children Only – For each child upon entry - FSS ONLY	
Entry Date	Choose school from appropriate list, click Add button
Elementary School	If Other, must specify
K-8 School	If Other, must specify
Middle/Intermediate School	If Other, must specify
High School	If Other, must specify
Alternative School	If Other, must specify
City	
Number of children in the family attending	(Note: attending THIS school)

Every Client must have 3 questions answered on Client Profile tab

*Name Data Quality

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

*U.S. Military Veteran (Required for adults 18+)


Click the pencil to answer the 3 profile questions

Client - (268) test, another

(268) test, another
Release of Information: None

Client Information

Summary **Client Profile** Households ROI

 Client Record

Name	test, another
Name Data Quality	
Alias	
Social Security	
SSN Data Quality	
U.S. Military Veteran?	
Age	

5. CHECKING A CLIENT OUT – EXITING CLIENTS FROM SERVICEPOINT

- Family members must be exited from the Program Entry, AND from the Bedlist.
- Go to Shelter Bedlist, click on 1st client's name that is exiting. Click into Entry/Exit.

View Shelter Inventory

Provider * Human Solutions: SHELTERPOINT-Family Center - SP (3066) Search My Provider Clear Check Unit Availability

Unit List * Family Shelter Submit

Type Emergency Shelter

Shelter Inventory Information

Unit List - Family Shelter

Display: All Beds Sort By: Client Ascending Sort








Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
08/14/2018			Overflow		(329) Cooper, Alice			402	No	
08/20/2018	Floor 1	Room 1	Bed 92		(375) Flintstone, Fred			476	No	
08/20/2018			Overflow		(377) Flintstone, Pebbles			476	No	
08/20/2018			Overflow		(376) Flintstone, Wilma			476	No	
07/30/2018	Floor 1	Room 1	Bed 13		(184) Miller, Sally			197	No	
07/30/2018	Floor 1	Room 1	Bed 11		(182) Troi, Trevor	05/10/2018	Male		No	
	Floor 1	Room 1	Bed 7	Hold	EMPTY					
	Floor 1	Room 1	Bed 8	Hold	EMPTY					

Unit Stay Entry Data

Stay Data **Entry / Exit** Release of Information Service Transactions

Unit Entry Data - (10) Kim, Harry

Click on pencil next to Program that is being exited.

	Human Solutions: SHELTERPOINT-Family Center - SP (3066)	Basic		07/30/2018					
---	---	-------	---	------------	---	---	---	---	---

Exit Date	Defaults to data entry date – *Change to last date that services were received*
Reason for Leaving	
Destination	
Click Save & Continue	

DO NOT include Additional Household Members. Exit Assessment must be completed for each person.

Section I

Housing Move-in Date Enter date moved into housing, if exiting for other reason, leave blank

Health Insurance Remember to complete HUD Verification in Health Insurance box

Covered by Health Insurance? (See Appendix A for instructions to update)

Does the client have a disabling condition? (See Appendix A for instructions to update)

Section II (For Adults only)

Income from Any Source Income from Any Source (only ongoing income); Remember to complete HUD Verification in Monthly Income box (Refer to Appendix A for instructions to update)

Non-Cash Benefits Remember to complete HUD verification in Non-Cash Benefits box (Refer to Appendix A for instructions to update)

Click on Save & Exit You will return to Unit Stay Entry Data, click on Save & Exit. This will take you back to Shelter Bedlist.

Use the red – (minus) sign next to the client name to remove them from the room/bed.



Click on Save & Exit This will return you to the bedlist where you can select additional family members to exit. Repeat steps above until all family members have been exited from the Program Entry and Bedlist.

View Shelter Inventory

Provider *

Human Solutions:
SHELTERPOINT-Family Center
- SP (3066)

Search

My Provider

Clear

Check Unit Availability

Unit List *

Family Shelter

Submit

Type

Emergency Shelter

Shelter Inventory Information

Unit List - Family Shelter

Display









All Beds

Sort By

Client

Ascending

Sort

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
 08/14/2018			Overflow		(329) Cooper, Alice			402	No	
 08/20/2018	Floor 1	Room 1	Bed 92		(375) Flintstone, Fred			476	No	
 08/20/2018			Overflow		(377) Flintstone, Pebbles			476	No	
 08/20/2018			Overflow		(376) Flintstone, Wilma			476	No	
 07/30/2018	Floor 1	Room 1	Bed 13		(184) Miller, Sally			197	No	
 07/30/2018	Floor 1	Room 1	Bed 11		(182) Thol, Trevor	05/10/2018	Male		No	
	Floor 1	Room 1	Bed 7	Hold	EMPTY					
	Floor 1	Room 1	Bed 8	Hold	EMPTY					

Appendix A: (NOTE: This example is for a different service however, the workflow is the same for Shelter.

