

Emergency Shelter Data Entry Handbook

Wellsky Community Services HMIS

Multnomah County

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

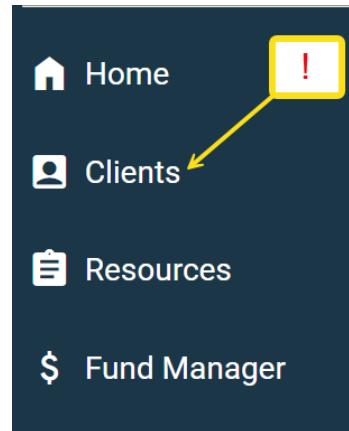
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Participant Search /Add Participant Process

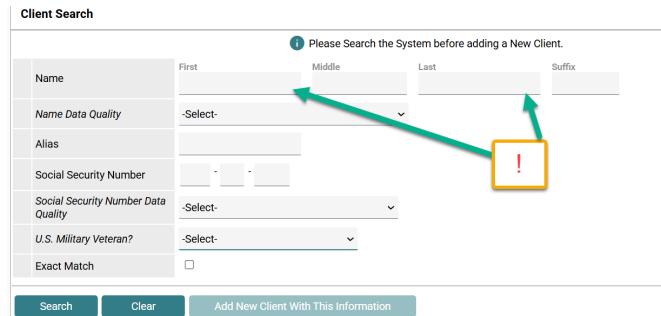
If the participant record exists

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



Participant Search displays

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



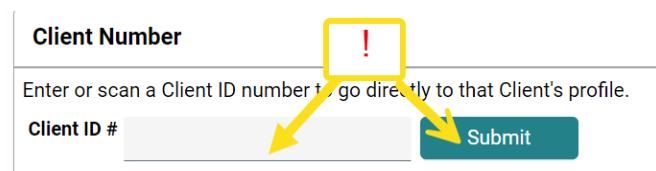
Client Search			
<small>1 Please Search the System before adding a New Client.</small>			
Name	First	Middle	Last
Name Data Quality	-Select-		
Alias			
Social Security Number			
Social Security Number Data Quality	-Select-		
U.S. Military Veteran?	-Select-		
Exact Match	<input type="checkbox"/>		
<input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Add New Client With This Information"/>			

NOTE:

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

OR Search for Participant by **participant ID**

- Click **Submit**



Client Number
Enter or scan a Client ID number to go directly to that Client's profile.
<input type="text" value="Client ID #"/> <input type="button" value="Submit"/>

Client Results displays the participants that match the search criteria.

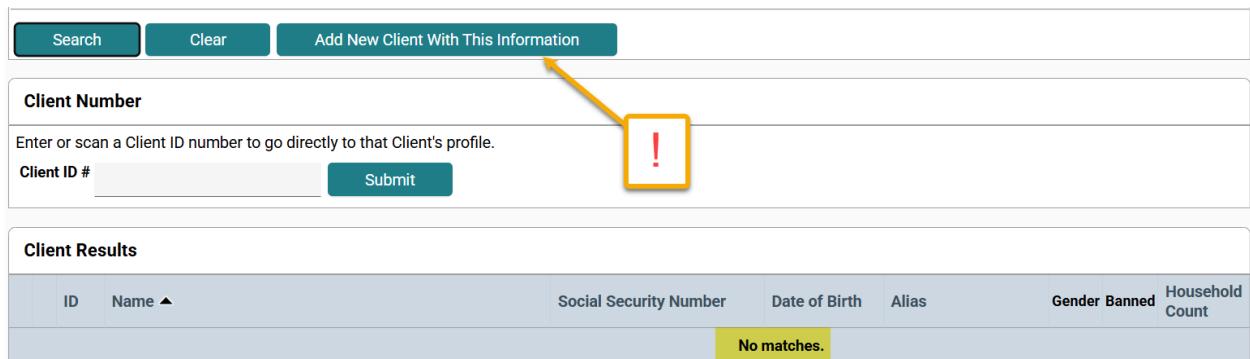
ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
65	Scott, Jill	533-98-2222	10/22/1980				1

