

# Emergency Shelter Data Entry Handbook

## Wellsky Community Services HMIS

### Multnomah County

This handbook provides instructions to check participants into and out of a shelter.

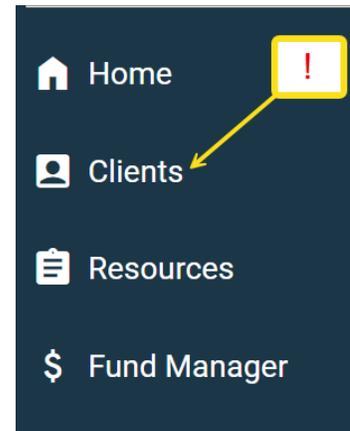
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# Participant Search /Add Participant Process

## If the participant record exists

Click **Clients** from the left hand navigation pane on the Main Menu



## Client Search displays

- Search participants by entering First Name and Last Name.
- Click **Search**

A screenshot of the 'Client Search' form. At the top, a message says 'Please Search the System before adding a New Client.' The form has fields for Name (First, Middle, Last, Suffix), Name Data Quality, Alias, Social Security Number, Social Security Number Data Quality, U.S. Military Veteran?, and Exact Match. A yellow box with a red exclamation mark is over the 'Please Search' message, with a green arrow pointing to the 'Last' name field.

## NOTE:

- Always check to see if a participant profile already exists before creating a new profile in HMIS. This step reduces the risk of creating duplicate profiles for the person.
- HMIS provides three ways to search, using first/last name, SSN, or Client ID. The preferred method is to use the name field.
- As a best practice, use the first three letters of their first name and first three letters of their last name to catch any spelling errors or differences in the name.
- If time permits, search for participants by entering different spellings of their name or nicknames.
- If the participant has multiple last names, search them under each of the last names provided. Search using an alias if applicable.
- In the event you find multiple Client IDs# for a participant, please email them to hmishelp@multco.us.

## OR Search for Participant by **Client ID**

- Click **Submit**

A screenshot of the 'Client ID' search form. It has a title 'Client Number' and a message 'Enter or scan a Client ID number to go directly to that Client's profile.' Below is a 'Client ID #' input field and a 'Submit' button. A yellow box with a red exclamation mark is over the message, with yellow arrows pointing to the input field and the 'Submit' button.

**Client Results** displays the participants that match the search criteria.

ID	Name ▲	Social Security Number	Date of Birth	Alias	Gender Banned	Household Count
65	Scott, Jill	533-98-2222	10/22/1980			1

Showing 1-1 of 1

To choose the participant click on either the participant name or pencil  to open the record.

### If participant record does not exist

- If the search results in **No Matches** and a thorough search has been done, click **Add New Client With This Information**

Search
Clear
Add New Client With This Information

**Client Number**

Enter or scan a Client ID number to go directly to that Client's profile.

Client ID #  Submit

**Client Results**

ID	Name ▲	Social Security Number	Date of Birth	Alias	Gender Banned	Household Count
<b>No matches.</b>						

- Once you have added a new participant with this Information - a pop up will appear - just confirm and click **OK**

**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). Continue with Add New Client?

Ok
Cancel

- A new participant record has been created. A new HMIS ID is assigned.

Clients > Client Profile Type here for Global Search

**Client - (708) Anderson, Gillian** 🔒

(708) Anderson, Gillian HMIS ID

Release of Information: None

**Client Information**
**Service Transactions**

Summary
Client Profile
Households
ROI
Entry / Exit

Added to the system 01/22/2025 02:37 PM

Name	Anderson, Gillian	Social Security	
Date of Birth		U.S. Military Veteran?	
Race and Ethnicity			
Gender			



- There are two large tabs that make up the structure of the participant record. **Client Information** and **Service Transactions**

Client - (708) Anderson, Gillian

(708) Anderson, Gillian  
Release of Information: None

Client Information Service Transactions

Summary Client Profile Households ROI

Client Record

Name	Anderson, Gillian
Name Data Quality	
Alias	

- In a new client record click **Client Profile** to continue adding participant information.

