

JOINT OFFICE OF HOMELESS SERVICES –
RAPID RE-HOUSING/HOMELESS
PREVENTION (JOHS-RRH/HP)

ServicePoint Handbook

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Questions? Contact servicepoint@multco.us

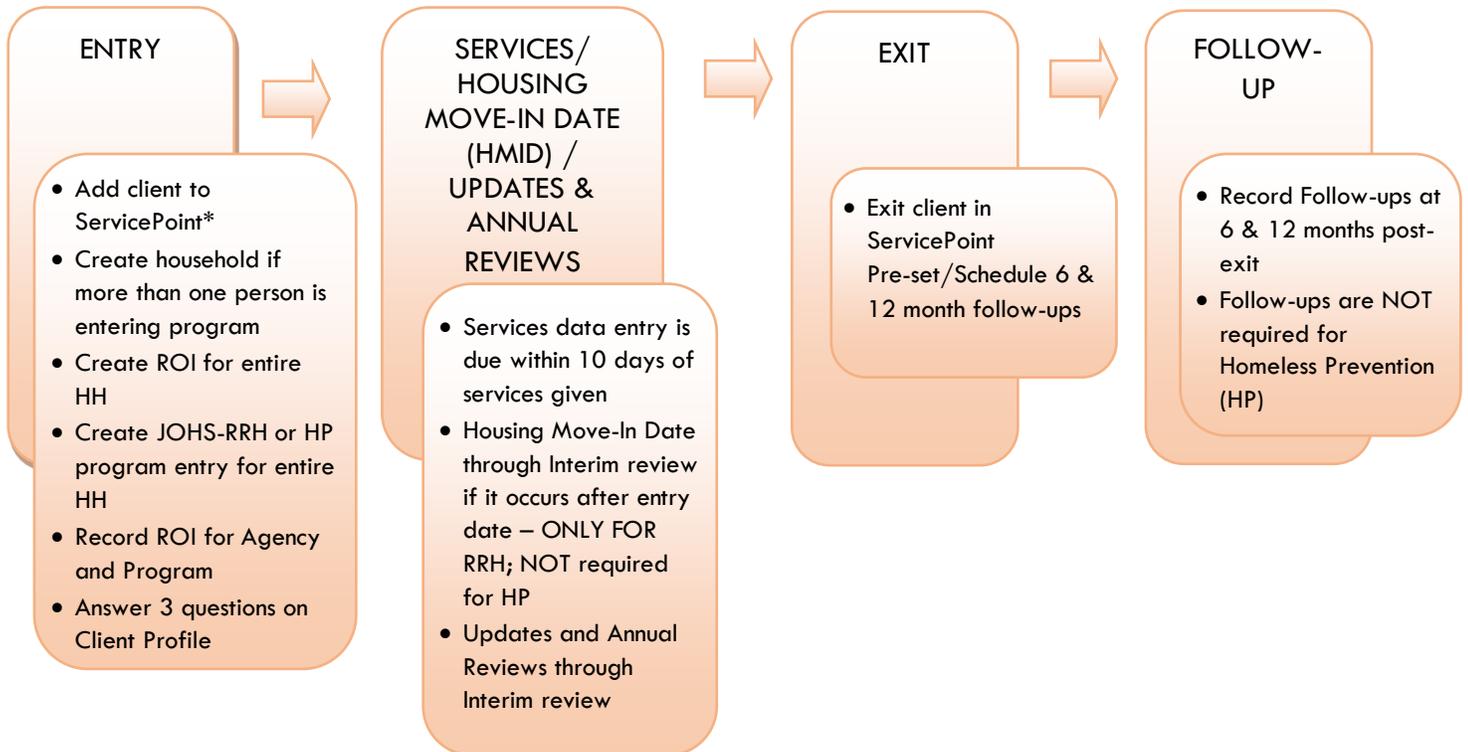
JOINT OFFICE OF HOMELESS SERVICES – RAPID RE-HOUSING/HOMELESS PREVENTION (JOHS-RRH/HP) SERVICEPOINT HANDBOOK REVISION HISTORY

- **April 2022** – added instructions for how to enter Service Transactions without funding sources.
- **October 2021** – added instructions for choosing more than one Gender option; added new SHS Population A/B question to program entry.
- **July 2021** – added Homeless Prevention. The workflow is the same for RRH and HP, except for Housing Move-In Dates (HMIDs). The HMID sections were updated to say 'not required for HP'. Add 3 questions on Client Profile tab (Name Data Quality, SSN Data Quality, U.S. Veteran).
- Published November 2020

JOHS-RRH/HP PROGRAM MODEL

Rapid Re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Homeless Prevention keeps families and individuals stably housed by helping them keep housing and not slip into a houseless situation.