Showing 1-1 of 1

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

If participant record does not exist

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



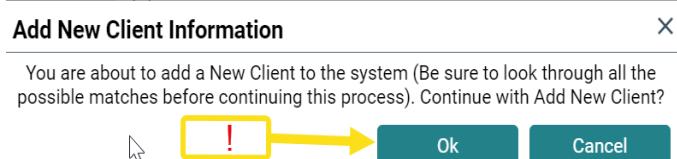
Client Number

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

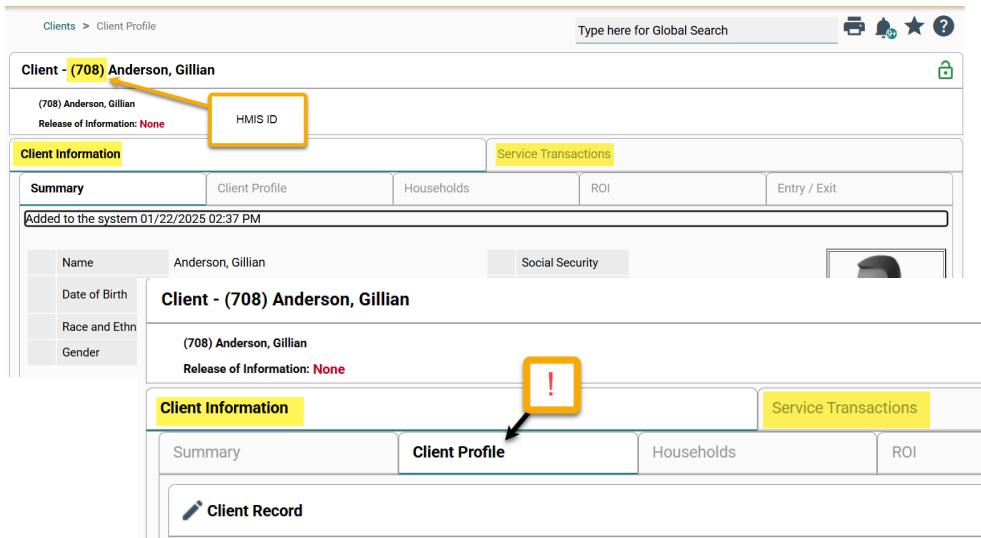
Client ID # Submit

No matches.

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



- A new participant record has been created. A new HMIS ID is assigned.
- There are two large tabs that



Client - (708) Anderson, Gillian

HMIS ID

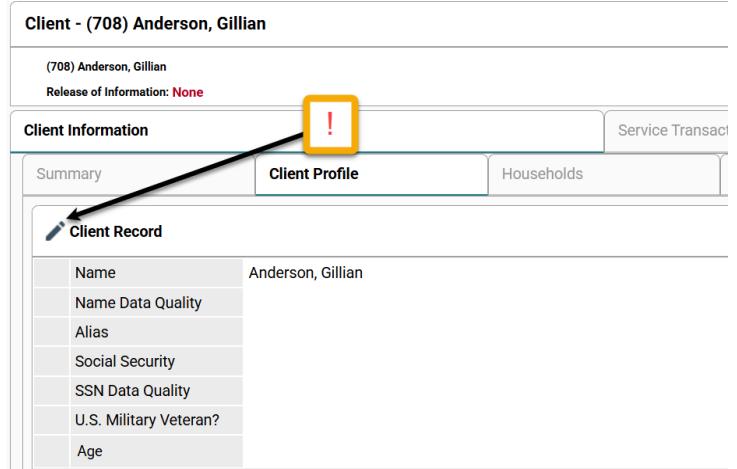
Client Information

Client Profile

make up the structure of the participant record. **participant Information** and **Service Transactions**

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

- Click pencil  to edit the record



Client - (708) Anderson, Gillian

(708) Anderson, Gillian
Release of Information: **None**

Client Information  **Service Transactions**

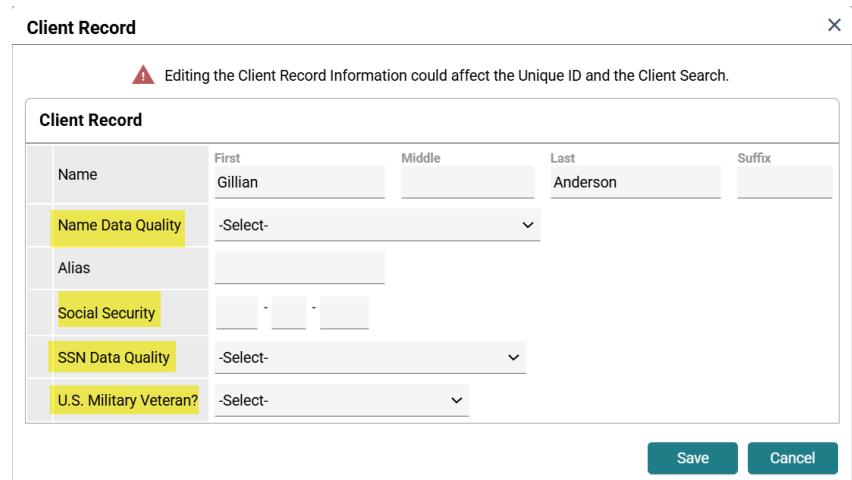
Client Record

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

Note:

- **participant Profile** is the only area of the record where these specific data elements can be updated or corrected.

- There are also **Data Quality** questions that are required to be filled out.



Client Record

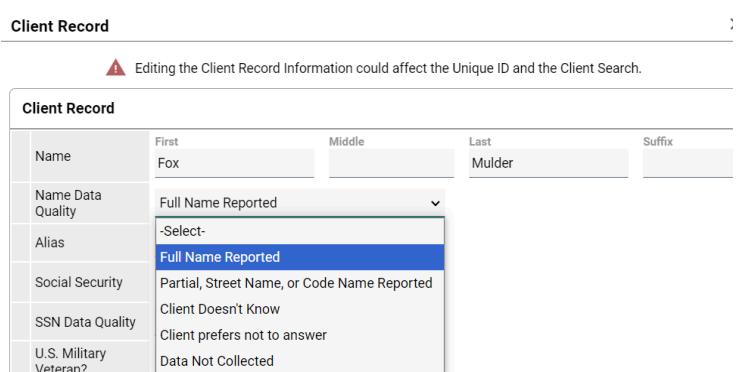
⚠ Editing the Client Record Information could affect the Unique ID and the Client Search.