- Click pencil to edit the record

Client - (708) Anderson, Gillian

(708) Anderson, Gillian  
Release of Information: None

Client Information Service Transactions

Summary Client Profile Households

Client Record

Name	Anderson, Gillian
Name Data Quality	
Alias	
Social Security	
SSN Data Quality	
U.S. Military Veteran?	
Age	

**Note:**

- **Client Profile** is the only area of the record where these specific data elements can be updated or corrected.
- There are also **Data Quality** questions that are required to be filled out.

Client Record

Editing the Client Record Information could affect the Unique ID and the Client Search.

Client Record

Name	First	Middle	Last	Suffix
	Gillian		Anderson	
Name Data Quality	-Select-			
Alias				
Social Security				
SSN Data Quality	-Select-			
U.S. Military Veteran?	-Select-			

Save Cancel

- Ensure all data elements have been added - First/Last Name, SSN, SSN Data Quality and Veteran Status
- Choices for **Data Quality** are shown to the right. These answers are helpful to ensure data elements are captured completely and correctly.

**Client Record**

⚠ Editing the Client Record Information could affect the Unique ID and the Client Search.

Client Record				
Name	First	Middle	Last	Suffix
	Fox		Mulder	
Name Data Quality	Full Name Reported			
Alias	-Select-			
Social Security	Partial, Street Name, or Code Name Reported			
SSN Data Quality	Client Doesn't Know			
U.S. Military Veteran?	Client prefers not to answer			
	Data Not Collected			

Save Cancel

- **\*Note** - Asking for SSN is only required for certain funding streams. However, if participants are comfortable providing the last four digits that is acceptable. Data quality response would be Approximate or Partial SSN reported.

- If a participant does not have a SSN Data Quality responses could be Client doesn't know or Client prefers not to answer.
- Ensure all Data Quality questions are answered.

**Client Record**

⚠ Editing the Client Record Information could affect the Unique ID and the Client Search.

Client Record				
Name	First	Middle	Last	Suffix
	Fox		Mulder	
Name Data Quality	Full Name Reported			
Alias				
Social Security				
SSN Data Quality	Client prefers not to answer (HUD)			
U.S. Military Veteran?	No (HUD)			

Save Cancel

- Click **Save**.

## Household Information

### Note:

- A **Household** only needs to be created in the event there are 2 or more individuals in the household being served.
- Click **Households** under the **Client Information** tab.

### Client - (490) Mira, Walter, Sr

(490) Mira, Walter, Sr

Release of Information: **None**

**Client Information**

Summary Client Profile **Households** ROI

- Click **Start New Household**

- Enter the appropriate Household Type

### Add New Household

- As we continue building the household, enter data for the next household member.

- Click Search to ensure this person is not already in the system and then **Add New Client with The Information.**

ID	Name	Social Security Number	Date of Birth	Alias	Gender Banned	Household Count
82	Thompson, Kendra		08/30/1983			0

- Once you have attached additional household members, Click Continue.

**Selected Clients**

ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
708	Anderson, Gillian						0
712	Mulder, William						0

Showing 1-2 of 2

- One person must be designated as Head of Household.

- Click on **Head of Household** and click “Yes.” Notice the Relationship to Head of Household automatically changes to “Self”

**Household Information - (427) Female Single Parent**

(427) Female Single Parent Save Save & Exit Exit

Household Type\* Female Single Parent

Income US\$0.00 monthly (US\$0.00 annual)

Client Count 2

**Household Members**

Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count
(708) Anderson, Gillian		Yes	Self	01 / 22 / 2025	0	1
(712) Mulder, William		No	-Select-	01 / 22 / 2025	0	1

Add/Delete Household Members Household History Report

- For the second household member, click on Household to Relationship and choose the best answer to describe the relationship to the Head of Household.
- If creating a household for a new participant - the **Joined Household** date needs to be aligned with the date of the intake. The date will default to the day you are entering the data.