DATA MILESTONES – JOHS-RRH/HP



ENTRY INTO JOHS-RRH or HP

- After clients sign a *Client Consent to Share* form for their household, add agency AND JOHS-RRH or HP level ROIs to each HH member's ServicePoint profile. Instructions can be found at: <https://multco.us/servicepoint/manualsguides>
- Create a program entry for the Head of Household. Click the check box next to the names of **all household members** to include them in the entry.
- Go into each client's entry (adults and children) to enter data.

1. BUILD/UPDATE HOUSEHOLD

Household Type

Head of Household Only one 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 STRA level (RRH, HP, etc.) ROI to all household members.

Clients only need to sign one Client Consent form per agency.

Only one Client Consent form needs to be signed per household, but it needs to be transacted in SP under multiple SP providers, including the Parent provider (also known as your Login Provider) AND all of the SP providers associated with the program they are participating in (e.g. all of your agency's STRA providers that the household might possibly use).

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

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

Transact ROI under Head of Household

The screenshot shows a web application interface for 'Client Information'. At the top, there are two main tabs: 'Client Information' (active) and 'Service Transactions'. Under 'Client Information', there are sub-tabs: 'Summary', 'Client Profile', 'Households', 'ROI' (highlighted with a red arrow), and 'Entry / Exit'. Below the sub-tabs, there is a section titled 'Release of Information'. This section has a table with two columns: 'Provider' and 'Permission'. In the 'Provider' column, there is a button labeled 'Add Release of Information' with a red arrow pointing to it. In the 'Permission' column, the text 'No mat' is visible.

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

Household Members

Household Members

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

(230) Female Single Parent

(477) Mouse, Donald

(468) Mouse, Minnie

(478) Mouse, Sally

Provider

Click 'Search' to select your PARENT provider (also known as your Login provider) AND your JOHS-RRH or HP provider

Release of Information Data

Clicking 'Save Release of Information' will create a distinct Release of Information for each selected provider.

Provider *

Housing Transitions (PHB) - Catholic Charities - SP (3326) Search

CC - JOHS (5748)

Release Granted * Yes No

Start Date * 11 / 01 / 2020

End Date * 11 / 01 / 2027

Documentation Verbal Consent

Witness Multco

Save Release of Information Cancel

Release Granted

Choose Yes or No based on the Client Consent to Share form

Start Date

Date the Client Consent to Share form was signed

End Date

7 years after Start Date

Documentation

Select Signed Statement from Client or Verbal consent

Witness

Enter *Multco*

When successfully transacted, it should look like this under the ROI tab. You may choose to attach the signed Client Consent to Share form by clicking on the image of the binder clip (optional).

Provider	Permission	Start Date	End Date	
El Programa Hispano Catolico (EPHC) - STRA - Homeless Prevention	Yes	11/28/2017	11/28/2027	
El Programa Hispano Catolico (EPHC) - STRA - Emergency Shelter	Yes	11/28/2017	11/28/2027	
El Programa Hispano Catolico (EPHC) - SP	Yes	11/28/2017	11/28/2027	

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

3. CLIENT PROFILE **Every Client must have 3 questions answered in the Client Profile Tab**

Name Data Quality

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

U.S. Military Veteran?

Click the pencil to answer the 3 profile questions

Client Information	
Client Profile	
Client Record	
Name	Client, Sample
Name Data Quality	Full Name Reported
Alias	
Social Security	
SSN Data Quality	Client refused (HUD)
U.S. Military Veteran?	No (HUD)

4. ADD PROGRAM ENTRY

Entry Provider Choose your JOHS-RRH or HP provider

Entry Type Always choose 'Basic'

Entry Date Defaults to data entry date - **Change to date of intake**

Complete the following questions for EACH Household Member

COVID-19 Related **Required for all COVID projects; NOT required for JOHS RRH or HP**

Required for all COVID projects; NOT required for JOHS RRH or HP
Click 'Add' to select source of impact

COVID-19 Impact

Housing Move-in Date

- **HMID must be on or after program entry date, if an HMID is prior to entry date into the program, this person will be considered unhoused.**
- If this person is NOT in permanent housing at the time of program entry, make sure this field is **blank** (delete date if needed).
- If permanent housing placement is made, update this field by creating an Interim Review (see page 10).
- **HMID is NOT required for JOHS-HP**

Relationship to Head of Household

Choose "Self" if client is head of household. Make sure to designate one person as the head of household. Do NOT assign more than one person as the head of household.

