

HOMELESS YOUTH CONTINUUM

HMIS Handbook

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Questions? Contact the HMIS Helpline hmishelp@multco.us
<https://hsd.multco.us/hmis-links-for-providers/>

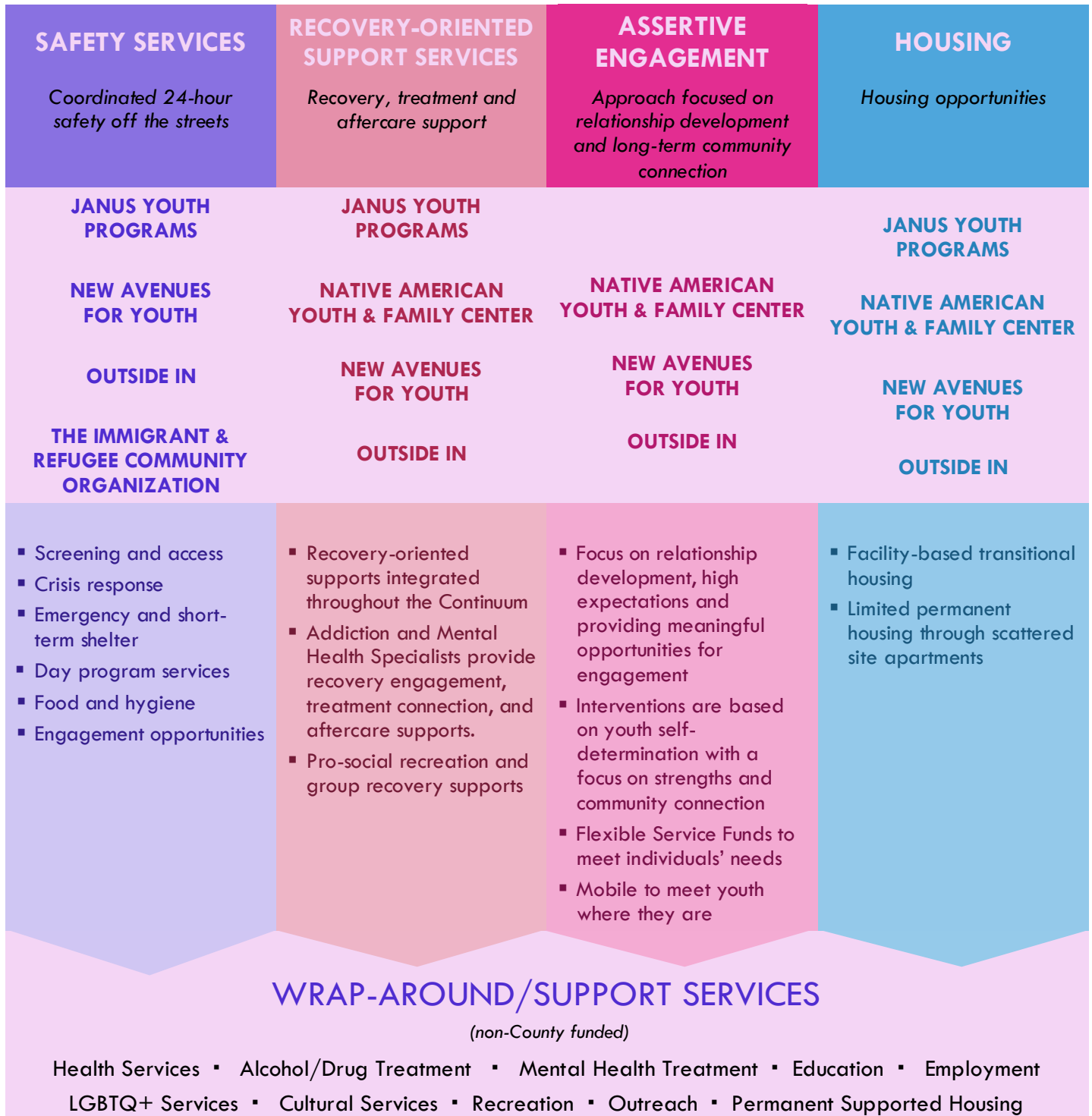


HOMELESS YOUTH CONTINUUM HMIS HANDBOOK – REVISION HISTORY

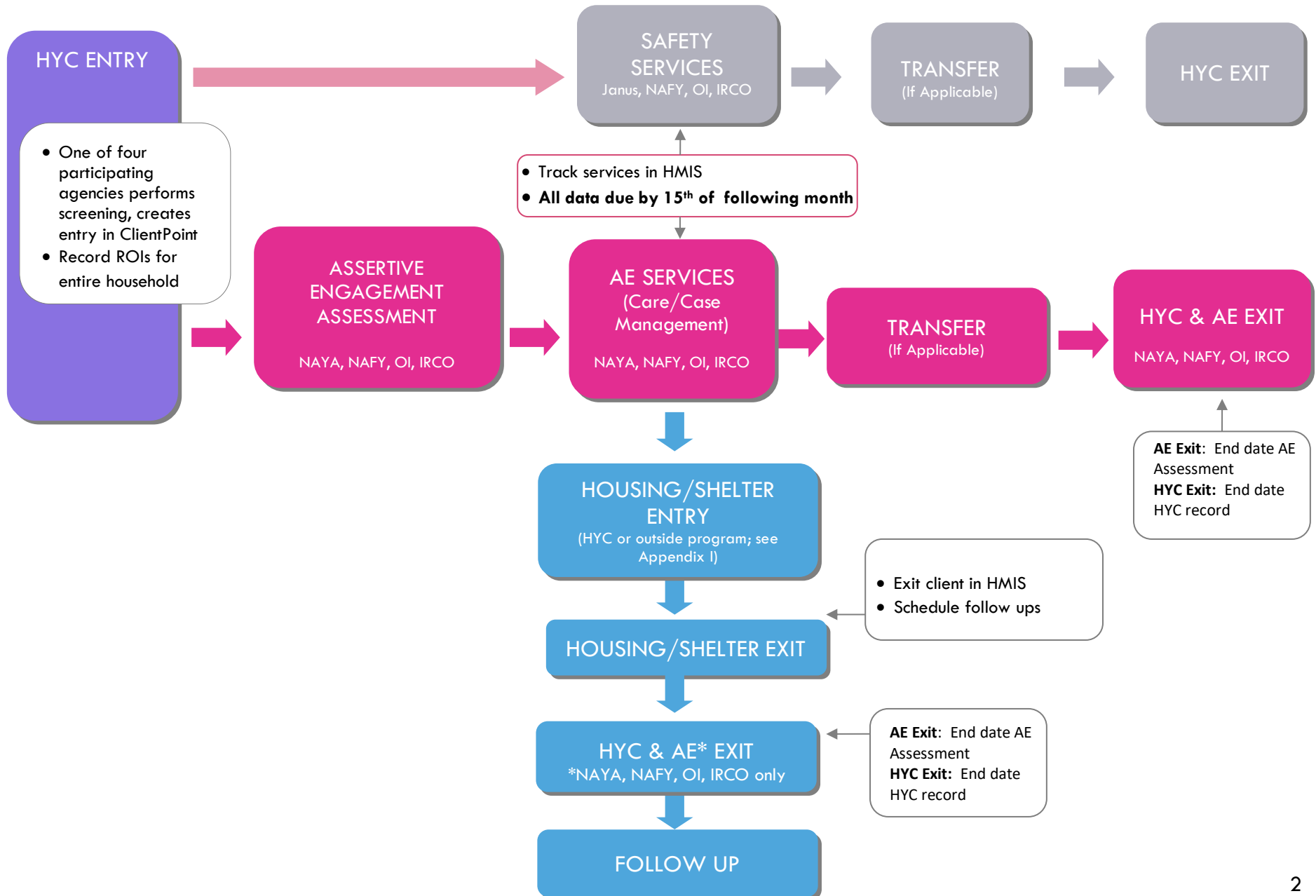
- **Revised July 2025:** added additional questions to Permanent Housing Situations and Transitional Housing Situations; added ROSE program entry and Service Transactions.
- **Revised October 2021:** Added new Supportive Housing System (SHS) Expansion question regarding whether client is in Population A or B.
- **Revised August 2021:** Removed Helpline phone number; Added section IV to entry; Added sections III, IV, V, VI and VII to exit; updated housing table to remove Runaway Shelter, Horizons, Family Counseling, Pathways Housing, Unity II and Juvenile Reception Center; added Homesafe-Horizons to housing table; Updated Follow-Ups table, adding and removing the same providers as the housing table; updated exit destination and tenure list from appendices.
- **Revised November 2018:** Added information on all HYC Housing Programs to this handbook.
- **Revised April 2018:** Updated ROI section to use new HYC instructions and miscellaneous updates through out document.
- **Revised Feb 2015:** Incorporated 2014 HUD Data Standards, Removed AE Assessment, Removed AE Exit questions from HYC Program Exit.
- **Revised Oct 2015:** Incorporated 2014 HUD Data Standards update, removed Homeless and Chronically Homeless questions from HYC Program Entry, added instructions for data sharing (ROI and padlocks).
- **Revised July 2016:** Updated TAY Score Entry Assessment questions, service types, and follow up instructions.
- **Revised Oct 2016:** Updated with instructions for ROI and 2016 Data Standard updates and include NAFY and screeners.
- **Revised July 21st, 2017:**
 - Updated program model on page 1 to include Native American Youth and Family Center in “Housing”.
 - Updated Data Milestones to reflect that all four agencies may now perform screenings, and that NAYA uses ClientPoint (not ShelterPoint) to record housing nights.
 - Updated Entry to include NAYA as a provider of housing, removed “Housing Status” question, removed “Janus Access Center, NAYA, and NAFY only” from Section IIIb header.
 - Moved “Recording Client Income in HMIS” to Appendix I, “History of Homelessness Questions” to Appendix II, “Housing Programs Available to HYC Clients” to Appendix III, “Stability and Tenure of Housing Destinations” to Appendix IV, and “Follow-up Guidelines by Housing Program” to Appendix V.
 - Updated Exit to include “Continuum Agency” question in Section V.
 - Updated Follow-ups to include Sections I, II, and III.
 - Updated “Transfer A Client to Another HYC Agency” instructions to reflect the new location of the transfer assessment (Interims icon).
 - Updated Table of Contents.
 - Various changes for readability.