**Household Members**

Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count
(708) Anderson, Gillian		Yes	Self	01 / 22 / 2025	0	1
(712) Mulder, William		No	Son	01 / 22 / 2025	0	1

Add/Delete Household Members Household History Report

# Multiple Member Households

- From Households tab, click **Manage Household**

Client Information		Service Transactions				
Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Assessments
▼ (427) Female Single Parent						
Name	Age	Head of Household	Relationship to Head of Household	Joined Household	Previous Associations	Household Count
(708) Anderson, Gillian		Yes	Self	01/22/2025	0	1
(712) Mulder, William		No	Son	01/22/2025	0	1
<div style="text-align: center;"> <span>Manage Household</span> </div>						

- Click **Add/Delete Household Members**

Household Members							
Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count	
(708) Anderson, Gillian		Yes	Self	01 / 22 / 2025	0	1	
(712) Mulder, William		No	Son	01 / 22 / 2025	0	1	
<div style="text-align: center;"> <span>Add/Delete Household Members</span> </div>						<div style="text-align: center;"> <span>Household History Report</span> </div>	

- Click **arrow** to open page to add household members

This Household does not have any previous members.

▼ Add Clients to the Household

Client Search

Please Search the System before adding a New Client. Hide Advanced Search

Name	First	Middle	Last	Suffix
			Anderson	
Name Data Quality	-Select-			
Alias				
Social Security Number	-	-	-	

- Enter search criteria First and/or Last Name, SSN

▼ Add Clients to the Household

Client Search

Please Search the System before adding a New Client. Hide Advanced Search

Name	First	Middle	Last	Suffix
	Fox		Mulder	
Name Data Quality	Full Name Reported			
Alias				
Social Security Number	-	-	-	
Social Security Number Data Quality	-Select-			
U.S. Military Veteran?	-Select-			
Exact Match	<input type="checkbox"/>			
<div style="display: flex; justify-content: space-between;"> <span>Search</span> <span>Clear</span> <span>Add New Client With This Information</span> </div>				

- Click **Search**

**Client Search** page displays.

- Click on the plus sign to add the household member name if one displays

Client Results								
ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count	
	8	Mulder, Fox	329-80-2343	10/13/1961				2 

Showing 1-1 of 1

- If no records returned, click **Add New Client With This Information**

# Release of Information

## Note:

- Work with your supervisor for information about how to ask participants for consent around data sharing.

Client - (490) Mira, Walter, Sr

(490) Mira, Walter, Sr

Release of Information: **None**

### Client Information

Summary

Client Profile

Households

**ROI**

- Click the **ROI** tab from main menu bar

- Click **Add Release of Information**

### Release of Information

Provider

Add Release of Information

- The current participant's name should already be greyed out.

Release of Information - (490) Mira, Walter, Sr

#### Household Members

To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.

- (260) Rent Family
- (490) Mira, Walter, Sr

- If all members in the household consent to share their data - Click the box next to the household "bucket" where it describes the household type.
- Parents consent for their children.

### Release of Information

Release of Information - (708) Anderson, Gillian

#### Household Members

To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.

- (427) Two Parent Family
  - (708) Anderson, Gillian
  - (8) Mulder, Fox
  - (712) Mulder, William

## NOTE:

- Only one ROI per household is needed
- ROI is attached to head of household
- All adult members need to consent to share their data.

# Release of Information Data

**Provider\*** – This will default to your login in provider.

Note - in order for the data to flow properly and to allow for other agencies to see the data - you must select 2 providers:

- 1) Where you log in
- 2) Project/program where you are entering the data.

**Release Granted:** Yes or No

- Choose value to indicate if a household member provided you their consent to share information.
- **Start Date** defaults to {today date} needs to line up with intake date or entry into program.
- Enter **End Date** = 7 years from the Start Date
- **Documentation** - choose from values list which documentation method was used to gather ROI consent (or no consent)
- **Witness** - enter person's name who witnessed the participant provide their ROI information
- Click **Save Release of Information**
- Click **Exit**

**Now move to the Shelter Module from the left side Navigation Pane**



# Checking Participants into Shelter Beds

- Click **green plus** sign next to the row of the room/bed where Client column = Empty

**View Shelter Inventory**

Provider \* Our Just Future: Lilac Meadows Shelter-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 Floor ▼ Ascending ▼

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Co
	Floor 1	Room 1	Bed 0001	Hold	EMPTY					
	Floor 1	Room 1	Bed 0002	Hold	EMPTY					

- Search for the participant by name or **Client ID**
- Click **Search**

**Client Search**

Please Search the System before adding a New Client.