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 below.

Otherwise, click **Save & Exit**

5. 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.

Click Save.

Continue answering the remaining Entry questions.

Revised 11/2021

Health Insurance Questions
Answer the "Covered by Health Insurance" question for everyone. 1
Covered by Health Insurance: Yes (HUD)
Click HUD Verification and select appropriate answer for each Health Insurance Type

HUD Verification for CoC Programs 2

Start Date *	Health Insurance Type	Covered?	End Date
10/01/2014	State Health Insurance for Adults	Yes	
10/01/2014	Private Pay Health Insurance	No	
10/01/2014	Health Insurance obtained through COBRA	No	
10/01/2014	State Children's Health Insurance Program	No	
10/01/2014	Employer - Provided Health Insurance	No	

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HUD Verification: Monthly Income for 10/01/2014

Per Source of Income, the current records for Monthly Income as of 10/01/2014 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 10/01/2014, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records 3
No
Data Not Collected
Incomplete

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4

Save Save & Exit Exit

Monthly Income

Start Date * 10 / 01 / 2014

Source of Income TANF (HUD)

If Other, Please Specify

Receiving Income Source? Yes

If other, specify

Monthly Amount 5 487

End Date

ARCHIVAL USE ONLY! -Select-

Save Cancel

When you're done answering questions for the Head of Household, remember to click Save, then scroll back to the top of the entry window and click on the names of any other household members included in the entry to complete their assessments.

Updating HUD Verification Questions for Existing Participants

If you are answering the HUD Verification questions for a participant who already exists in ServicePoint, there's a good chance that these type of questions (health insurance, disability, income, non-cash benefits) have already been answered at least once. ServicePoint will display all previously recorded answers as long as they are ongoing. This means that no one has entered an "End Date" for the answers you are seeing.

In order for you to update a HUD Verification question that has already been answered, you must enter an End Date for each previously recorded answer that is no longer correct. Then create a line for each new correct answer; new answers should be dated with the date of your new entry or annual update.

EXAMPLE: Last year, a survivor and her child completed the intake process for a program on 01/01/2017. A couple days later, her advocate created a program entry in ServicePoint using the intake date as the entry date. The advocate answered all of the questions required by ServicePoint in the program entry, including all four of the HUD Verification-type questions (Health Insurance, Disability, Monthly Income, and Non-Cash Benefits). At the time the advocate completed her intake, the participant did not have health insurance.

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

Covered by Health Insurance:

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

Health Insurance		HUD Verification		
	Start Date *	Health Insurance Type	Covered?	End Date
	01/01/2017	Employer - Provided Health Insurance	No	
	01/01/2017	Veteran's Administration (VA) Medical Services	No	
	01/01/2017	State Children's Health Insurance Program	No	
	01/01/2017	MEDICARE	No	
	01/01/2017	Other	No	

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Notice how each of the individual answers within the HUD Verification-type questions has a Start Date of 01/01/2017 (the same as the participants' entry date). Because the advocate recorded these answers from within the program entry dated 01/01/2017, the Start Date for each answer defaults to the entry date. (Don't change it.)

TIP: After completing a HUD Verification, click on the magnifying glass icon to expand the HUD Verification box and see all of your answers at once!

Show All Health Insurance Records						
Health Insurance						
	Provider	Date Effective	Start Date	Health Insurance Type	Covered?	End Date
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Veteran's Administration (VA) Medical Services	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Children's Health Insurance Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Health Insurance for Adults	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Health Insurance obtained through COBRA	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	

Showing 1-10 of 10

A year later, the same participant completed an intake for a new program. A couple days later, her advocate creates an entry for the new program, using the new intake date (01/01/2018) as the program entry date.

Sometime in the last year, the participant acquired health insurance through the Oregon Health Plan. Yay! The HUD Verification question about Health Insurance in the new program's entry pulls the "No" answer from the last time this question was answered, just like all other questions in ServicePoint. Flip the answer in the first part of the question from a "No" to a "Yes".