HOMELESS YOUTH CONTINUUM PROGRAM MODEL

The Homeless Youth Continuum is a collaboration of four partner agencies: Janus Youth Programs, Native American Youth & Family Center, New Avenues for Youth, Outside In and IRCO. Together these agencies provide a unified system of support and services necessary to build protective factors, promote developmental outcome attainment, and achieve lasting, long-term impact in the lives of homeless youth. Through an integrated network of safety services, recovery support, Assertive Engagement, and various housing options, youth are connected to the larger community and build the skills and assets necessary for self-sufficiency.



DATA MILESTONES – HOMELESS YOUTH CONTINUUM



ENTERING AN HYC CLIENT IN HMIS

- After clients sign an HYC Release and a Data Sharing release for their household, add ROIs to each household member's HMIS profile. Adjust visibility padlocks as indicated by the Data Sharing release.
- Each client who participates in services must have a program entry.
- Click the check box next to household members' names to include in an entry. Click on their name in the left-hand pane to add entry data for each household member.

1. BUILD/UPDATE HOUSEHOLD

Household Type

Head of Household	Only <u>one</u> person should be designated as head of household
Relationship to Head of HH	If youth is head of household, this should be 'Self'
HH Date Entered	Required if entering client into HMIS for first time; same as program Entry Date

2. TRANSACT ROI **Required for ALL Household Members included in Program Entry**

After clients sign a *HYC Release* for their household, add the Parent and HYC level ROI to all household members.

Only one HYC Release and Data Sharing Release needs to be signed per household, but it needs to be transacted in HMIS under multiple HMIS providers, including the Parent provider (also known as your Login Provider) AND all of the HMIS providers associated with the program they are participating in.

- Download Data Sharing Client Consent forms here: [Verbal ROI](#)

In the client profile/Summary tab of the Head of Household, click on the "Add ROI" button in the Release of Information dashlet

Enter HYC ROI under
Head of Household

Provider	Permission	Start Date	End Date
No matches.			

Add ROI

Check off all household members who were included on HYC Release of Information 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.**

☒ **(289) Non-custodial Caregiver(s)**

☒ (576) Horwitz, Moses Harry

☒ (587) Horwitz, Jerome Lester

Provider

Click 'Search' to select
your PARENT provider
(also known as your Login
provider) **AND** all of your
HYC providers for your
agency.

Release Granted

Choose Yes

Start Date

Date the Client Consent to
Share form was signed

End Date

Date of 25th birthday

Documentation

Select "Signed Statement
from Client" - **Verbal
consent is not an option**

Witness

Enter HYC

Release of Information Data

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

Provider *

☒ [Outside In - SP \(7\)](#)

☒ [Outside In: Homeless Youth Continuum - SP \(2414\)](#)

Search

Release Granted *

Yes

Start Date *

11 / 05 / 2018

End Date *

11 / 05 / 2021

Documentation

Signed Statement from Client

Witness

HYC

Save Release of Information

Cancel

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

Client - (576) Horwitz, Moses Harry

 (576) Horwitz, Moses Harry

Release of Information: **Ends 10/02/2027**

-Switch to Another Household Member- 

Submit

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

Release of Information

	Provider	Permission	Start Date	End Date	
	 Outside In: Homeless Youth Continuum - SP	Yes	10/02/2017	10/02/2027	
	 Outside In - SP	Yes	10/02/2017	10/02/2027	

Add Release of Information

Showing 1-2 of 2

Exit

In addition to HYC Data sharing, if an existing/returning client signs ‘Yes’ to the Consent to Share Data release, the ‘ALL MULTNOMAH Visibility’ Group must be added to their profile. This will make their client profile visible to all participating agencies. Historical data within their profile (program entries, services, etc.) will continue to follow historical visibility settings.

Client - (473) Client, Sample

(473) Client, Sample

Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Activities

Assessments

Added to the system 06/05/2015 02:34 PM

Name	Client, Sample	Gender
Date of Birth		Primary Race
Social Security		Secondary Race
		U.S. Military Veteran?

Client Visibility				
Client				
Client	(473) Client: Sample			
Date Updated	06/05/2015 02:34:56 PM			
Visibility Updated	06/05/2015 02:34:56 PM			
Visibility Groups			Derry Groups	
	Group ID	Group Name	Group Type	Last Updated
	9755	FY16 Data Sharing (OR-501)	Public	06/05/2015
	2954	Human Solutions: 30 Families in 30 Days - SP(2948)	Public	06/05/2015
	2929	Human Solutions: Alder Elementary (SHSF-HPRP) SP(2924)	- Public	06/05/2015
	2499	Human Solutions: Anti-Poverty Case Management - SP(2481)	Public	06/05/2015
	2573	Human Solutions - B2H - SP(2554)	Public	06/05/2015
	2728	Human Solutions: Davis Elementary (SHSF-HPRP) SP(2925)	- Public	06/05/2015
	630	Human Solutions - DO NOT USE (Historical) Greentree Court SPC (spccap) - SP(2311)	Public	06/05/2015
	2402	Human Solutions: Family Shelter System - SP(2368)	Public	06/05/2015
	2927	Human Solutions: Gilbert Heights Elementary (SHSF-HPRP) - SP(2922)	Public	06/05/2015
	2928	Human Solutions: Lynch View Elementary (SHSF-HPRP) - SP(2923)	Public	06/05/2015
Add Visibility Group				
Showing 1-10 of 29 First Previous Next Last				

Visibility Groups Search

Search for Visibility Groups by using keywords from their Group name or description.

Search

Visibility Group Search Results

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
	Group ID	Name																		Date Created	Last Updated						
	10173	ALL Multnomah Visibility																		06/16/2015	07/10/2015						

Showing 1-1 of 1

Click Exit to finish

Updated August 2025

3. CLIENT PROFILE

Every Client must have 3 questions answered in the Client Profile Tab

Name Data Quality

SSN Data Quality

U.S. Military Veteran?

Client Record	
Name	Client, Friendly
Name Data Quality	Full Name Reported
Alias	
Social Security	
SSN Data Quality	Data not collected (HUD)
U.S. Military Veteran?	No (HUD)

4. PROGRAM ENTRY

Entry Type

Check Appendix I of this handbook: HYC Housing Programs, OR (for STRA and other City-funded housing programs consult City guidelines)

Entry Date

Date of HYC Screening

Defaults to date of data entry - Remember to change

Section I

Complete for Each Household Member

Relationship to Head of Household

Date of Birth

Date of Birth Type

Gender

If Other Gender, Specify

Only required if client chooses to identify their gender after selecting "Doesn't identify as male, female, or transgender."

Is the youth LGBTQ+ identified?

Race and Ethnicity

Race-Additional

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

Translation Assistance Needed

Primary Language

Primary Language-Other

Only required if Primary Language is 'Other' - **Do not enter a 2nd language**

Highest Grade Completed

Do not select *current* grade

Household Size

Does client have a disabling condition?

Must be answered for all clients.

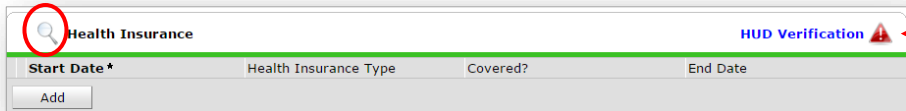
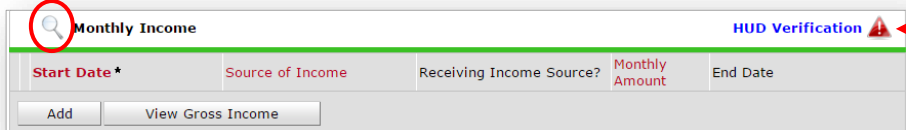
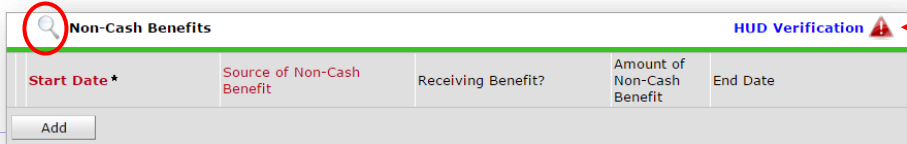
Disabilities

If no Disability records exist, or the red exclamation point is present, click 'HUD Verification' to create a Y/N response for each Disability; otherwise, review existing answers for accuracy.