Client Record

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

Save **Cancel**

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



Client Record

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

Client Record

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

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

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

Client Record

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

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

Save **Cancel**



Household Information

Note:

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

Client - (490) Mira, Walter, Sr

 (490) Mira, Walter, Sr

Release of Information: **None**

Client Information

Summary **Client Profile** **Households** **ROI**

Client Information

- Summary
- Client Profile
- Households
- ROI
- Entry / Exit
- Case Managers
- Assessments

! This Client is not currently a member of any Households.

▶ Previous Households

Search Existing Households
Start New Household
Exit

Service Transactions

- Enter the appropriate Household Type

Add New Household

Household Type

Household Type * Female Single Parent

Client Search

Please Search the System before adding a New Client. [Hide Advanced Search](#)

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

[Search](#) [Clear](#) [Add New Client With This Information](#)

Client Number

Enter or Scan a Client ID to add that Client to this Household.

Client ID # [Submit](#)

Selected Clients

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

Showing 1-1 of 1

Add New Household

Household Type

Household Type * -Select- -Select-

Client Search

Name Data Quality

Exact Match

Single Individual
 Female Single Parent
 Male Single Parent
 Two Parent Family
 Grandparent(s) and Child
 Foster Parent(s)
 Couple With No Children
 Non-custodial Caregiver(s)
 Family Unit (HOPWA)
 Shared Housing (HOPWA)
 Living with a live-in aide (HOPWA)
 Other

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

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

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

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

Showing 1-2 of 2

! → Continue Cancel

- One person must be designated as Head of Household.

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

Household Information - (427) Female Single Parent

 (427) Female Single Parent	 Save & Exit	 Exit																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Household Type *</td> <td style="width: 80%;">Female Single Parent</td> </tr> <tr> <td>Income</td> <td>US\$0.00 monthly (US\$0.00 annual) </td> </tr> <tr> <td>Client Count</td> <td>2</td> </tr> </table>			Household Type *	Female Single Parent	Income	US\$0.00 monthly (US\$0.00 annual) 	Client Count	2																				
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Income	US\$0.00 monthly (US\$0.00 annual) 																											
Client Count	2																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="7">Household Members</th> </tr> <tr> <th>Name</th> <th>Age</th> <th>Head of Household</th> <th>Relationship to Head of Household</th> <th>Joined Household *</th> <th>Previous Associations</th> <th>Household Count</th> </tr> </thead> <tbody> <tr> <td>(708) Anderson, Gillian</td> <td></td> <td>Yes </td> <td>Self </td> <td>01 / 22 / 2025  0 </td> <td>1 </td> </tr> <tr> <td>(712) Mulder, William</td> <td></td> <td>No </td> <td>-Select- </td> <td>01 / 22 / 2025  0 </td> <td>1 </td> </tr> </tbody> </table>			Household Members							Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count	(708) Anderson, Gillian		Yes 	Self 	01 / 22 / 2025  0 	1 	(712) Mulder, William		No 	-Select- 	01 / 22 / 2025  0 	1 
Household Members																												
Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count																						
(708) Anderson, Gillian		Yes 	Self 	01 / 22 / 2025  0 	1 																							
(712) Mulder, William		No 	-Select- 	01 / 22 / 2025  0 	1 																							
Add/Delete Household Members Household History Report																												

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

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

Multiple Member Households

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

Client Information		Service Transactions																																										
Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Assessments																																						
▼ (427) Female Single Parent <table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Head of Household</th> <th>Relationship to Head of Household</th> <th>Joined Household</th> <th>Previous Associations</th> <th>Household Count</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>(708) Anderson, Gillian</td> <td></td> <td>Yes</td> <td>Self</td> <td>01/22/2025</td> <td>0</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>(712) Mulder, William</td> <td></td> <td>No</td> <td>Son</td> <td>01/22/2025</td> <td>0</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td colspan="7"> Manage Household </td> <td colspan="2"></td> </tr> </tbody> </table>									Name	Age	Head of Household	Relationship to Head of Household	Joined Household	Previous Associations	Household Count			(708) Anderson, Gillian		Yes	Self	01/22/2025	0	1			(712) Mulder, William		No	Son	01/22/2025	0	1			Manage Household								
Name	Age	Head of Household	Relationship to Head of Household	Joined Household	Previous Associations	Household Count																																						
(708) Anderson, Gillian		Yes	Self	01/22/2025	0	1																																						
(712) Mulder, William		No	Son	01/22/2025	0	1																																						
Manage Household																																												

- Click **Add/Delete Household Members**

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

- Click arrow to open page to add household members
- Enter search criteria First and/or Last Name, SSN

This Household does not have any previous members.

Add Clients to the Household

Client Search

Please Search the System before adding a New Client.

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

Add Clients to the Household

Client Search

Please Search the System before adding a New Client.

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

- Click **Search**

Please Search the System before adding a New Client.

Client Search

Please Search the System before adding a New Client.