Date of Birth

Date of Birth Type

Gender Use CTRL to choose more than one option

Race **Required in addition to Inclusive Identity**

Race-Additional (optional) Do not answer the same as 'Race'

Ethnicity

Required *in addition to Inclusive Identity*

Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as apply.

Inclusive Identity

Inclusive Identity (Race/Ethnicity/Origin)

Start Date *	Please add all that apply (Race/Ethnicity/Origin):
<input type="button" value="Add"/>	

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"

Does client have a disabling condition?

Click 'HUD Verification' to create a Y/N response for each Disability Type

Disabilities

Disabilities

Disability Type	Start Date *	End Date	Disability determination
<input type="button" value="Add"/>			

HUD Verification

Covered by Health Insurance?

Click 'HUD Verification' to create a Y/N response for each Health Insurance Type

Health Insurance

Health Insurance

Start Date *	Health Insurance Type	Covered?	End Date
<input type="button" value="Add"/>			

HUD Verification

Complete the following questions for Head of Household and All Adults

Complete SHS Priority Pop for HOH if funded by JOHS

Identify the SHS Priority Population

Refer to Population A/B Determination form: <https://rb.gy/hfc1au>

Income from Any Source?

Click 'HUD Verification' to create a Y/N response for each Income Source

* Only list income that will be **ongoing**

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

Monthly Income

Monthly Income

Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date
<input type="button" value="Add"/> <input type="button" value="View Gross Income"/>				

HUD Verification

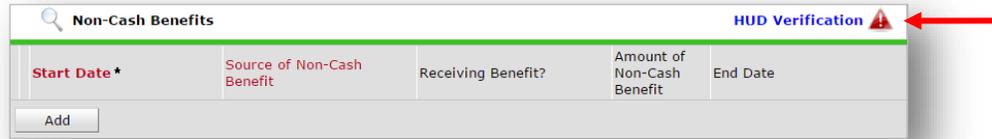
See Appendix B for additional information about recording income

Non-cash benefit from any source

Click 'HUD Verification' to create a Y/N response for each Benefit Source

- * Only list benefits that will be **ongoing**
- * Enter benefits received by a minor in the **Head of Household's profile**
- * \$ amounts are not required for non-cash benefits

Non-Cash Benefits



Residence Prior to Project Entry	Residence just prior to entry (i.e. the night before entry date). Choose only ONE.
Length of Stay in Previous Place	
If response to Residence Prior to Project Entry is under HOMELESS SITUATION, you will see the following questions:	
Approximate date homelessness started	
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe 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 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	

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>

Update the following questions when required by funder or administrator:

Household Size	NOT required
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Percent of Median Family Income NOT required

Level of Family Income (% HHS Guidelines) NOT required

Employment Status NOT required

Zip Code of Last Permanent Address NOT required

Client's Residence / Last Permanent Address **Click "Add" to enter a client's residence or last permanent address REQUIRED for City of Portland CARES**

Client's Residence / Last Permanent Address			
Placement Date *	Client's Street Address	Apt. #	Client's ZIP
Housing Type			

Add

ENTERING JOHS-RRH or HP SERVICES – WITH FUNDING SOURCES

- Use the steps below to record one or multiple services to a client/household at the same time.
- You must create a Service Transaction for each month of assistance provided.

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

On the **Client Information-Summary** tab or

Services		
Start Date	End Date	Provider
Add Service	Add Multiple Services	No matches.

In the **Service Transaction** tab menu

Service Transaction Dashboard

Buttons: Add Need, Add Service, **Add Multiple Services**, Add Referrals, View Previous Transac...

Buttons: View Shelter Stays, View Entire Service History

Important: Check off ALL family members. **Services will be applied to all family members that are checked off.**

(338576) Male Single Parent
 (1) Test, Justin A, Sr
 (58100) Test, Just A, Jr

❶ Select the appropriate Provider from the dropdown (or Search). The screen will refresh, and the service type menus will appear.