Health Insurance

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

Covered by Health Insurance No (HUD) G

➡

Health Insurance

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

Covered by Health Insurance Yes (HUD) G

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

Health Insurance

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

Covered by Health Insurance Yes (HUD) G

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

Health Insurance

HUD Verification ✔

	Start Date *	Health Insurance Type	Covered?	End Date
	01/01/2017	Employer - Provided Health Insurance	No	
	01/01/2017	Veteran's Administration (VA) Medical Services	No	
	01/01/2017	State Children's Health Insurance Program	No	
	01/01/2017	MEDICARE	No	
	01/01/2017	Other	No	

Add Showing 1-5 of 10 First Previous Next Last

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

Show All Health Insurance Records

	Provider	Date Effective ▼	Start Date	Health Insurance Type	Covered?	End Date
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Veteran's Administration (VA) Medical Services	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Children's Health Insurance Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Health Insurance for Adults	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Health Insurance obtained through COBRA	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	

Add Showing 1-10 of 10 Exit

OHP is recorded in ServicePoint as "MEDICAID", so this is the line that must be updated to reflect that the participant now has health insurance.

Click on the pencil icon in line with this answer to edit.

The **Start Date** tells you the date of the entry wherein this answer was created. When the answer was created on 01/01/2017, “No” was the correct answer to the question “Covered?” for “MEDICAID”.

But as of 01/01/2018, “No” is no longer a correct answer. Document this change by entering an End Date for the “No” answer. The date “No” stopped being correct is the date the participant first acquired health insurance; however, the participant isn’t expected to remember that date, and the advocate is not expected to record it.

But the advocate does know that on the date the participant completed the intake for the new program, she had OHP. The advocate is only responsible for reporting what is true as of the Entry Date. So, use the date of the day before the program entry as the End Date.

In this example, the **Entry Date** for the new program is 01/01/2018, so the End Date is 12/31/2017.

After entering an **End Date**, click **Save**.

The **End Date** now appears in line with the “No” for the MEDICAID answer.

	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	12/31/2017
Showing 1-10 of 10						

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

1. The **Start Date** defaults to the date of the Program entry. (**Don't change it**).

2. Health Insurance Type is MEDICAID.












3. Covered? Is “Yes”.

LEAVE END DATE BLANK.

Click **Save**.

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

Show All Health Insurance Records

Health Insurance						
	Provider	Date Effective ▼	Start Date	Health Insurance Type	Covered?	End Date
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2018 5:06:56 PM	01/01/2018	MEDICAID	Yes	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Veteran's Administration (VA) Medical Services	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Children's Health Insurance Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Health Insurance for Adults	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Health Insurance obtained through COBRA	No	
	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	12/31/2017

Add Showing 1-11 of 11 Exit

A HUD Verification question that correctly captures a change in a participant's circumstances may have multiple lines with **End Dates**, but should have only one *ongoing* line per answer, whether "Yes" or "No".



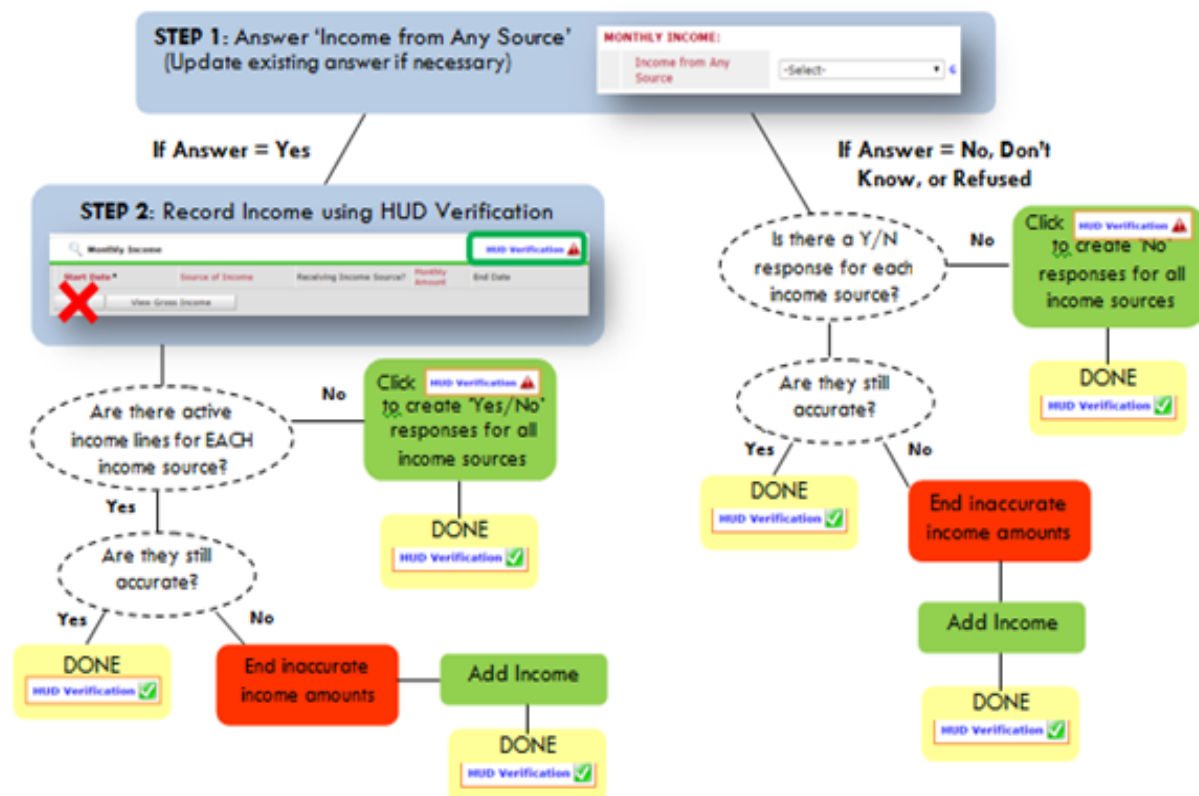
When you're done answering entry assessment questions for the Head of Household, remember to click **Save**, then scroll back to the top of the entry window and click on the names of any other household members included in the entry to complete their assessments.