Name	First	Middle	Last	Suffix
	Fox		Mulder	
Name Data Quality	Full Name Reported			
Alias				
Social Security Number	-	-	-	-
Social Security Number Data Quality	-Select-			
U.S. Military Veteran?	-Select-			
Exact Match	<input type="checkbox"/>			
Search Clear Add New Client With This Information				

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

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

Showing 1-1 of 1

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

(cont. on next page)

Release of Information

Note:

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

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

- Click **Add Release of Information**

Client - (490) Mira, Walter, Sr

(490) Mira, Walter, Sr

Release of Information: **None**

Client Information

Summary Client Profile Households **ROI**



Release of Information

Provider



Add Release of Information

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

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

Household Members

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

(260) !rent Family

(490) Mira, Walter, Sr

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

Release of Information

Release of Information - (708) Anderson, Gillian

Household Members

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

(427) Two Parent Family

(708) Anderson, Gillian

(8) Mulder, Fox

(712) Mulder, William

NOTE:

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

Release of Information Data

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

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

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

Release Granted: Yes or No

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

Release of Information

Release of Information - (708) Anderson, Gillian

Household Members

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

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

Release of Information Data

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

Provider *

Urban Alchemy - Agency (8807)
 Urban Alchemy - Peninsula Safe Rest Village (ES)
(8826)

Release Granted *

Start Date *

End Date *

Documentation

Witness

Save Release of Information Cancel

1) for 8807
2) for 8826

Release of Information Data

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

Provider *

Urban Alchemy - Agency (8807)
 Urban Alchemy - Peninsula Safe Rest Village (ES)
(8826)

Release Granted *

Start Date *

End Date *

Documentation

Witness

Signed Statement from Client

ACM

Save Release of Information Cancel

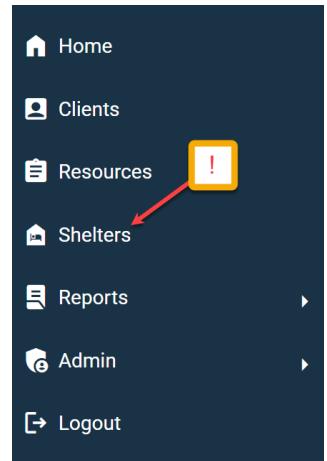
!

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

Shelter Inventory Information

The following steps are applicable to shelters that use the check-in/check-in process through the Shelters portal. Addendum 2 describes the check-in/check-out process for shelters that utilize the entry/exit tab for this purpose. **Emergency Motel Voucher programs utilize the entry/exit tab for tracking shelter stays.**

- Navigate to the **Main Menu** section on the left hand side.
- Click **Shelters**



- **Provider** value defaults to your login provider

View Shelter Inventory

Provider *	Our Just Future - Agency (14)	Search	My Provider	Clear	Check Unit Availability
Unit List *	-Select-	!			Submit

Enter or scan a Provider ID number to search for that Provider.

Provider ID # Submit

Provider 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
Provider	Level		Phone		Location		Last Updated																				
+	Our Just Future: Chestnut Inn Shelter,_ARPA COVID ES (7445)	Level 6	503-548-0200	Portland, OR 97236	02/13/2024																						
+	Our Just Future: Gresham Women's SHELTER (ES) (5731)	Level 7	503-548-0200	Portland, OR 97236	08/28/2024																						
+	Our Just Future: Lilac Meadows Shelter-SP (3066)	Level 7	503-548-0200	Portland, OR 97236	09/24/2024																						
+	zz_Human Solutions: FY11 ONLY! Homeless Families Winter Shelter - SP (3115)	Level 6	503-548-0200	Portland, OR 97236	03/18/2019																						
+	zz_Human Solutions: FY11 ONLY! SHELTERPOINT-Homeless Families Winter Shelter - SP (3116)	Level 7	503-548-0200	Portland, OR 97236	10/09/2020																						
+	zz_Human Solutions - Rockwood Building - Housing Plus - SHELTERPOINT - SP (2997)	Level 6	503-548-0200	Portland, OR 97236	04/01/2019																						
+	zz_Human Solutions: RRH-HUD Family Futures (3062)	Level 7	503-548-0200	Portland, OR 97236	11/25/2018																						

- Click **Search** to choose the correct shelter program the household is being enrolled in.
- Click on the + sign to choose the program and open the Shelters Dashboard

View Shelter Inventory

Provider *	Our Just Future: Lilac Meadows Shelter-SP (3066)	Search	My Provider	Clear	Check Unit Availability	
Unit List *	Family Shelter	Submit				
Type	Emergency Shelter					

Shelters Dashboard

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

Checking Participants into Shelter Beds

The following steps are applicable to shelters that use the check-in/check-in process through the Shelters portal. Addendum 2 describes the shelter entry/exit process for shelters that utilize the entry/exit tab for this purpose.

Emergency Motel Voucher programs utilize the entry/exit tab for check-in/check-outs.

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

View Shelter Inventory

Provider * Our Just Future: Lilac Meadows Shelter-SP (3066) **Search** **My Provider** **Clear** **Check Unit Available**

Unit List * Family Shelter **Submit**

Type Emergency Shelter

Shelter Inventory Information

Unit List - Family Shelter

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

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

Client Search

Please Search the System before adding a New Client.