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.

❶ Service Provider* Human Solutions – STRA – Homeless Prevention (5635) **Search** My Provider Clear

❷ The Number of Services will default to 1 and that is exactly what you want.

Service List

Number of Services * 1 ❷

❸ Start Date* 12 / 16 / 2016

End Date 12 / 16 / 2016

Service Type ❹

❸ Enter the Start Date and the End Date for each service transaction. **The Start Date should never be before the Entry Date and the End Date should never be after the Exit Date.**

❹ Click on pencil to select the appropriate Service Type from the dropdown menu.

Edit Service Type

Service Type -Select-

- Airport Shuttle Services
- Benefits Assistance
- Community Celebrations/Festivals
- Discount Transit Passes
- Friendly Visiting
- Furniture
- Household Goods
- Housing Expense Assistance
- Job Finding Assistance....

Service Type list may vary depending on contract

5 Click Apply Funds Icon to display Funding Sources. Click on Add Funding Source.

5

Distribute as Voucher Yes No

Vendor's Client Account Number

Name on Bill

Vendor Please Select a Vendor

Code for Accounting Department

Funding Sources

Source

Client Co-Pay

6 Type in the JOHS-RRH or HP fund source you are using and click Search. Click the green plus button to add source..

Fund list may vary depending on contract

6 **Add Funding Source**

Fund Search

Search for Funds by using keywords for Fund Name, Category, or Description.

Search

Show Matching Funds ONLY

Fund Search Results

	Fund	Submission Deadline	Remaining Balance
<input checked="" type="checkbox"/>	City - General Fund Updated to limit access to City - General Fund Providers	N/A	N/A

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7 Enter the Amount of funding, how much was the check cut?

7

Save Submission Completed

Total: \$0.00

8 At the bottom of the screen, click 'Add Another' to add a different type of service to this client's profile.

8

9 Click 'Save & Exit' to finish

ENTERING JOHS-RRH or HP SERVICES – WITHOUT FUNDING SOURCES

- If your JOHS RRH/HP doesn't have multiple funding sources, fill out the fields below in the Service Transaction module.
- Rent payment assistance that covers an entire month of rent: Start Date = first of the month / End Date = last of the month.
- All other services are one-day service transactions: Start Date = End Date.

SERVICES

Start Date	Date of service (see notes above)
End Date	Same as Start Date (see notes above)
Service Type	Use pencil icon to choose service provided from list; click Submit button