Appendix B. Client Income

RECORDING CLIENT INCOME IN SERVICEPOINT

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

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



ADDING INCOME

- Click **HUD Verification**
- Leave Start Date as default (date of Entry, Interim, or Exit)
- Select Source of Income
- Monthly Amount = (\$ amount from this source)
- Leave End Date blank
- Save /add another and Exit

ENDING INCOME

- If updating income at Entry/Exit, enter data in client's program Entry/Exit. If updating income during enrollment, use appropriate interim.**
- Click the pencil next to outdated income
- Leave Start Date, Source, and Amount unchanged
- End Date = the day before Entry/Interim/Exit
- Save and Exit

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

APPENDIX C: Conditional questions from Section IIa

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 <u>HOMELESS SITUATION</u> , 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 <u>INSTITUTIONAL SITUATION</u> and Length of Stay in Previous Place is less than 90 days , you will see the following questions:	
On the night before [residence prior situation], did client stay on the streets, emergency shelter or safe haven? If yes, complete the following:	
Approximate date homelessness started	
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today	
Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years	
If response to Residence Prior to Project Entry is under <u>TRANSITIONAL AND PERMANENT HOUSING SITUATION</u> 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	
Client Location	Choose OR-501 Portland/Gresham/Multnomah County
Domestic violence victim/survivor?	If response is "Yes," also provide a response to the two follow-up questions: <i>When did the experience occur?</i> and <i>Are you currently fleeing?</i>

Appendix D: Fun Adventures Data Entry (children's activities-FSS)

1. Program Entry:

From the Households tab, select a child participating in Fun Adventures

Client Information				Service Transactions		
Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans
▼ (425599) Male Single Parent						
Name	Age	Head of Household	Relationship to Head of Household	Joined Household		
(1) Case, Justin A	20	Yes	Self	02/01/2018		
(1072375) Case, Julie c	0	No	Daughter	02/05/2020		
(58100) Test, Just A, Jr	14	No	Son	04/22/2019		
Manage Household						

On the Entry/Exit tab, choose Add Entry/Exit, include additional children if applicable (Do not include adults)

Project Start Data - (1072375) Case, Julie c

Household Members	
i To include Household members for this Entry / Exit, click the box beside each name. Only members from the SAME Household may be selected.	
<input type="checkbox"/> (425599) Male Single Parent	
<input type="checkbox"/> (1) Case, Justin A	
<input checked="" type="checkbox"/> (1072375) Case, Julie c	
<input checked="" type="checkbox"/> (58100) Test, Just A, Jr	

Project Start Data - (1072375) Case, Julie c

Provider *	PHFS: Fun Adventures (7469)	Search	My Provider	Clear
Type *	Basic			
Project Start Date *	07 / 01 / 2020 9 : 17 : 40 AM			

For each activity an attendance sheet should be created showing date, activity, and children attending. These must be retained and reported to JOHS on a quarterly basis.

2. Program Exit:

Exit child(ren) from Fun Adventures when the family leaves the shelter, or the child is no longer participating. Enter date. Reason for Leaving = Completed program. Destination = No exit interview completed.

Edit Exit Data - (1072375) Case, Julie c	
Exit Date *	07 / 05 / 2020 9 : 30 : 26 AM
Reason for Leaving	Completed program
If "Other", Specify	
Destination *	No exit interview completed (HUD)
If "Other", Specify	
Notes	