See Income handout and HUD Verification handout in Appendices.

Disability Type	Start Date *	End Date	Disability determination
HUD Verification			

Covered by Health Insurance

Health Insurance	If no Health Insurance records exist, or the red exclamation point is present, click 'HUD Verification' to create a Y/N response for each Insurance Type; otherwise, review existing answers for accuracy. 
Section II Complete this section for all Adults and Unaccompanied Youth ONLY	
Complete SHS Priority Pop for HOH if funded by JOHS	
Identify the SHS Priority Population	Refer to Population A/B Determination form
Income from Any Source	See Appendix I for detailed instructions about how to update existing income records.
Monthly Income	If no Income records exist, or the red exclamation point is present, click 'HUD Verification' to create a Y/N response for each Income Type; otherwise, review existing answers for accuracy. * Only list income that will be ongoing (per HUD Standards) * Enter Household Income provided by a minor in the Head of Household's profile 
Non-cash benefit from any source	If no Benefit records exist, or the red exclamation point is present, click 'HUD Verification' to create a Y/N response for each Benefit Type; otherwise, review existing answers for accuracy. * Only list benefits that will be ongoing * Enter benefits received by a minor in the Head of Household's profile * Dollar amounts are not required for non-cash benefits 
Domestic violence victim/survivor	
If yes for Domestic Violence Victim/Survivor, are you currently fleeing?	
If yes for Domestic violence victim/survivor, when experience occurred	Only answer if client answers yes to Domestic Violence victim/survivor.
Zip Code of Last Permanent Address	
Level of Family Income (% HHS Guidelines)	Hover over question to see guidelines
Enrollment CoC	OR-501 Portland/Gresham/Multnomah County

History of Homelessness	See Appendix IV for instructions on answering the History of Homelessness questions.
Prior Living Situation	
	The following questions refer to HOMELESS SITUATIONS ONLY:

Length of Stay in Previous Place

Approximate date 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 3 years including today

Total number of months homeless on the street, in ES or SH in the past 3 years

The following question refer to INSTITUTIONAL SITUATIONS ONLY:

Length of Stay in Previous Place

Did you stay less than 90 days?

On the night before did you stay on the streets, ES or SH?

Required when a length of stay answer is less than 90 days.

The following question refer to TRANSITIONAL HOUSING SITUATIONS ONLY:

Length of Stay in Previous Place

Did you stay less than 7 days?

On the night before did you stay on the streets, ES or SH?

The following question refer to PERMANENT HOUSING SITUATIONS ONLY:

Length of Stay in Previous Place

Did you stay less than 7 days?

On the night before did you stay on the streets, ES or SH?

Total number of months homeless on the street, in ES or SH in the past 3 years

Section III Homeless Youth Continuum ONLY (All Adults and unaccompanied youth)

Have you ever become homeless because:

...you ran away from your family home (or foster home)?

(TAY #1)

...there was violence at home
between your family members?

(TAY #2)

...you had differences in
religious beliefs with
parents/guardians/caregivers?

(TAY #3)

If you have used marijuana,
how old were you when you
tried it for the first time? (TAY #4; Score = 1 for 12 years old
or younger) Do not enter client's age

Have you ever been pregnant,
or did you get someone else
pregnant? (TAY #6)

Total TAY Score (Each Yes=1)

Section III – HYC Screening

Homeless Youth Continuum ONLY (Adults and unaccompanied youth)

County of Last Permanent
Residence

Age Verified?

Current Involvement with DHS?

Past Involvement with DHS?

Felony Warrants?

Misdemeanor Warrants?

Run Report?

Primary Referral Destination

Primary Referral Destination –
Other (must specify)

Only required if Primary Referral Destination is not specified in list

Suicidal Ideation?

Is client pregnant?

Section IV

Homeless Prevention, HUD Horizons, New Doors, Quint House, RRH, Unity I/II ONLY

Housing Move-In Date

Date Client Became Homeless

Primary Reason for
Homelessness

Primary Reason for
Homelessness-Other (specify)

Employment Status

RECORDING HYC SERVICE TRANSACTIONS

- Services can be summed by category and entered at the end of each month.
- To qualify as 'Assertive Engagement Services,' there must be an AE staff* working with an AE Youth (regardless of agency).
- Code the service as 'Other Supportive Services' if a *Non-AE staff* is working with an AE youth, or an AE staff is working with a *Non-AE youth*.
- **For STRA and other City-funded housing programs, consult City guidelines for how to record service transactions.**

*All agencies participating in the Homeless Youth Continuum employ staff who are certified in Assertive Engagement, except Janus.

SERVICES	Full list of all HYC services on pgs. 22-26 of this handbook
Start Date	First date of the month; for first month of service, use program entry date
End Date	Last date of the month.
Service Type	Select the appropriate service type.
Service Staff	Leave blank
# of Units	Total # of service hours provided, round to nearest 15 minutes (.25 hrs)
Unit Type	Select Hours

Service Type	Service Description
Care/Case Management (Assertive Engagement Services)	Programs that develop plans for the evaluation, treatment and/or care of individuals who, because of age, illness, disability or other difficulties, need assistance in planning and arranging for services; which assess the individual's needs; coordinate the delivery of needed services; ensure that services are obtained in accordance with the case plan; and follow up and monitor progress to ensure that services are having a beneficial impact on the individual. Case management is a collaborative process characterized by communication, advocacy and resource management to promote high quality, cost-effective interventions and outcomes.
Individual and Family Support Services (Other Supportive Services)	Programs that provide alternative living arrangements for children who have no birth family or whose family environment is abusive; facilitate the settlement of new residents in the community; marshal community resources on behalf of disadvantaged residents during the holidays; or offer other services that augment and expand the protection, supervision, care and support that are provided through the primary family unit, or that enhance the recipient's mobility or ability to communicate and live more comfortably.
Basic	Only use for RISE (Janus and NAYA), Only use for Parent Support Specialist, Safety Service, and ROSE (Outside In)

RECORDING AN HYC AE ASSESSMENT

During their involvement in the Continuum, clients may receive Assertive Engagement services. At that point, an Assertive Engagement Assessment must be entered in their HMIS profile to mark the start date of those services. Youth may have more than one AE Assessment during their time in the Continuum. The need for a re-assessment is determined case-by-case based on how long the client has been inactive or whether significant life changes warrant a re-assessment.

To Record an AE Assessment:

- 1 Go to the Assessments tab of the client's profile
- 2 Select 'DSCP - HYC Assessment and Assertive Engagement' from the drop down menu, then click 'Submit'
- 3 Click 'Add' under 'Assertive Engagement History'

Client - (1) Test, Just A, Sr

(1) Test, Just A, Sr
Release of Information: Ends 02/20/2020

Service Transactions

Client Information | Summary | Client Profile | Households | ROI | Entry / Exit | Case Managers | Case Plans | **Assessments**

Select an Assessment

DSCP_HYC Assessment and Assertive Engagement

DSCP_HYC Assessment and Assertive Engagement

Save Cancel

Assessment History

Assessment Date *	Assessment Agency
No matches.	

Assertive Engagement History

Assertive Engagement Start Date	Assertive Engagement Agency *	Assertive Engagement End Date	Reason for Leaving Assertive Engagement
No matches.			

At AE Entry:

- 4 Assertive Engagement Date = AE Start date
- 5 Choose AE Agency from menu
- 6 Save and Exit

At AE Exit or Transfer: Use pencil icon to edit existing AE assessment

- 4 Enter AE End date
- 5 Choose Reason for Leaving from menu
- 6 Answer all 7 outcome questions
- 7 Save and Exit

Add Recordset - (1) Test, Just A, Sr

Assertive Engagement History

Assertive Engagement Start Date: 06 / 05 / 2014

Assertive Engagement Agency: -Select-

Complete at conclusion of AE, or transfer to another agency:
(For transfers, remember to also enter the agency and Transfer Date in the Client Summary)

Assertive Engagement End Date: / /

Reason for Leaving Assertive Engagement: -Select-

During program enrollment, did youth:

Form at least one positive relationship with an adult: -Select-

Complete at least half of their AE goals?: -Select-

Graduate from high school or complete their GED?: -Select-

Enroll in post-secondary education?: -Select-

Complete a job training program?: -Select-

Participate in a job training program?: -Select-

Participate in an employment program?: -Select-

Save Save and Add Another Cancel

TRANSFERRING A CLIENT TO ANOTHER HYC AGENCY

Client Information | Service Transactions

Summary | Client Profile | Households | ROI | **Entry / Exit** 1 | Case Managers | Case Plans | Activities | Assessments

1 Reminder: Household members must be established on Households tab before creating Entry / Exits

Program	Type	Entry Date	Exit Date	Interims	Follow Ups	Client Count
Janus Youth Programs: Runaway Shelter - SP (2420)	Basic	07/14/2016	07/14/2016	2		

THE ORIGINAL/TRANSFERRING OUT HYC AGENCY MUST:

- 1 Go through the Entry/Exit tab of the client's record.
- 2 Click on the **Interims** icon.
- 3 Click on the **Add Interim Review** button.
- 4 Choose "Update" as the Interim Review Type.
- 5 Review Date is the date client was transferred to the new agency. Click **Save & Continue**.

Interim Reviews

Interim Reviews Associated with this Entry / Exit

Review Date	Review Type	Client Count
No matches.		