HOUSING MOVE IN DATE (IF AFTER PROGRAM ENTRY DATE) / UPDATES / ANNUAL REVIEWS

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

- **HMID is NOT required for Homeless Prevention (HP) programs**

1 Click on the Entry/Exit tab in the Head of Household's profile

2 Click on the icon in the 'Interims' column

3 Click the 'Add Interim Review' button

4 Click to include all household members

5 Choose 'Update' for Interim Review Type

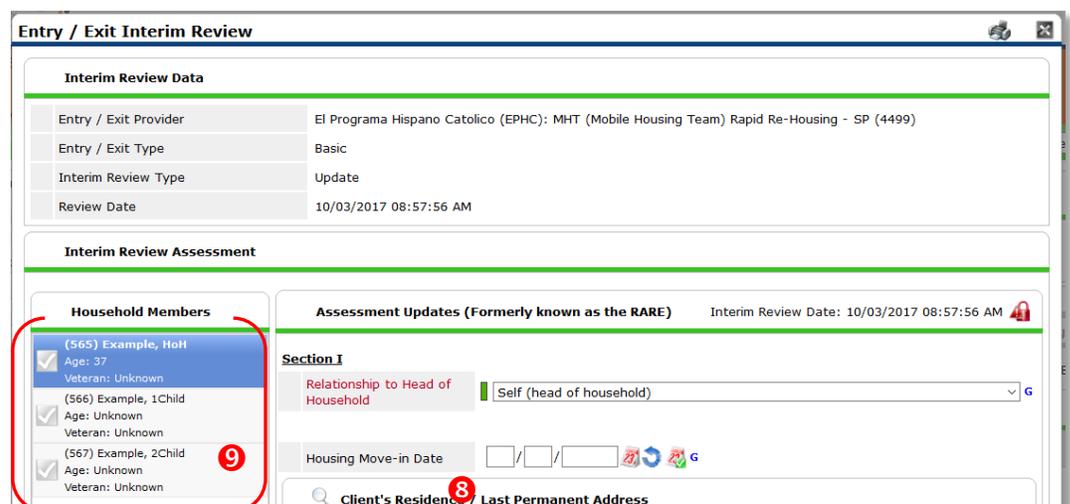
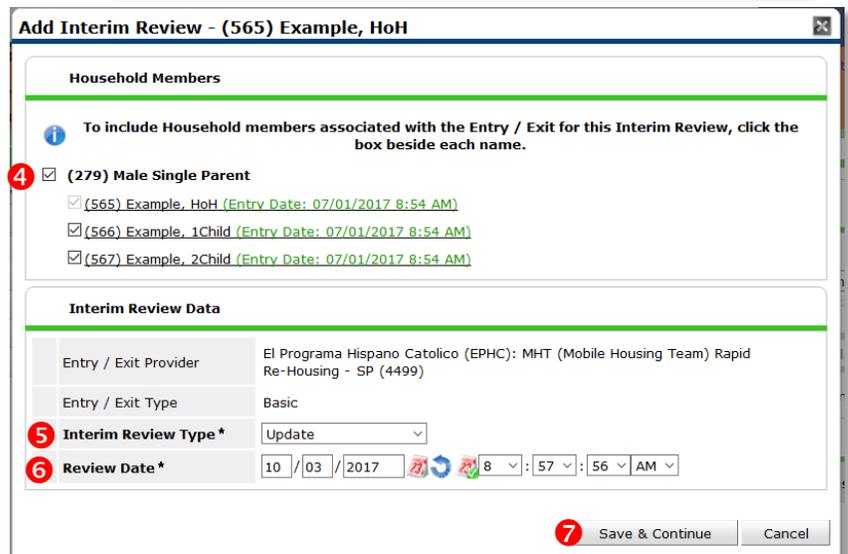
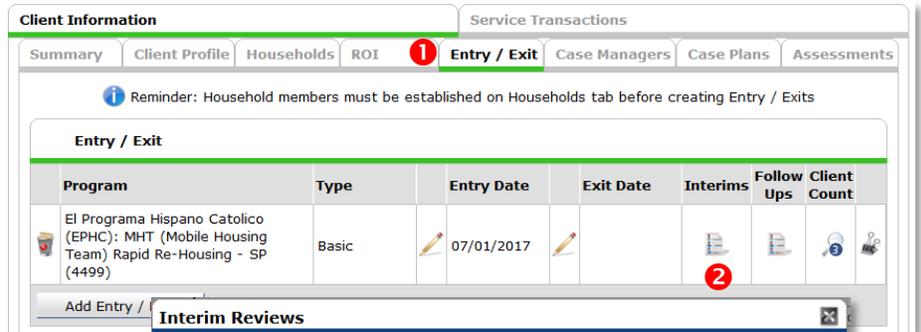
6 Set 'Review Date' to Housing Move-in Date

7 Click 'Save & Continue'

8 Fill in or update the 'Housing Move-in Date', or Any other updates needed

9 Click on **each** household member and repeat step 8.

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



EXIT FROM JOHS-RRH or HP

- After exiting clients from JOHS-RRH/HP, if they come back within 3 months – delete exit date and add new services. If the client comes back after 3 months or longer from program exit, create new program entry.

EXIT

Answers from Entry will carry over. **Remember to update all responses that have changed.**

Exit Date Last day of subsidy

Reason for Leaving

Destination

Verify, and if applicable, update the following questions for EACH Household Member

Housing Move-in Date Review. Leave blank or delete only if client is NOT in permanent housing at exit.

Relationship to Head of Household

Does client have a disabling condition?

Click magnifying glass to check that all responses are still accurate

Disabilities

A search bar containing the text 'Disabilities'. To the left of the search bar is a magnifying glass icon. To the right of the search bar is the text 'HUD Verification' followed by a green checkmark icon. A red arrow points to the magnifying glass icon.

Covered by Health Insurance?

Click magnifying glass to check that all responses are still accurate

Health Insurance

A search bar containing the text 'Health Insurance'. To the left of the search bar is a magnifying glass icon. To the right of the search bar is the text 'HUD Verification' followed by a green checkmark icon. A red arrow points to the magnifying glass icon.