Name **First** Gillian **Middle** **Last** **Suffix**

Name Data Quality -Select-

Alias

Social Security Number

Social Security Number Data Quality -Select-

U.S. Military Veteran? -Select-

Exact Match

Search **Clear** **Add New Client With This Information**

Client Number

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

Client ID # 708 **Submit**

- Date In*** defaults to {today date}.
- Ensure the date reflects the intake date when the participant actually checks into the bed.

Shelters > Check In Type here for Global Search

Unit Entry Data - (708) Anderson, Gillian

Date In * 01/23/2025 **Midnight Check In**

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

Supplies Given

Locker number

Codes/Notes

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

Program Entry

A note on overlapping entries: Data rules prohibit someone from occupying two or more beds at the same time. This means that someone needs to be exited from one residential program before entering another one. See Addendum 1 for more information..

- Enter **Relationship to Head of Household**
- Choose **Enrollment CoC** from values list - this is indicating what area you are enrolling the participant. Select OR-501 if the participant is sleeping in a bed located within Multnomah County.

Program Entry - ES, SO [OR-501]

Complete the following questions for EACH Household Member

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

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

Enrollment CoC	-Select- -Select- OR-501 Portland/Gresham/Multnomah County OR-504 Salem/Marion, Polk Counties CoC OR-505 Oregon Balance of State CoC (ROCC) OR-506 Hillsboro/Beaverton/Washington County CoC OR-507 Clackamas County CoC WA-508 Vancouver/Clark County CoC N/A: NON-CoC Project Non OR501: Not a CoC Project Non OR506: Not a CoC Project Non OR507: Not a CoC Project Portland Housing Bureau/City of Portland
Date of Birth	
Date of Birth Type	
To select multiple values hold down the "ctrl" or "cmd" key and click on each value	
Gender	

- **DOB** defaults from participant Profile
- **Date of Birth Type** defaults from participant Profile
- Choose appropriate **Gender** identity and **race/ethnicity** identity. To select multiple values hold down the “ctrl” or “cmd” key and click on each value.

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

Gender	Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identity (e.g., Two-Spirit) Transgender Non-Binary Questioning Different Identity Client doesn't know Client prefers not to answer Data not collected
If Different Identity, Please Specify	
Text field below is required when selecting "Different Identity"	
RACE and HISPANIC/LATINO ETHNICITY	American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina/e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White Client doesn't know Client prefers not to answer Data not collected
Race and Ethnicity	

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

Translation Assistance Needed: Yes (HUD)

Preferred Language: -Select-

Required response when selecting Different Preferred Language
If Different Preferred Language, please specify: _____ G

Primary Language: -Select-

If Primary Language is Other, then Specify: _____ G

Disabilities Section

2 Does the participant have a self reported disabling condition? Click 'Yes' or 'No'

- Click 'participant doesn't know', 'participant prefers not to answer', or 'data not collected' as appropriate.

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

2 HUD Verification A

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

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

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

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

2 Choose the disability type by clicking Yes. Click as many as appropriate.

3 For the remainder of the conditions click "No" to complete this step

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

- Disability Type - For each condition that is chosen a pop up window appears.
- Start Date* - This date should reflect the date of intake or enrollment into the program.

Add Recordset X

Disabilities

Disability Type: Mental Health Disorder (HUD)	Start Date *: 01 / 23 / 2025 G
Note on Disability: Enter if helpful, not required G	
Above condition is going to be long term? (Retired) -Select- G	
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently -Select- G	
Disability determination: Yes (HUD)	
End Date: / / G	

- Note on Disability - enter notes if applicable
- Click **Save**
- **Exit** when complete

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

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

Editing Disabilities

NOTE:

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

Disabilities	
Disability Type	Mental Health Disorder (HUD)
Start Date *	01 / 01 / 2025
Note on Disability	
Above condition is going to be long term? (Retired)	-Select-
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	-Select-
Disability determination	Yes (HUD)
End Date	01 / 24 / 2025

Health Insurance

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

1 Covered by Health Insurance	-Select-
Q Health Insurance	
Start Date *	Health Insurance Type
Covered?	End Date

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

HUD Verification: Health Insurance for 01/28/2025

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

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

Red means 'stop' and 'green'  means proceed

[Save](#) [Save & Exit](#) [Exit](#)

SHS Priority Population

- SHS stands for "Supportive Housing Services". Use this question to indicate whether heads of household belong to SHS population A or B. This question is required for programs receiving *any* HSD funding.
- Complete this question for all Heads of Households only.
- Definition:** Population A includes participants who self-report a disabling condition, are below 30% AMI, and are experiencing long-term homelessness or at imminent risk. *Use the Experiencing or At Imminent Risk of Homelessness form to determine SHS population status.*

Population B includes anyone who is not in Population A.