Name First Gillian Middle Last Suffix

Name Data Quality -Select- ▼

Alias

Social Security Number

Social Security Number Data Quality -Select- ▼

U.S. Military Veteran? -Select- ▼

Exact Match

Search Clear Add New Client With This Information

---

**Client Number**

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

Client ID # 708 Submit

- **Date In\*** defaults to {today date}.
- Ensure the date reflects the intake date when the participant actually checks into the bed.
- If a participant moves rooms/beds click **Assign Unit** to reassign.

Shelters > Check In Type here for Global Search 🔔 ★ ?

**Unit Entry Data - (708) Anderson, Gillian**

Date In \* 01 / 23 / 2025 📅 🕒 2 : 33 : 47 PM ▼

Unit Name / Number Floor 1 / Room 1 / Bed 0001

Supplies Given

Locker number

Codes/Notes

Midnight Check In Assign Unit

- Scroll down to check household configuration and if ROIs are present.
- Review **Household Members** to enroll other household members as appropriate. Assign them a bed.
- **Release of Information** is present as this was done prior to enrolling the household into the shelter module.

## Program Entry

- **Enter Relationship to Head of Household**
- Choose **Enrollment CoC** from values list - this is indicating what area you are enrolling the participant. It is almost always OR-501.
- **DOB** defaults from Client Profile
- **Date of Birth Type** defaults from Client Profile
- Choose appropriate **Gender** identity and **race/ethnicity** identity. To select multiple values hold down the “ctrl” or “cmd” key and click on each value.

### Program Entry - ES, SO [OR-501]

Complete the following questions for EACH Household Member

**Relationship to Head of Household \*** Self (head of household)

Hint: Enrollment CoC = OR-501 Portland/Gresham/Multnomah County

**Enrollment CoC** -Select-

- Select-
- OR-501 Portland/Gresham/Multnomah County
- OR-504 Salem/Marion, Polk Counties CoC
- OR-505 Oregon Balance of State CoC (ROCC)
- OR-506 Hillsboro/Beaverton/Washington County CoC
- OR-507 Clackamas County CoC
- WA-508 Vancouver/Clark County CoC
- N/A: NON-CoC Project
- Non OR501: Not a CoC Project
- Non OR506: Not a CoC Project
- Non OR507: Not a CoC Project
- Portland Housing Bureau/City of Portland

**Date of Birth**

**Date of Birth Type**

To select multiple values hold down the “ctrl” or “cmd” key and click on each value

**Gender**

To select multiple values hold down the “ctrl” or “cmd” key and click on each value

**Gender**

- Woman (Girl, if child)
- Man (Boy, if child)
- Culturally Specific Identity (e.g., Two-Spirit)
- Transgender
- Non-Binary
- Questioning
- Different Identity
- Client doesn't know
- Client prefers not to answer
- Data not collected

Clear All

If Different Identity, Please Specify

Text field below is required when selecting "Different Identity"

**RACE and HISPANIC/LATINO ETHNICITY**

**Race and Ethnicity**

- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black, African American, or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client prefers not to answer
- Data not collected

- Answer if Translation Assistance is Needed and if 'yes', identify which language is needed.
- Select Primary language

Translation Assistance Needed Yes (HUD) G

Preferred Language -Select- G !

Required response when selecting Different Preferred Language

If Different Preferred Language, please specify G

Primary Language -Select- G

If Primary Language is Other, then Specify: G

## Disabilities Section

- 2 Does the participant have a self reported disabling condition? Click 'Yes' or 'No'
  - Click 'client doesn't know', 'client prefers not to answer', or 'data not collected' as appropriate.

1 Does the client have a disabling condition? -Select- G

Disabilities 2 HUD Verification !

Disability Type	Start Date *	Disability determination	End Date
Add			

- 2 The red triangle is signaling that the second step is required. Click on the HUD Verification - to bring up the menu of disabling conditions to choose from.

1 Per Disability Type, the current records for Disabilities as of 01/23/2025 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 01/23/2025, records containing "Yes" values will be displayed and take precedence for reporting purposes.