Verify, and if applicable, update the following questions for Head of Household and All Adults

Income from Any Source?

Click magnifying glass to check that all responses are still accurate

Monthly Income

A search bar containing the text 'Monthly Income'. To the left of the search bar is a magnifying glass icon. To the right of the search bar is the text 'HUD Verification' followed by a green checkmark icon. A red arrow points to the magnifying glass icon.

Non-cash benefit from any source?

Click magnifying glass to check that all responses are still accurate

Non-Cash Benefits

A search bar containing the text 'Non-Cash Benefits'. To the left of the search bar is a magnifying glass icon. To the right of the search bar is the text 'HUD Verification' followed by a green checkmark icon. A red arrow points to the magnifying glass icon.

Update the following questions when required by funder or administrator:

Percent of Median Family Income NOT required

Achieved case plan goals NOT required

Client's Residence / Last Permanent Address

Add Client's Residence / Last Permanent Address (Optional)

A form titled 'Client's Residence / Last Permanent Address'. It has a search bar at the top with a magnifying glass icon. Below the search bar are five input fields: 'Placement Date' (with an asterisk), 'Client's Street Address', 'Apt. #', 'Client's ZIP', and 'Housing Type'. At the bottom left of the form is an 'Add' button. A red arrow points to the 'Add' button.

PRE-SETTING JOHS-RRH FOLLOW-Ups (not required for HP)

At the time of Exit from JOHS-RRH, go to the Assessments tab of the Head of Household's profile. Select 'Housing Outcomes' from the drop-down menu and click 'Submit.'

1 Click 'Add'

2 Reporting Program = 'RRH'

3 Select the appropriate Housing Outcome Intervention type from the dropdown menu

4 **Housing Placement Information:**
Initial Placement=JOHS-RRH entry date
End of Subsidy Date=JOHS-RRH exit date

5 **Follow-Up Schedule:**
What triggered...? = End of Subsidy/Exit
Follow-Up Interval = 6 months
Follow-Up Due Date = set based on exit date

6 Click 'Save and Add Another' and repeat Steps 1-5 for 12 mo. follow-up

RECORDING JOHS-RRH FOLLOW-UPS (not required for HP)

Follow-ups that were pre-set at the time of JOHS-RRH Exit can be found in the Assessments tab of the Head of Household's profile. Select 'Housing Outcomes' and click 'Submit.'

1 Click the pencil next to the follow-up interval you'd like to record

Reporting Program	Housing Outcome Intervention Type	Initial Placement/Eviction Prevention Date	End of Subsidy Date	Follow Up Interval	Follow Up Due Date	Actual Follow Up Date	Is Client Still in Housing?
RRH	Permanent Placement	11/01/2020	01/01/2021	6-Months	01/01/2021		

2 Record Actual Follow-up Outcome

3 Click 'Save'

Reporting Program: RRH

Housing Outcome Intervention Type: Permanent Placement

Housing Placement Information:

Initial Placement/Eviction Prevention Date: 11/01/2020

End of Subsidy Date: 01/01/2021

Follow-Up Schedule:

What event triggered this follow-up?: End of Subsidy/Exit

Follow Up Interval: 6-Months

Follow Up Due Date: 01/01/2021

Actual Follow-Up Outcome:

Actual Follow Up Date: 01/05/2021

Follow-Up Status: Client contacted

Is Client Still in Housing?: Yes (HUD)

Leave Blank:

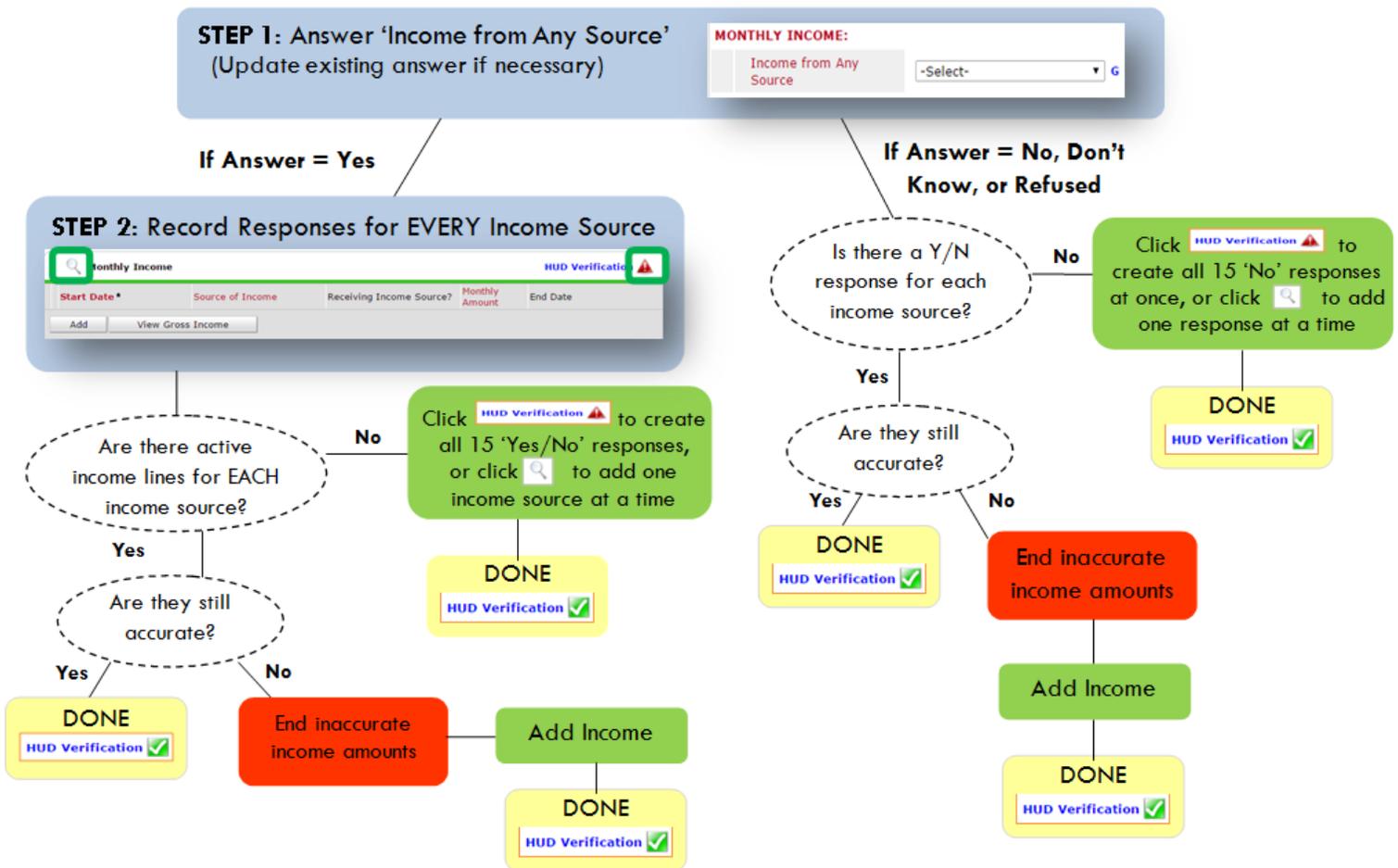
Print Recordset Save Save and Add Another Cancel

Repeat same process for the 12th month follow-up.

APPENDIX I

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.
- 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

- 1 To create all 15 income responses at once for NEW clients, click the HUD V icon HUD Verification. If updating clients who already have responses, click the magnifying glass.
- 2 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 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.
- 1 Click the pencil next to outdated income
 - 2 Leave Start Date, Source, and Amount unchanged
 - 3 End Date = the day before Entry/Annual Review/Exit
 - 4 Save and Exit

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

APPENDIX II: HUD VERIFICATION

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.

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

Covered by Health Insurance: 1

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

Health Insurance 2 HUD Verification

Start Date *	Health Insurance Type	Covered?	End Date
10/01/2014	State Health Insurance for Adults	Yes	
10/01/2014	Private Pay Health Insurance	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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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**.

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

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"/>

Save | Save & Exit | Exit

- 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 that income will be continuous and ongoing.

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	487
End Date	
ARCHIVAL USE ONLY!	-Select-

Buttons: Save, Cancel

- 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.

Add Recordset

Disabilities

Disability Type	Mental Health Problem (HUD)
Start Date *	07 / 30 / 2018
Note on Disability	
Above condition is going to be long term? (Retired)	Yes
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes (HUD)
Disability determination	Yes (HUD)
End Date	

Buttons: 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.

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	

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
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	

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



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

Covered by Health Insurance

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

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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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

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.