[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

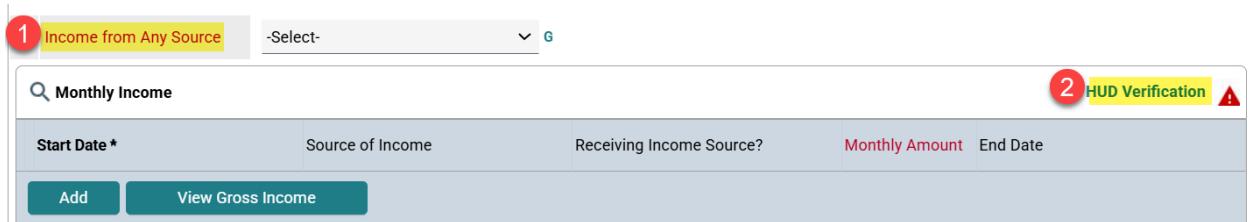
-Select- G

Population A ! G

Population B

Income from Any Source

Income from any Source



1 Income from Any Source -Select- G

2 HUD Verification A

Monthly Income

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

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

HUD Verification: Monthly Income for 01/28/2025

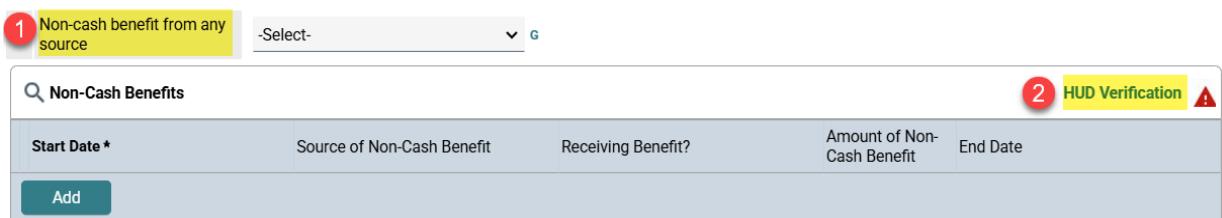
Per Source of Income, the current records for Monthly Income as of 01/28/2025 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 01/28/2025, records containing 'Yes' values will be displayed and take precedence for reporting purposes.

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

[Save](#) [Save & Exit](#) [Exit](#)

Non-Cash Benefits

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



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

2 HUD Verification A

Non-Cash Benefits

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

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

3. Time-saving step - click 'No' for all of them but then click 'Yes' if the participant receives food stamps. Click 'Save' and the editing

pencil  appears.

Click the pencil  next to food stamps to enter the amount received.

4. Then click Save & Exit.

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

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

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

Save

Save & Exit

Exit

(cont. on next page)

Prior Living Situation

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

-Select-

---- HOMELESS SITUATIONS ----

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

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

Safe Haven (HUD)

---- INSTITUTIONAL SITUATIONS ----

Foster care home or foster care group home (HUD)

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

Jail, prison, or juvenile detention facility (HUD)

Long-term care facility or nursing home (HUD)

Psychiatric hospital or other psychiatric facility (HUD)

Substance abuse treatment facility or detox center (HUD)

---- TEMPORARY HOUSING SITUATIONS ----

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

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

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

Host Home (non-crisis) (HUD)

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

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

---- PERMANENT HOUSING SITUATIONS ----

Rental by client, no ongoing housing subsidy (HUD)

Rental by client, with ongoing housing subsidy (HUD)

Owned by client, with ongoing housing subsidy (HUD)

Owned by client, no ongoing housing subsidy (HUD)

---- OTHER ----

Client doesn't know (HUD)

Client prefers not to answer (HUD)

Data not collected (HUD)

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

Approximate date this episode of homelessness started

____ / ____ / ____    

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

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

-Select-

One night or less

Two to six nights

One week or more, but less than one month

One month or more, but less than 90 days

90 days or more, but less than one year

One year or longer

Client doesn't know

Client prefers not to answer

Data not collected

Survivor of Domestic Violence

- Click the appropriate response if the participant is a survivor of Domestic Violence?
- If yes, click when the last experience occurred

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

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

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

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

You are done! Now just press Save & Exit!

Save  Save & Exit

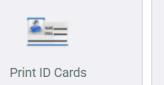
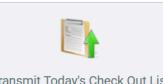
Exit

Participant Check Out from the Shelter

The following steps are applicable to shelters that use the check-in/check-in process through the Shelters portal. Addendum 2 describes the check-in/check-out process for shelters that utilize the entry/exit tab for this purpose. **Emergency Motel Voucher programs utilize the entry/exit tab for shelter stays.**

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

Shelters Dashboard

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

Unit List - Peninsula SRV

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

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

- Date Out* defaults to {today date}
 - Change date if applicable
- Choose **Reason for Leaving** from values list
- Choose **Destination** from values list
- Update the record if there has been any changes *at exit* for **disabilities, covered by health insurance, monthly income and non-cash benefits**.
- Scroll to end of page and choose **Save and Exit**

Unit Exit Data - (1) Cabrera, Ana

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

When exiting households who have **more than one individual**

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

Unit Exit Data - (2) Diaz, Jose

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

Household Members

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

(1) Couple With No Children !

(2) Diaz, Jose (Date In: 01/31/2025 8:03:22 AM) (Primary Client)

(3) Diaz, Kristi (Date In: 01/31/2025 8:03:22 AM)

You are done!