Add Interim Review 3

Add Interim Review - (42) Clown, Krusty

Interim Review Data

Entry / Exit Provider: Janus Youth Programs: Homeless Youth Continuum - SP (2416)

Entry / Exit Type: HUD

4 Interim Review Type: Update

5 Review Date: 07/21/2017

Entry / Exit Interim Review

Interim Review Data

Entry / Exit Provider: Janus Youth Programs: Homeless Youth Continuum - SP (2416)

Entry / Exit Type: HUD

Interim Review Type: Update

Review Date: 07/21/2017 04:11:45 PM

Interim Review Assessment

Select an Assessment

☒ DSCP_HYC Assessment and Assertive Engagement

☒ DSCP_Homeless Youth Follow-Up (6- and 12-Month)

☒ Housing Outcomes

☒ **DSCP HYC Agency Transfer** 6

☒ Assessment Updates (Formerly known as the RARE)

Household Members

7 **DSCP HYC Agency Transfer** Interim Review Date: 07/21/2017 04:11:45 PM

8 Transferred To: -Select-

8 Agency Transfer Date: / /

9 Last Night of Shelter (if applicable): / /

Save Save & Exit Exit

- 6 Select "DCSP HYC Agency Transfer" from the list of available assessments.
- 7 Select the HYC Agency to which the Client is transferring.
- 8 Enter Agency Transfer Date
- 9 Enter the date of the last night client spent in shelter, if applicable. Click **Save & Exit**.

When transferring a client engaged in Assertive Engagement, don't forget to enter an end date and answer the additional seven questions at the bottom of the AE Assessment. See bottom of page 8.

If administering Assertive Engagement services, the receiving HYC Agency should record a new AE Assessment in the Assessments tab upon transfer of client. See top of page 12.

ENTERING HYC DATA INTO SHELTERPOINT

ShelterPoint is **ONLY** used by Porchlight, Streetlight, NAFY On-site Transitional Housing, HYC HP, HYC RRH, Pathways Mental Health.

Clients must be created in ClientPoint and have an entry in a main HYC provider before being entered in ShelterPoint.

- Start by clicking the ShelterPoint button on the left side of the HMIS screen.
- Select appropriate ShelterPoint provider from the provider list. (See Appendix III for provider guidelines.)

View Shelter Inventory

Provider* Janus Youth Programs: STREETLIGHT (Short-Term Shelter) - SP (3046) **Check Unit Availability**

Unit List* Short-Term Shelter **Submit**

ShelterPoint Dashboard

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

CHECKING A CLIENT IN

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

- 1 Choose an available bed, indicated with this icon:
- 2 Search for client
- 3 'Date In' defaults to data entry date ***Remember to change to check-in date.***
- 4 Check off all family members who will also be staying in shelter
- 5 Save and exit

CHECKING A CLIENT OUT

★ Check clients out individually through 'View All,' or check out multiple clients with the same exit date using 'Transmit Today's Check Out List'

- 1 Use the red – (minus) sign next to the client name to remove them from the room/bed.
- 2 Check off all family members who are also exiting shelter/housing
- 3 Answer Date, Reason for Leaving, and Destination
- 4 'Date Out' defaults to data entry date ***Remember to change to check-out date.***
- 5 Save and exit

Shelter Inventory Information										
Unit List - Harry's Mother										
Display All Beds				Sort By Floor		Ascending		Sort		
Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes	
	--	01		CLIENT NAME	01/27/1999	Female		No		
	--	02	Hold	EMPTY						
	--	03	Hold	EMPTY						
	--	04	Hold	EMPTY						

EXITING HYC CLIENTS FROM HMIS

- Clients are exited from the Continuum when they are no longer receiving *any* Continuum services (support services, case management, housing or A&D).
- Janus exits clients who are General Services Only or No-Show (not Assertively Engaged).
- NAFY, NAYA & OI exit clients who have entered Assertive Engagement Services.
- NAFY, NAYA & OI exit clients who have participated in other Continuum linked services.
- **SKIP SECTIONS VI, VII, VIII, AND IX for HYC exits.**
- **COMPLETE the section that pertains to your program for housing exits.**

PROGRAM EXIT

Exit Date ***Defaults to date of data entry - Remember to change***

Reason for Leaving

Reason for Leaving - Other Only required if Reason for Leaving is 'Other'

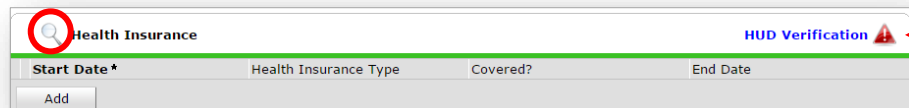
Destination See Appendix IV for list of housing exit destinations.

Section I Complete for Each Household Member

Covered by Health Insurance

Check that responses are still accurate and HUD Verification is completed

Health Insurance

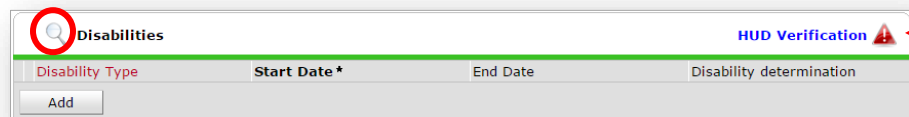


Start Date *	Health Insurance Type	Covered?	End Date
Add			

Does the client have a disabling condition?

Check that responses are still accurate and HUD Verification is completed

Disability Type



Disability Type	Start Date *	End Date	Disability determination
Add			

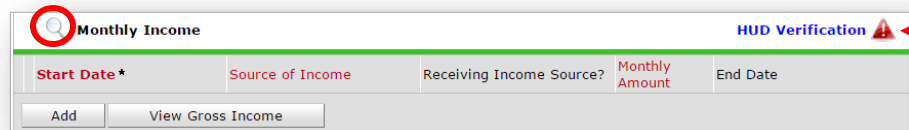
Section II Complete for all Adults and Unaccompanied Youth

Reason for Leaving (Homeless Youth)

Income from Any Source See Appendix I for detailed instructions about how to update existing income records.

Check that responses are still accurate and HUD Verification is completed

Monthly Income Type

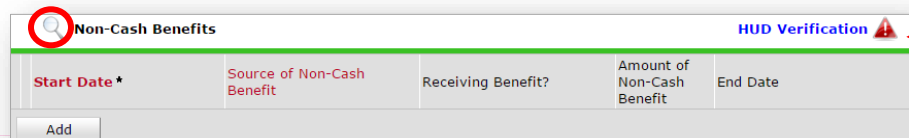


Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date
Add View Gross Income				

Non-cash benefit from any source

Check that responses are still accurate and HUD Verification is completed

Non-cash benefit Type



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

Section III Homeless Youth Continuum Exits ONLY

Continuum Agency	Client's primary HYC agency
Section IV	Homeless Prevention, HUD Horizons, New Doors, Quint House, Unity I/II ONLY
Housing Move In Date	
Date Client Became Homeless	
Level of Self-Sufficiency at Exit	
Employment Status at Exit	
Section V	HUD Horizons, New Doors, Quint House, Unity I/II ONLY
Achieved Case Plan Goals	
Section VI	HUD Pathways Mental Health ONLY
Does client know how to access OHP and associated mental health services upon exit?	
Section VII	Bridgehouse Girls Transitional Housing ONLY
Client's Involvement with Juvenile Justice System	
Client's Involvement with Child Welfare System	

HYC HOUSING FOLLOW-UPS

FOLLOW-UP DSCP Homeless Youth Follow-Up (6 & 12 month) or Housing Outcomes

Follow-ups are located on the Entry/Exit tab in the client's record. Record follow-ups under the Head of Household's record only.

Pre-set 6 and 12-month follow-ups at EXIT.

Program	Type	Entry Date	Exit Date	Interims	Follow Up	Client Count
Janus Youth Programs: Runaway Shelter - SP (2420)	Basic	07/14/2016	07/14/2016		Add	

Click the **Add Follow Up Review** button

Review Date	Review Type	Client Count
No matches.		

Follow Up Review Type* Select 6-Month Review or Annual Assessment (12-month review)

Review Date Date defaults to data entry date; change to the date the review is due.

Click the **Add** button

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?
Add							

Section I Complete this section at or after EXIT from a housing program.

Homeless Youth Agency

Housing Outcome
Intervention Type

Reporting Program See Appendix V for list of reporting programs by housing program

Initial Placement/Eviction
Date

Section II Complete this section after youth leaves on-site housing or off-site subsidy ends

Last Date of On-Site
Housing/Leasing Subsidy

Section III To schedule a follow-up, enter the interval and due date below.

Follow-Up Interval Fill in to schedule follow-up

Follow-Up Due Date Fill in to schedule follow-up

Follow-Up Status Leave blank until follow-up actually occurs

Housing Status Leave blank until follow-up actually occurs

Start Date Leave Blank

End Date Leave blank

To set up 12 month follow-up, go back to the Entry/Exit tab and start from the Follow-Ups icon again.