2 Select the Disability determination value for all incomplete Disability Type records

No (HUD)  
 Client doesn't know (HUD)  
 Client prefers not to answer (HUD)  
 Data not collected (HUD)  
 Incomplete

Choose the disability type by clicking Yes. Click as many as appropriate.  
For the remainder of the conditions click "No" to complete this step

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client prefers not to answer (HUD)	Data not collected (HUD)	Incomplete
Alcohol Use Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Drug Use Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Both Alcohol and Drug Use Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Developmental (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
HIV/AIDS (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Mental Health Disorder (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Physical (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Chronic Health Condition (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

- Disability Type - For each condition that is chosen a pop up window appears.
- Start Date\* - This date should reflect the date of intake or enrollment into the program.
- Note on Disability - enter notes if applicable
- Click **Save**
- **Exit** when complete

Disability Type	Start Date*	Disability determination	End Date	HUD Verification
Chronic Health Condition (HUD)	01/23/2025	No (HUD)		⚠
Physical (HUD)	01/23/2025	No (HUD)		⚠
HIV/AIDS (HUD)	01/23/2025	No (HUD)		⚠
Both Alcohol and Drug Use Disorder (HUD)	01/23/2025	No (HUD)		⚠
Developmental (HUD)	01/23/2025	No (HUD)		⚠

Red means 'stop' and 'green' means proceed.

## Editing Disabilities

### NOTE:

- A participant may have reported a disabling condition when served by another provider in the past. Today during intake, the participants reported not having that condition or maybe it is no longer applicable.
- Click the pencil next to the disability that needs to be updated.
- End date the information that had been entered previously.

# Health Insurance

- 1 Is the participant Covered by Health Insurance? Click 'Yes' or 'No'
  - a) Click 'client doesn't know', 'client prefers not to answer', or 'data not collected' as appropriate.

- 2 The red triangle is signaling that the second step is required. Click on the HUD Verification - to bring up the menu of health insurance to choose from.

## HUD Verification: Health Insurance for 01/28/2025

**i** Per Health Insurance Type, the current records for Health Insurance as of 01/28/2025 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 01/28/2025, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

- Yes
- No
- Data Not Collected
- Incomplete

- 3 A timesaving step - click 'No' for them all and then click the one type that applies as a 'Yes' and then click Save & Exit.

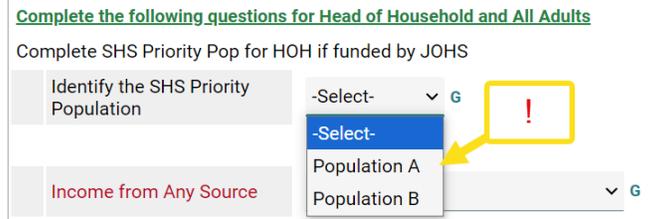
Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
MEDICAID	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Children's Health Insurance Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran's Health Administration (VHA)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer - Provided Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance obtained through COBRA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Pay Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Health Insurance for Adults	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Services Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

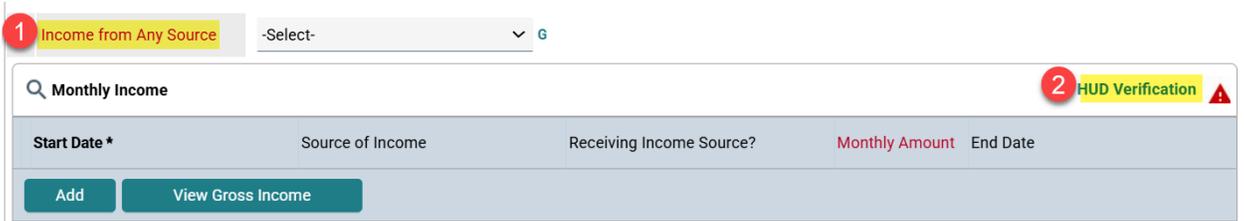
Red means 'stop' and 'green' means proceed

# SHS Priority Population

- Supportive Housing Services (SHS) - this question is related to identifying if the participant belongs to population A or B.
- Complete this question for all Heads of Households.
- **Definition:** Population A includes *participants who self-report a disabling condition, are below 30% AMI, and are experiencing long-term homelessness or at imminent risk.*
- Population B includes everyone else.