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

- Click the **Check Out** box for all participants leaving the shelter on the same day
- Date Out defaults to {today date}.
 - Change if not {today}
- Leave the default values for **Exit Destination** and **Reason for Leaving**
- Click **Check Out**

Shelters Dashboard

Check Client In	Check In Reservation	Check In Referral																				
Update Confirmation List	Transmit Today's Check Out List !	View All																				
<p>Check Out List</p> <p>Current Check Out Date: 01 / 31 / 2025 Set Dates</p> <table border="1"> <thead> <tr> <th>Check Client Out ID</th> <th>Client Name</th> <th>Group ID</th> <th>Unit Date Out / Reason For Leaving / Destination</th> <th>Supplies Returned</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 2</td> <td>Diaz, Jose</td> <td>4</td> <td>01 / 31 / 2025 8 : 11 : 51 : AM 03-001 Unknown/Disappeared Client doesn't know (HUD)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> 3</td> <td>Diaz, Kristi</td> <td>4</td> <td>01 / 31 / 2025 8 : 11 : 51 : AM 03-002 Unknown/Disappeared Client doesn't know (HUD)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> 1</td> <td>Cabrera, Ana</td> <td></td> <td>01 / 31 / 2025 8 : 11 : 51 : AM 02-002 Unknown/Disappeared Client doesn't know (HUD)</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Check All Uncheck All</p>			Check Client Out ID	Client Name	Group ID	Unit Date Out / Reason For Leaving / Destination	Supplies Returned	<input checked="" type="checkbox"/> 2	Diaz, Jose	4	01 / 31 / 2025 8 : 11 : 51 : AM 03-001 Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	Diaz, Kristi	4	01 / 31 / 2025 8 : 11 : 51 : AM 03-002 Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1	Cabrera, Ana		01 / 31 / 2025 8 : 11 : 51 : AM 02-002 Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>
Check Client Out ID	Client Name	Group ID	Unit Date Out / Reason For Leaving / Destination	Supplies Returned																		
<input checked="" type="checkbox"/> 2	Diaz, Jose	4	01 / 31 / 2025 8 : 11 : 51 : AM 03-001 Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>																		
<input checked="" type="checkbox"/> 3	Diaz, Kristi	4	01 / 31 / 2025 8 : 11 : 51 : AM 03-002 Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>																		
<input checked="" type="checkbox"/> 1	Cabrera, Ana		01 / 31 / 2025 8 : 11 : 51 : AM 02-002 Unknown/Disappeared Client doesn't know (HUD)	<input type="checkbox"/>																		

Addendum 1: Overlapping Entries within Emergency Shelter

Participants have “overlapping entries” when they have multiple entries open at the same time for more than one night. Overlaps often happen in shelters because beds are held for multiple nights after someone’s departure from an earlier shelter stay. While overlaps are allowable from a programmatic perspective, they are not allowable in the data. Overlaps need to be resolved or avoided for all shelter types. Or, you may see someone enrolled in a shelter while also being housed in a permanent housing project (e.g. PSH or RRH). The rules for fixing an overlap depend on the types of projects involved.

For shelter: A participant cannot have more than one shelter entry open at the same time for more than one night. The Entry Date for the new shelter stay must be on or after the Exit Date of the previous shelter stay. Covid-related shelters are a local exception to this rule. If the participant moves out of the shelter into permanent housing, the exit date of the shelter stay must be on or before the Housing Move-In Date for the permanent housing entry.

The following situations will produce an “overlapping entry” error:

Situation	How to fix
Participant enrolled at two shelters at the same time	1) Adjust exit date of earlier shelter stay to be on or before the entry date of the later shelter stay, or 2) delete one shelter stay if its entry and exit dates fall <i>within</i> the dates of the other shelter stay.
Participant enrolled in ES while housed in PSH at the same time	Adjust exit date of shelter stay to be on or before the HMID of the PSH entry
Participant enrolled in ES while housed in RRH at the same time	Adjust exit date of shelter stay to be on or before the HMID of the RRH entry

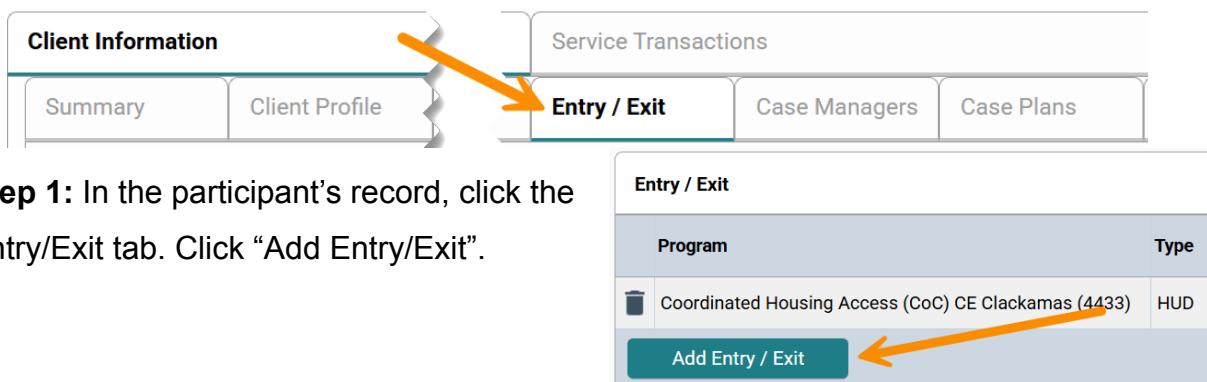
The following situations will not produce an “overlapping entry” error:

Situation	Why it's okay
Participant enrolled in ES and RRH at the same time	Participants are able to utilize RRH case management to assist in housing barrier busting and housing search, while actively enrolled at an ES. The participant must be exited from the ES entry on or before the HMID for the RRH entry.