Client Information Service Transactions

Summary Client Profile Households ROI **Entry / Exit** Case Managers Case Plans Assessments

Reminder: Household members must be established on Households tab before creating Entry / Exits

Entry / Exit

Program	Type	Entry Date	Exit Date	Interims	Follow Ups	Client Count
Janus Youth Programs: Homeless Youth Continuum - SP (2416)	HUD	08/01/2017	08/28/2017		1	
HAP - JOIN STH grspcich - SP (3143)	HUD	08/16/2016				

Add Entry / Exit Showing 1-2 of 2

When you're done, it should look like this:

Follow Up Reviews

Follow Up Reviews Associated with this Entry / Exit

Review Date	Review Type	Client Count
08/28/2018	Annual Assessment	1
02/28/2018	6-Month Review	1

Add Follow Up Review Showing 1-2 of 2

The Entry/Exit tab will show 2 follow-ups:

Client Information

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

Service Transactions

Reminder: Household members must be established on Households tab before creating Entry / Exits

Entry / Exit

Program	Type	Entry Date	Exit Date	Interims	Follow Ups	Client Count
 Janus Youth Programs: Homeless Youth Continuum - SP (2416)	HUD	 08/01/2017	 08/28/2017			
HAP - JOIN STH grspcich - SP (3143)	HUD	 08/16/2016				

Add Entry / Exit

Showing 1-2 of 2

RECORDING HOUSING MOVE-IN DATE (HMD) or ANNUAL ASSESSMENT

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

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

❷ Click on the icon in the 'Interims' column

❸ Click the 'Add Interim Review' button

❹ Click to include all household members

❺ Choose 'Update' for Interim Review Type*

*When completing an Annual Assessment, choose Annual Assessment for the Interim Review Type

❻ Set 'Review Date' to Housing Move-in Date or to anniversary date for Annual Assessment

❼ Click 'Save & Continue'

❽ Fill in or update the 'Housing Move-in Date'

❾ Click on **each** household member and repeat step 8. HMD for children should match date for head of household

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

Client Information | Service Transactions

Summary | Client Profile | Households | ROI | **1 Entry / Exit** | Case Managers | Case Plans | Assessments

Reminder: Household members must be established on Households tab before creating Entry / Exits

Program	Type	Entry Date	Exit Date	Interims	Follow Ups	Client Count
El Programa Hispano Catolico (EPHC): MHT (Mobile Housing Team) Rapid Re-Housing - SP (4499)	Basic	07/01/2017		2		

Add Entry / Exit

Interim Reviews

Interim Reviews Associated with this Entry / Exit

Review Date	Review Type	Client Count
No matches.		

3 Add Interim Review

Add Interim Review - (565) Example, HoH

Household Members

To include Household members associated with the Entry / Exit for this Interim Review, click the box beside each name.

4 ☒ (299) Male Single Parent

☒ (565) Example, HoH (Entry Date: 07/01/2017 8:54 AM)

☒ (566) Example, 1Child (Entry Date: 07/01/2017 8:54 AM)

☒ (567) Example, 2Child (Entry Date: 07/01/2017 8:54 AM)

Interim Review Data

Entry / Exit Provider: El Programa Hispano Catolico (EPHC): MHT (Mobile Housing Team) Rapid Re-Housing - SP (4499)

Entry / Exit Type: Basic

5 Interim Review Type *: Update

6 Review Date *: 10/03/2017 8:57:56 AM

7 Save & Continue | Cancel

Entry / Exit Interim Review

Interim Review Data

Entry / Exit Provider

Entry / Exit Type

Interim Review Type

Review Date

Interim Review Assessment

Household Members

☒ (565) Example, HoH
Age: 37
Veteran: Unknown

☒ (566) Example, 1Child
Age: Unknown
Veteran: Unknown

☒ (567) Example, 2Child
Age: Unknown
Veteran: Unknown

9

Assessment Updates (Formerly known as the RARE) | Interim Review Date: 10/03/2017 08:57:56 AM

Section I

Relationship to Head of Household: Self (head of household)

Housing Move-in Date: []/[]/[]

8 Client's Residence / Last Permanent Address

When completing an Annual Assessment, follow the same steps as above, but DON'T edit the Housing Move-In date, DO review and update the rest of the assessment.

APPENDIX I: HYC HOUSING PROGRAMS

There are 15-20 housing programs associated with the Homeless Youth Continuum. Each one has similar program entries, services, exits and follow up questions. The chart below shows the supplemental questions, service types and follow up schedules for all of the HYC housing programs.

- Except where otherwise noted, all housing programs use the standard HYC entry and exit assessments.
- Record an ROI row for the housing program; use the same answers that were used for the initial ROI.
- HYC entry answers should be reviewed and updated; supplemental entry questions for specific housing programs should be answered.
- Some housing programs will need to follow the Housing Move In Date (HMID) workflow.
- Some housing programs will need to complete Annual Assessments for their clients.

Program	Agency	ShelterPoint or ClientPoint	Entry Type	HMID Required?	Services	Annual Assessment Required?	Follow-Ups
Crisis Shelter - PORCHLIGHT / Short Term Shelter - STREETLIGHT	Janus	ShelterPoint	BASIC	NO	NO	NO	NO
Emergency Housing Vouchers (EHV)	NAFY, OI	ClientPoint	HUD	Housing Move-In Date in Interim icon if after program entry	YES	NO	NO
Family First	Janus, NAFY, OI, NAYA, Insights	ClientPoint	BASIC	NO	YES	NO	NO
Family Unification Project (FUP)	NAFY	ClientPoint	BASIC	Housing Move-In Date in Interim icon if after program entry	YES	NO	NO
Fostering Youth to Independence (FYI)	NAFY	ClientPoint	HUD	Housing Move-In Date in	YES	NO	NO

Program	Agency	ShelterPoint or ClientPoint	Entry Type	HMID Required?	Services	Annual Assessment Required?	Follow-Ups
				Interim icon if after program entry			
HUD Collaboration	OI	ClientPoint	HUD	Housing Move-In Date in Interim icon if after program entry	YES	YES	YES - 6 and 12 months from placement ; enter through Assessments
HUD Homesafe/Horizons	Janus, OI, Insights	ClientPoint	HUD	Housing Move-In Date in Interim icon if after program entry	YES	YES	YES – 6 and 12 months from exit; enter through Follow-Ups icon

HUD Roads to Housing - NAFY sunsetting 8/31/2025	Janus, NAFY, OI, NAYA	ClientPoint	HUD	Housing Move-In Date in Interim icon if after program entry	YES	YES	YES - 6 and 12 months from placement; enter through Assessments
HYC - STRA – Homeless Prevention (HP) and Rapid Re-Housing (RRH)	Janus, NAFY, OI, NAYA	ClientPoint	BASIC	RRH ONLY -Housing Move-In Date in Interim icon if after program entry	YES	NO	6 and 12 months from exit; enter through Follow-Ups icon
HYC Homeless Prevention (HP) and Rapid Re-Housing (RRH)	Janus, NAFY, OI, NAYA	ClientPoint	BASIC	RRH ONLY -Housing Move-In Date in Interim icon if after program entry	YES	NO	6 and 12 months from exit; enter through Follow-Ups icon
HYC On-Site Transitional Housing	NAFY, OI	ShelterPoint	BASIC	NO	YES, but entered through other HYC providers	NO	YES - 6 and 12 months from exit; enter through Follow-Ups icon
Mainstream Vouchers (MSV)	NAFY, OI	ClientPoint	N/A	N/A	N/A	N/A	N/A
New Doors	NAFY	ClientPoint	BASIC	Housing Move-In Date in Interim icon if after program entry	YES – entered when client exits program	NO	30 day (entered as 3 months), 6 and 12 months from exit, only for clients enrolled for at least 90 days.; enter through Follow-Ups icon
Regional Long Term Rent Assistance (RLRA)	NAFY, OI Only NAFY does HMIS data entry	ClientPoint	BASIC	Housing Move-In Date in Interim icon if after program entry	YES	YES	YES - 6 and 12 months from exit; enter through Follow-Ups icon
TLP/RHY* *See RHY Handbooks	NAFY, OI, Latino Network	ShelterPoint for BCP-ES / ClientPoint for BCP-HP	RHY	NO	YES	YES	YES – at least one follow-up within 6 months of exit; enter through Follow-Ups icon
Unity House April 2025 – seeking new location	NAFY	ClientPoint	BASIC	Housing Move-In Date in Interim icon if after program entry	YES	NO	6 and 12 months from exit; enter through Follow-Ups icon

APPENDIX II: RECORDING CLIENT INCOME IN HMIS

- 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:

STEP 1: Answer 'Income from Any Source'
(Update existing answer if necessary)

MONTHLY INCOME:

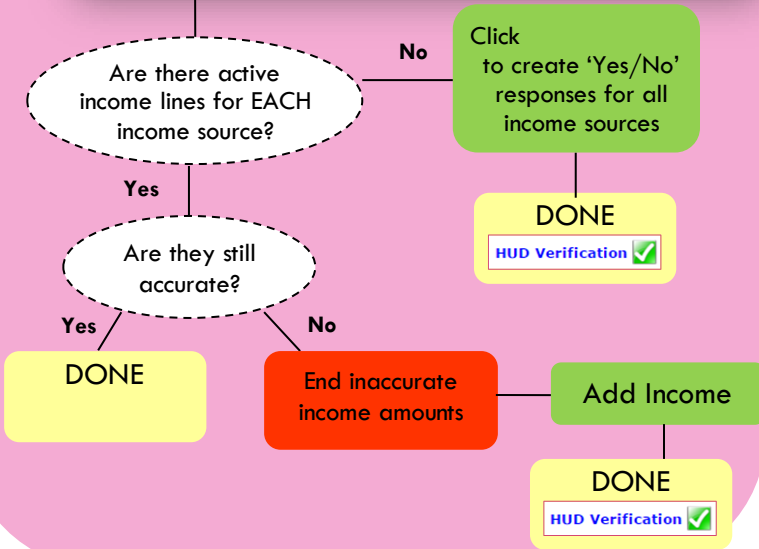
Income from Any Source

If Answer = Yes

STEP 2: Record Income using HUD Verification

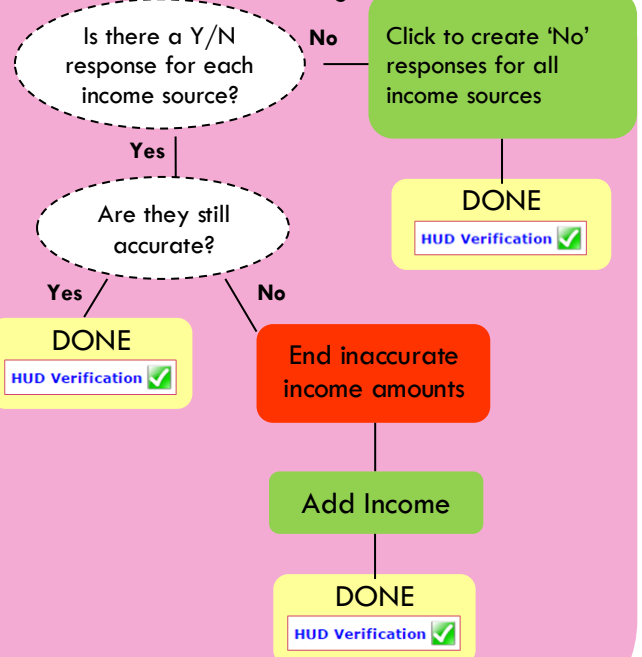
Monthly Income

Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date
Add	View Gross Income			



If Answer = No, Don't Know, or Refused

STEP 2: Record Income using HUD Verification



ADDING INCOME

- Click
- Leave Start Date as Default (date of entry, Interim, or exit)
- Select Source of income
- Monthly Amount is \$ amount from this source
- Leave End Date Blank
- Save /add another and/or Exit

ENDING INCOME

- 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 Non-cash Benefits, Disabilities and Health Insurance

APPENDIX III: 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: Yes (HUD)

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

Health Insurance

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	

Showing 1-5 of 8

Buttons: Add, First, Previous, Next, Last

HUD Verification for CoC Programs

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, 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**.

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

Receiving Income Source? links: No, Data Not Collected, Incomplete

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

Buttons: 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: 487

End Date: / /

ARCHIVAL USE ONLY: -Select-

Buttons: Save, Cancel

Continue answering the remaining Entry questions.



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

UPDATING HUD VERIFICATION QUESTIONS FOR EXISTING PARTICIPANTS

If you are answering the HUD Verification questions for a participant who already exists in HMIS, there's a good chance that these type of questions (health insurance, disability, income, non-cash benefits) have already been answered at least once. HMIS 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 youth 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 HMIS using the intake date as the entry date. The advocate answered all of the questions required by HMIS 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: No (HUD)

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

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

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

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 HMIS. 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 HMIS 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 IV: HISTORY OF HOMELESSNESS QUESTIONS

The Residence Prior to Project Entry question has been divided into three categories of living situations: Homeless; Institutional; and Transitional and Permanent Housing. “Interim Housing” has been added to the list of options categorized under Homeless Situation. Per HUD, Interim Housing is defined as...

“Interim housing is not a type of housing but rather a housing situation where a chronically homeless person has: applied for permanent housing, has been accepted, a unit/voucher for permanent housing has been reserved for them, but for which there is some other situation that prevents them from moving immediately into housing (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.). In such cases, where it has been determined to be absolutely necessary that to keep the client engaged and moving towards housing a temporary solution must be utilized and transitional housing is used the client should then be identified upon move in to the permanent house as coming from “interim housing”.

The screen shot below is a list of all the options for each living situation

The screenshot shows a dropdown menu with the following options:

- Select-
- HOMELESS SITUATION -----
- Place not meant for habitation (HUD)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)
- Safe Haven (HUD)
- Interim Housing
- INSTITUTIONAL SITUATION -----
- 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)
- TRANSITIONAL AND PERMANENT HOUSING SITUATION -----
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Owned by client, no ongoing housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD)
- Permanent housing for formerly homeless persons (HUD)
- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with VASH subsidy (HUD)
- Rental by client, with GPD TIP subsidy (HUD)
- Rental by client, with other ongoing housing subsidy (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Staying or living in a family member's room, apartment or house (HUD)
- Staying or living in a friend's room, apartment or house (HUD)
- Transitional housing for homeless persons (including homeless youth) (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)

Since HYC is a coordinated assessment based continuum, this change will only affect the screening assessment and Runaway Youth's assessments. Those projects have been updated in HMIS to use the 3.917B Living Situation – Entering all projects (except SO, ES, or SH) assessment.

The responses to “Residence Prior to Project Entry” and “Length of Stay in Previous Place” will determine the number of required questions. The data elements have been carefully constructed to apply the logic appropriate to the client's responses in order to avoid asking for information which is irrelevant or inappropriate.

- a) **Homeless Situation** - If the client came from a homeless situation, then the chronically homeless questions will appear. All questions must be answered.

Previous Living Situation Section	
Residence Prior to Project Entry *	Place not meant for habitation (HUD) G
Length of Stay in Previous Place *	-Select- G
Approximate date homelessness started: *	/ /    G
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 *	-Select- G
Total number of months homeless on the street, in ES or SH in the past three years *	-Select- G

- b) **Institutional Situation** – if the client came from an institutional facility, the client can be considered literally homeless if they stayed in the institution less than 90 days **AND** was previously living on the street, ES, or SH. If they stayed in the institution for more than 90 days they cannot be considered literally homeless.

If the clients stayed in an institutional location for less than 90 days, two additional questions, “Did you stay less than 90 days?” (pre-populated with an answer) and “On the night before did you stay on the streets, ES or SH?” will be required. The pre-populated answer is based on the response to Length of Stay in Previous Place and cannot be changed.

Previous Living Situation Section	
Residence Prior to Project Entry *	Foster care home or foster care group home (HUD) G
Length of Stay in Previous Place *	One month or more, but less than 90 days G
Did you stay less than 90 days? *	Yes G
On the night before did you stay on the streets, ES or SH? *	-Select- G

If the clients stayed in an institutional location for more than 90 days, an additional question, “Did you stay less than 90 days?” will be pre-populated with an answer. The pre-populated answer cannot be changed.

Previous Living Situation Section	
Residence Prior to Project Entry *	Foster care home or foster care group home (HUD) G
Length of Stay in Previous Place *	90 days or more, but less than one year G
Did you stay less than 90 days? *	No G

- c) **TH, PH, Don't Know, Refused, or Data not collected** – if a client came from a TH or PH housing or answered Client doesn't know or Client refused then the “Length of Stay of in Previous Place will determine the additional questions.

If the client was in housing less than 7 nights, two additional questions, “Did you stay less than 7 nights?” (pre-populated with an answer) and “On the night before did you stay on the streets, ES or SH?” will be required. The pre-populated answer cannot be changed.

Previous Living Situation Section	
Residence Prior to Project Entry *	Hotel or motel paid for without emergency shelter voucher (HUD) G
Length of Stay in Previous Place *	One night or less G
Did you stay less than 7 nights? *	Yes G
On the night before did you stay on the streets, ES or SH? *	-Select- G

If client was in housing 7 nights or longer, the question, “Did you stay less than 7 days?” will be pre-populated with an answer. The pre-populated answer cannot be changed.

Previous Living Situation Section	
Residence Prior to Project Entry *	Hotel or motel paid for without emergency shelter voucher (HUD) G
Length of Stay in Previous Place *	One week or more, but less than one month G
Did you stay less than 7 nights? *	No G

APPENDIX V: FOLLOW-UP GUIDELINES BY HOUSING PROGRAM

Housing Program	Provider	Housing Intervention Type	Reporting Program	Follow-up Trigger	Follow-up Intervals
Emergency Housing Vouchers (EHV)	NAFY, OI	N/A	N/A	N/A	N/A
Family Unification Project (FUP)	NAFY	N/A	N/A	N/A	N/A
Fostering Youth to Independence (FYI)	NAFY	N/A	N/A	N/A	N/A
HUD Collaboration	OI & NAFY	Permanent Placement	HUD Collaboration	Housing Placement	6 & 12 mo.
HUD Homesafe-Horizons Youth	Janus, NAFY, OI	Permanent Placement	HUD Homesafe-Horizons	End of Subsidy	6 & 12 mo.
HUD Roads to Housing	ALL	Permanent Placement	Homeless Youth	Housing Placement	6 & 12 mo.
HYC Homeless Prevention	ALL	Eviction Prevention	Homeless Youth	End of Subsidy	6 & 12 mo.
HYC Onsite Transitional Housing	NAFY, OI	Transitional Placement	Homeless Youth	Program Exit	6 & 12 mo.
HYC Rapid Re-Housing	ALL	Permanent Placement	Homeless Youth	End of Subsidy	6 & 12 mo.
Mainstream Vouchers (MSV)	NAFY, OI	N/A	N/A	N/A	N/A
New Doors	NAFY	<i>N/A different questions</i>	<i>N/A different questions</i>	<i>N/A different questions</i>	3 & 6 mo.
Porch Light	Janus	No Follow-Ups Required			
Regional Long Term Rent Assistance (RLRA)	NAFY, OI Only NAFY does HMIS data entry	Permanent Placement	Homeless Youth	End of Subsidy	6 & 12 mo.
RHY-TLP	OI, NAFY	Transitional Placement	Homeless Youth	End of Subsidy	6 & 12 mo.
STRA – Homeless Prevention	ALL	Varies	Varies	End of Subsidy	3, 6 & 12 mo.
STRA – Rapid Re-Housing	ALL	Varies	Varies	End of Subsidy	3, 6 & 12 mo.
Street Light	Janus	No Follow-Ups Required			
Unity House	NAFY	Transitional Placement	Homeless Youth	End of Subsidy	6 & 12 mo.