# Income from any Source



1. Does the participant receive Income from Any Source? Click 'Yes' or 'No'
  - a. Click 'client doesn't know', 'client prefers not to answer', or 'data not collected' as appropriate.

**HUD Verification: Monthly Income for 01/28/2025**

Per Source of Income, the current records for Monthly Income as of 01/28/2025 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 01/28/2025, 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

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 checked="" type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
General Assistance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
SSI (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
TANF (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Save Save & Exit Exit

2. The red triangle is signaling that the second step is required. Click on the HUD Verification - to bring up the menu of different sources of income to choose from.

# Non-Cash Benefits

1. Does the participant have any Non-cash benefit from any source? Click 'Yes' or 'No'
  - a. Click 'client doesn't know', 'client prefers not to answer', or 'data not collected' as appropriate.

1 Non-cash benefit from any source -Select- G

2 HUD Verification ⚠

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

2. The red triangle is signaling that the second step is required. Click on the HUD Verification - to bring up the menu of different sources of Non-cash Benefits to choose from.

3. Time-saving step - click 'No' for all of them but then click 'Yes' if the participant receives food stamps. Click 'Save' and the editing pencil  appears. Click the pencil  next to food stamps to enter the amount received.

## HUD Verification: Non-Cash Benefits for 01/28/2025

**i** Per Source of Non-Cash Benefit, the current records for Non-Cash Benefits as of 01/28/2025 are displayed below. Any previous records for Non-Cash Benefits not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Non-Cash Benefit as of 01/28/2025, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Source of Non-Cash Benefit 	Receiving Benefit?			
	Yes	No	Data Not Collected	Incomplete
 Supplemental Nutrition Assistance Program (Food Stamps) (HUD) 	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Special Supplemental Nutrition Program for WIC (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 TANF Child Care Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 TANF Transportation Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Other TANF-Funded Services (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Other Source (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

4. Then click Save & Exit

## Prior Living Situation

- Select the 'Type of Residence' from the *Living Situation Option List* that most closely matches where the participant was living prior to the project start, i.e. last night.
- Adult members of the same household may have different prior living situations.

-Select-

**HOMELESS SITUATIONS**

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) (HUD)

Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter (HUD)

Safe Haven (HUD)

**INSTITUTIONAL SITUATIONS**

Foster care home or foster care group home (HUD)

Hospital or other residential non-psychiatric medical facility (HUD)

Jail, prison, or juvenile detention facility (HUD)

Long-term care facility or nursing home (HUD)

Psychiatric hospital or other psychiatric facility (HUD)

Substance abuse treatment facility or detox center (HUD)

**TEMPORARY HOUSING SITUATIONS**

Transitional housing for homeless persons (including homeless youth) (HUD)

Residential project or halfway house with no homeless criteria (HUD)

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Hotel or motel paid for without emergency shelter voucher (HUD)

Host Home (non-crisis) (HUD)

Staying or living in a friend's room, apartment, or house (HUD)

Staying or living in a family member's room, apartment, or house (HUD)

**PERMANENT HOUSING SITUATIONS**

Rental by client, no ongoing housing subsidy (HUD)

Rental by client, with ongoing housing subsidy (HUD)

Owned by client, with ongoing housing subsidy (HUD)

Owned by client, no ongoing housing subsidy (HUD)

**OTHER**

Client doesn't know (HUD)

Client prefers not to answer (HUD)

Data not collected (HUD)

- Length of Stay in Previous Place
- The next set of questions are to identify if the participant meets the definition of chronically homeless.

Approximate date this episode of homelessness started

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today

Total number of months homeless on the street, in ES or SH in the past three years

\_\_\_ / \_\_\_ / \_\_\_   

-Select-  

-Select-  

-Select-

One night or less

Two to six nights

One week or more, but less than one month

One month or more, but less than 90 days

90 days or more, but less than one year

One year or longer

Client doesn't know

Client prefers not to answer

Data not collected

# Survivor of Domestic Violence

- Click the appropriate response if the participant is a survivor of Domestic Violence?