Addendum 2: Emergency Motel Vouchers: Data Entry Process using Entry/Exits

Emergency Motel Voucher (EMV) programs do *not* utilize the “Shelters” module because they operate on a scattered site basis. Instead, complete the shelter entry and exit process using the Entry/Exit feature within a participant’s profile (i.e. the “Clients” module).

Shelter Entry Process using Entry/Exits



Client Information

Service Transactions

Summary Client Profile Entry / Exit Case Managers Case Plans

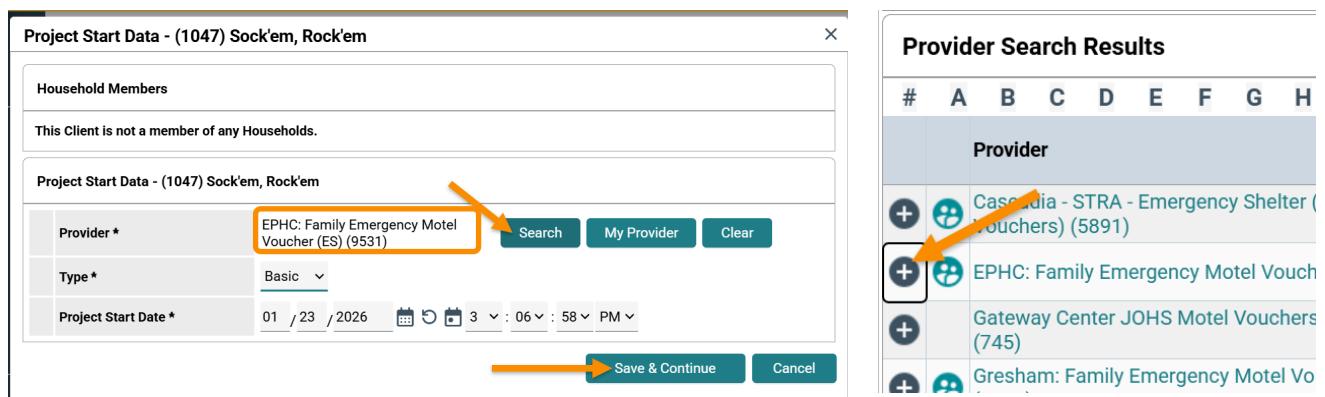
Entry / Exit

Program	Type
Coordinated Housing Access (CoC) CE Clackamas (4433)	HUD

Add Entry / Exit

Step 1: In the participant’s record, click the Entry/Exit tab. Click “Add Entry/Exit”.

Step 2: Select the correct Emergency Shelter provider, by clicking Search in the provider field and clicking the grey “+” next to the correct provider.



Project Start Data - (1047) Sock'em, Rock'em

Household Members

This Client is not a member of any Households.

Project Start Data - (1047) Sock'em, Rock'em

Provider * EPHC: Family Emergency Motel Voucher (ES) (9531) Search My Provider Clear

Type * Basic

Project Start Date * 01 / 23 / 2026 Save & Continue Cancel

Provider Search Results

#	A	B	C	D	E	F	G	H
Provider								
+	Cascadia - STRA - Emergency Shelter (Vouchers) (5891)							
+	EPHC: Family Emergency Motel Voucher (745)							
+	Gateway Center JOHS Motel Vouchers (745)							
+	Gresham: Family Emergency Motel Voucher (745)							

Step 3: Select the “Basic” E/E type and select the correct Project Start Date.

Step 4: Click “Save & Continue.”

Step 5: Enter all entry assessment data. All of these questions should be located on your emergency shelter intake paperwork. Individual fields in the assessment are described in detail in earlier sections of this document.

Shelter Exit Process using Entry/Exits

Step 1: In the participant's record, click the Entry/Exit tab. Find the Emergency Shelter provider entry/exit.

Program	Type	Project Start Date	Exit Date	Interims	Follow Up	Client Count	
EPHC: Family Emergency Motel Voucher (ES) (9531)	Basic	01/23/2026					

Step 2: Click the pencil next to the “Exit Date” field.

Exit Date *	01 / 23 / 2026 3 : 31 : 51 PM
Reason for Leaving	-Select-
If "Other", Specify	<input type="text"/>
Destination *	-Select-
If "Other", Specify	<input type="text"/>
Notes	<input type="text"/>

Step 3: Enter the Exit Destination and Project Exit Date. Click “Save & Continue”.

Step 4: Make any needed updates to the participant's exit assessment. Once all updates are complete, scroll to the bottom and click “Save & Exit”.

Revision History

- **1/23/2026** Add addendum 2, “Emergency Motel Vouchers: Data Entry Process using Entry/Exits”.
- **1/9/2026** Additional detail and definition added to ‘SHS Priority Population’ subsection.
- **1/6/2026** Added addendum 1, “Overlapping Entries within Emergency Shelter”.