APPENDIX VI: ROSE PROGRAM DATA ENTRY STEPS

First, log in your HMIS account and Enter Data As (EDA) to the ROSE program

- NAFY: 2412
- OUTSIDE IN: 2414
- JANUS: 2416
- NAYA: 2847)

The screenshot shows the top navigation bar of the HMIS system. The 'Enter Data As' button is highlighted with a red box. Other buttons visible include 'Shadow Mode', 'Back Date Mode', and 'Connect To BusinessObjects'. Below the navigation bar is a search bar labeled 'Type here for Global Search'. The main content area displays a 'Follow Up List (0)' table with columns for Client ID, Type, Date, and Time Remaining. A 'View All' button is located at the bottom right of the table.

ROSE PROGRAM ENTRY

Enter a client profile, then go to the Assessments tab, select HYC Rose Assessment and hit Submit.

The screenshot shows the 'Assessments' tab selected in the top navigation bar. Below the tab, there is a 'Select an Assessment' dropdown menu. The 'HYC ROSE Assessment' option is highlighted with a red box. Other options in the dropdown include '-Select-', 'DSCP HYC Agency Transfer', 'DSCP Homeless Youth Continuum-Entry (2024)', and 'DSCP Homeless Youth Continuum-Exit'. A 'Submit' button is located to the right of the dropdown menu. Below the dropdown menu, there are fields for 'Engagement Agency', 'Assertive Engagement End Date', and 'Reason for Leaving Assertive Engagement'.

Under ROSE Program Start Date, hit Add, you will see a pop-up.

The screenshot shows a web form titled "HYC ROSE Provider". It contains several input fields and dropdown menus. The "ROSE Program Start Date" field is highlighted with a blue border and shows the date "07 / 02 / 2025". The "ROSE Program End Date" field is empty. The "HYC ROSE Program Provider" and "Reason for Leaving" fields are dropdown menus with "-Select-" as the current selection. Below these are two sections for "ROSE Outcomes". The first outcome is "Youth has been connected with long-term community supports that may help with SUD issues?" with a "-Select-" dropdown. The second outcome is "Youth has increased knowledge regarding substance use during their time in the ROSE Program?" with a "-Select-" dropdown. Both outcome sections include explanatory text in italics. At the bottom of the form are three buttons: "Save", "Save and Add Another", and "Cancel".

ROSE Program Start Date *	07 / 02 / 2025
ROSE Program End Date	/ /
HYC ROSE Program Provider	-Select-
Reason for Leaving	-Select-
ROSE Outcomes	
Youth has been connected with long-term community supports that may help with SUD issues?	-Select-
<i>These may include in or out-patient substance abuse treatment programs, weekly support meetings, connections with spiritual or community organizations, etc.</i>	
Youth has increased knowledge regarding substance use during their time in the ROSE Program?	-Select-
<i>This can include their knowledge of substance abuse or misuse, their personal triggers and coping skills, where and how to seek treatment, etc.)</i>	

Save Save and Add Another Cancel

Make sure to fill in the following fields.

ROSE Program Start Date

HYC ROSE Program Provider

Reason for Leaving

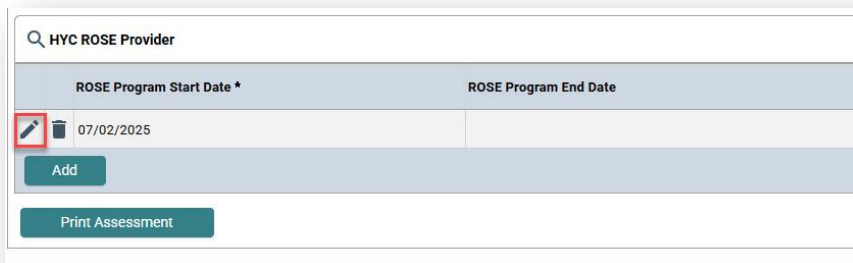
Youth has been connected with long-term community supports that may help with SUD issues?

Youth has increased knowledge regarding substance use during their time in the ROSE program?

Hit Save.

ROSE PROGRAM EXIT

When clients exit, click the pencil under Rose Program, then enter Rose Program End Date.



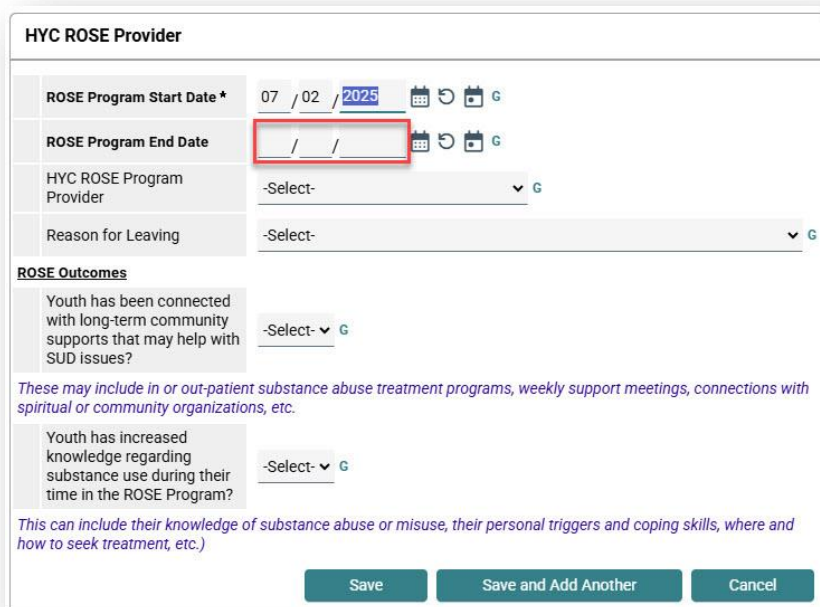
HYC ROSE Provider

ROSE Program Start Date * ROSE Program End Date

07/02/2025

Add

Print Assessment



HYC ROSE Provider

ROSE Program Start Date * 07 / 02 / 2025

ROSE Program End Date

HYC ROSE Program Provider -Select-

Reason for Leaving -Select-

ROSE Outcomes

Youth has been connected with long-term community supports that may help with SUD issues? -Select-

These may include in or out-patient substance abuse treatment programs, weekly support meetings, connections with spiritual or community organizations, etc.

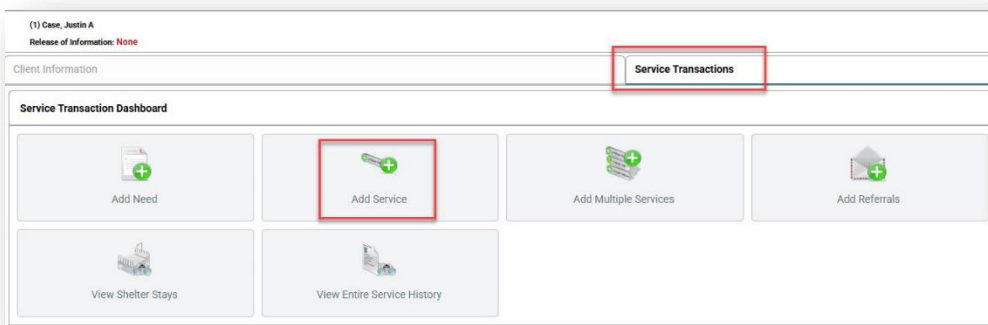
Youth has increased knowledge regarding substance use during their time in the ROSE Program? -Select-

This can include their knowledge of substance abuse or misuse, their personal triggers and coping skills, where and how to seek treatment, etc.)

Save Save and Add Another Cancel

RECORDING ROSE PROGRAM SERVICE TRANSACTIONS

- EDA to ROSE program first
- Navigate to Service Transaction tab, and hit Add Service.