Survivor of Domestic Violence	-Select-
If Yes for Survivor of Domestic Violence, When experience occurred	-Select- Yes (HUD) No (HUD) Client doesn't know (HUD) Client prefers not to answer (HUD) Data not collected (HUD)
If Yes for Survivor of Domestic Violence, Are you currently fleeing?	-Select-

- If yes, click when the last experience occurred

Prior Living Situation	-Select- Within the past three months (HUD) Three to six months ago (HUD)
Length of Stay in Previous Place	From six to twelve months ago (HUD) More than a year ago (HUD) Client doesn't know (HUD) Client prefers not to answer Data not collected (HUD)
Survivor of Domestic Violence	-Select-
If Yes for Survivor of Domestic Violence, When experience occurred	-Select-

- If yes, for survivor of domestic violence, are you currently fleeing?

Survivor of Domestic Violence	-Select- Yes (HUD) No (HUD) Client doesn't know (HUD) Client prefers not to answer (HUD) Data not collected (HUD)
If Yes for Survivor of Domestic Violence, When experience occurred	-Select-
If Yes for Survivor of Domestic Violence, Are you currently fleeing?	-Select-

You are done! Now just press Save & Exit!



# Participant Check Out from the Shelter

- Check participant out by clicking 'View All' on the Shelters Dashboard

Shelters 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			

- Click red minus sign next to participant who is leaving the shelter bed

Unit List - Peninsula SRV

Display All Beds | Sort By Floor | Ascending | Sort

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
	SRV	01	01-001	Hold	EMPTY					
	SRV	01	01-002	Hold	EMPTY					
	SRV	02	02-001	Hold	EMPTY					
01/31/2025	SRV	02	02-002		(1) Cabrera, Ana				No	

- Date Out\* defaults to {today date}
  - Change date if applicable

- Choose **Reason for Leaving** from values list
- Choose **Destination** from values list

Unit Exit Data - (1) Cabrera, Ana

Date Out *	01 / 31 / 2025   7 : 54 : 43 AM
Unit Name / Number	02-002
Supplies Returned	<input checked="" type="radio"/> Yes <input type="radio"/> No
Reason For Leaving *	Unknown/Disappeared
Destination *	Client doesn't know (HUD)

- Update the record if there has been any changes *at exit* for **disabilities, covered by health insurance, monthly income and non-cash benefits.**
- Scroll to end of page and choose **Save and Exit**

When exiting households who have *more than one individual*

- Click the “household bucket” to ensure both individuals are checked
- Click **Save & Exit**

Unit Exit Data - (2) Diaz, Jose

Date Out *	01 / 31 / 2025   8 : 03 : 52 AM
Unit Name / Number	01-002
Supplies Returned	<input checked="" type="radio"/> Yes <input type="radio"/> No
Reason For Leaving *	Unknown/Disappeared
Destination *	No exit interview completed (HUD)

Household Members

**To update Household members' Check Out data, click on the box beside each name. Note: Household Members who were previously checked out are disabled and appear for informational purposes only.**

- (1) Couple With No Children
- (2) Diaz, Jose (Date In: 01/31/2025 8:03:22 AM) (Primary Client)
- (3) Diaz, Kristi (Date In: 01/31/2025 8:03:22 AM)

**You are done!**

For **Night by Night shelters** to check out multiple participants with the same exit date using ‘Transmit Today’s Check Out List’

Shelters Dashboard

 Check Client In	 Check In Reservation	 Check In Referral
 Update Confirmation List	 Transmit Today's Check Out List	 View All

- Click the **Check Out** box for all participants leaving the shelter on the same day
- Date Out defaults to {today date}.
  - Change if not {today}
- Choose value from the field under the Date Out field. This is the **Reason for Leaving.**
- Choose value from the field under the Reason field. This is the **Destination**
- Click **Check Out**

Check Out List

Current Check Out Date: 01 / 31 / 2025   8 : 11 : 51 AM Set Dates

Check Out ID	Client Name	Group ID	Unit	Date Out / Reason For Leaving / Destination	Supplies Returned
<input checked="" type="checkbox"/>	2	Diaz, Jose	4	03-001 01 / 31 / 2025 8 : 11 : 51 AM Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	3	Diaz, Kristi	4	03-002 01 / 31 / 2025 8 : 11 : 51 AM Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	1	Cabrera, Ana	02	02-002 01 / 31 / 2025 8 : 11 : 51 AM Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>

Check All Uncheck All