(1) Case, Justin A
Release of Information: None

Client Information

Service Transactions

Service Transaction Dashboard

Add Need Add Service Add Multiple Services Add Referrals

View Shelter Stays View Entire Service History

In the first screen, fill out Start Date, End Date and Service Type

- Start Date: first day of the month that the service occurred
- End Date: last day of the month that the service occurred
- Service Type: Only choose 'Youth Development' OR 'Support Groups'

Click Save & Continue to go to the next screen

Service Provider *	NAYA: Homeless Youth Continuum (2847)	Search	My Provider	Clear
Creating User	Emily Gardner			
Start Date *	08 / 01 / 2025   	10	42	51 AM
End Date	08 / 31 / 2025   	12	00	00 PM
Service Type *	-Select- 	Look Up		
Provider Specific Service	-Select- 			

Scroll down to the Service Costs section and answer Number of Units and Unit Type

- Number of Units: count of the number of support groups or individual supports provided within the month
- Unit Type: Count

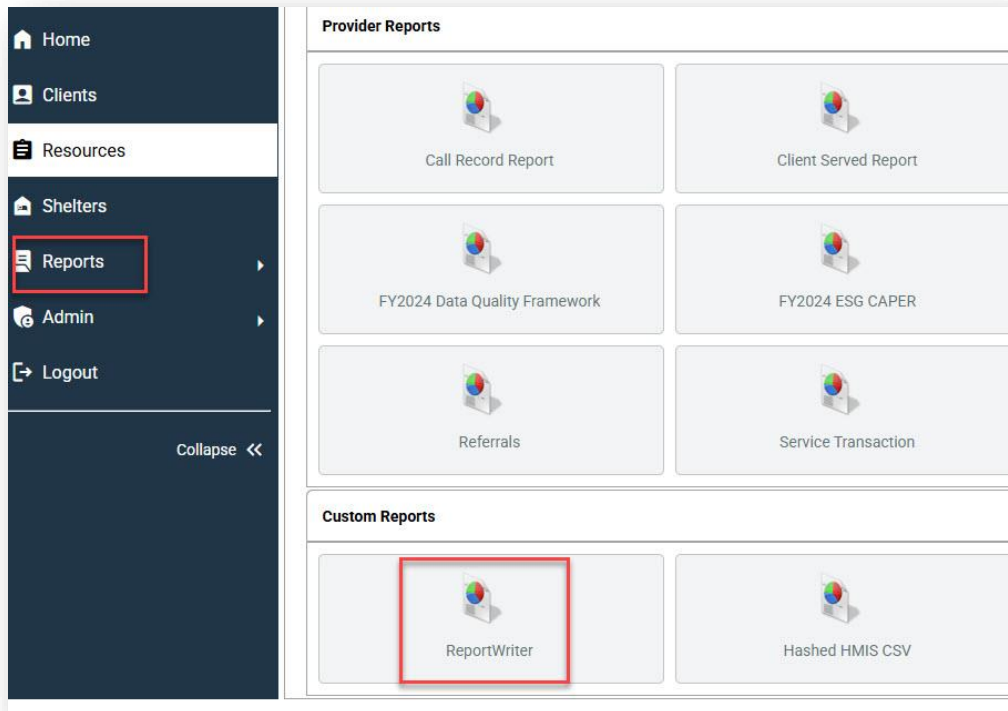
Service Costs	
Number of Units	2
Unit Type	Count 
Cost per Unit	
Total Cost of Units	\$

Scroll to the bottom of the screen to Save & Exit

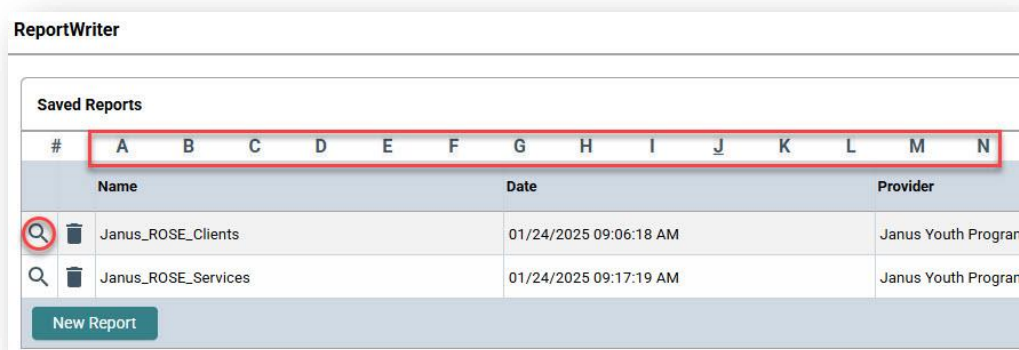
RUNNING REPORTS FOR THE ROSE PROGRAM

EDA to HYC level

Go to Reports, then ReportWriter



You can click the alphabet letter to navigate to Agency name, then click the magnifying glass to view the report.



- ROSE Clients report pulls clients with ROSE assessment
- ROSE Services pulls clients with ROSE Service Transactions

APPENDIX VII: STABILITY AND TENURE OF HOUSING EXIT DESTINATIONS

EXIT DESTINATION	PERMANENT	STABLE	TYPE
Client doesn't know (HUD)	Unknown	Unknown	Unreported
Client refused (HUD)	Unknown	Unknown	Unreported
Data not collected (HUD)	Unknown	Unknown	Unreported
Deceased (HUD)	Unknown	Unknown	Deceased
Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	NO	NO	Homeless
Foster care home or foster care group home (HUD)	NO	YES	Institutional
Hospital or other residential non-psychiatric medical facility (HUD)	NO	NO	Institutional
Host Home (HUD)	NO	YES	Temporary
Hotel or motel paid for without emergency shelter voucher (HUD)	NO	NO	Temporary
Jail, prison or juvenile detention facility (HUD)	NO	NO	Institutional
Long-term care facility or nursing home (HUD)	NO	YES	Institutional
Moved from one HOPWA funded project to HOPWA funded PH (HUD)	YES	YES	Temporary
No exit interview completed (HUD)	Unknown	Unknown	Unknown
Other (HUD)	NO	NO	Other
Owned by client, no ongoing housing subsidy (HUD)	YES	YES	Permanent
Owned by client, with ongoing housing subsidy (HUD)	YES	YES	Permanent
Permanent housing (other than RRH) for formerly homeless persons (HUD)	YES	YES	Permanent
Place not meant for habitation (HUD)	NO	NO	Homeless
Psychiatric hospital or other psychiatric facility (HUD)	NO	NO	Institutional
Rental by client in a public housing unit (HUD)	YES	YES	Permanent
Rental by client, no ongoing housing subsidy (HUD)	YES	YES	Permanent
Rental by client, with GPD TIP subsidy (HUD)	YES	YES	Permanent
Rental by client with HCV voucher (tenant or project based) (HUD)	YES	YES	Permanent
Rental by client, with other ongoing housing subsidy (HUD)	YES	YES	Permanent
Rental by client, with RRH or equivalent subsidy (HUD)	YES	YES	Permanent
Rental by client, with VASH subsidy (HUD)	YES	YES	Permanent
Residential project or halfway house with no homeless criteria (HUD)	NO	YES	Temporary
Safe Haven (HUD)	NO	NO	Homeless
Staying or living with family, permanent tenure (HUD)	YES	YES	Permanent
Staying or living with family, temporary tenure (e.g., room, apartment or house)(HUD)	NO	YES	Temporary
Staying or living with friends, permanent tenure (HUD)	YES	YES	Permanent
Staying or living with friends, temporary tenure (e.g., room apartment or house)(HUD)	NO	YES	Temporary
Substance abuse treatment facility or detox center (HUD)	NO	NO	Institutional
Transitional housing for homeless persons (including homeless youth) (HUD)	NO	YES	Transitional

APPENDIX VIII: LEGAL NAME CHANGES, COMMUNICATION & DOCUMENTATION

Conventions Regarding Use of Participant Names in Communication and Documentation

The Homeless Youth Continuum (HYC) strives to utilize the each participant's preferred name and pronoun in all verbal communications.

For a variety of reasons, when communicating in writing we may need to use legal names as well as preferred names. This recognizes that youth present with different names (and at times pronouns) in the different HYC spaces. The HYC supports participants to access programs and resources that require use of legal names such as entitlement and benefit programs - SNAP, OHP, and Social Security Office. Each HYC agency must keep service records in a participant's legal name until a legal name change is confirmed.

Based on the complexity of our system of care and the range of uses of names in our work, we have agreed to naming conventions related to our professional, cross-agency communication regarding HYC youth participants. The e-mails to HYC partners (Continuum list serv) are for internal HYC use only.

HMIS:

- HMIS (screening and subsequent documentation) documents legal name in the name fields.
- The Alias field can be used to capture preferred name, street name(s), other aliases, and reference to 'former name' as applicable.
- HMIS name fields can only be changed after documentation of legal name change is received. Primary referral agency should update this information in HMIS. Documentation of legal name change should be retained in client record by Primary referral agency.

Emails and Incident reports in HYC:

- Subject line – **Only use initials.** If applicable, use preferred name initials with legal name initials in parentheses. e.g. Bruno Mars (Peter Hernandez) would be BM (PH) in subject line.
- Name Fields –
 - Use full preferred first and preferred last name (which may also be legal last name), with full legal first and last name in parentheses.

e.g. Katy Perry (Katheryn Hudson); Spike Lee (Shelton Lee); or, prior to legal name change, Kaitlyn Jenner (Bruce Jenner)

Correspondence with Youth Participants:

- Correspondence between a program / staff and a participant may include the preferred name unless there is a reason that legal name is also needed (e.g. for record filing purposes).

Legal Name Change:

- The lead agency assigned to the youth will:
 - obtain confirmation of legal name change,
 - make the change in HMIS (move former name to alias in HMIS),
 - e-mail Continuum listserv that legal name change* has occurred so each agency can assist in updating individual agency records.

* If preferred name change, be clear in indicated *preferred* versus *legal* name change in e-mail announcements.