

Emergency Shelter Data Entry Handbook

Wellsky Community Services HMIS

Multnomah County

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

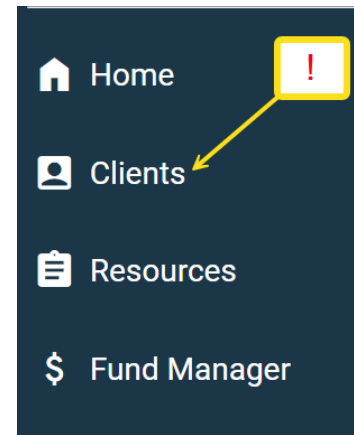
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Participant Search /Add Participant Process

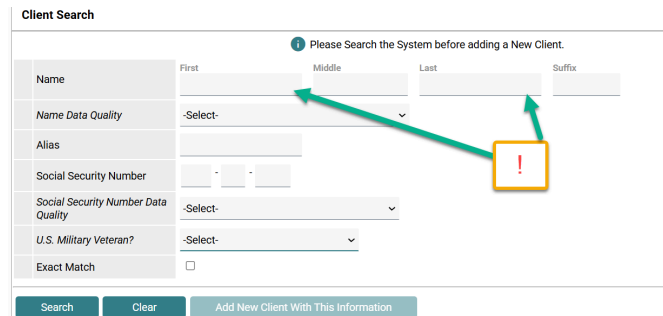
If the participant record exists

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

Please Search the System before adding a New Client.

| | | | | |
|-------------------------------------|--------------------------|--------|------|--------|
| Name | First | Middle | Last | 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"/> | | | |

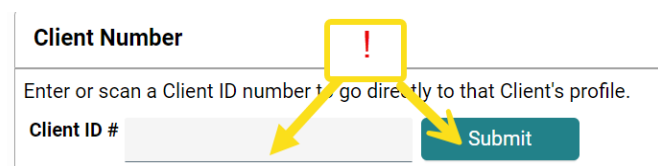
Search Clear Add New Client With This Information

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.

Client ID # Submit

Client Results displays the participants that match the search criteria.

| Client Results | | | | | | | | |
|---|----|-------------|---|------------------------|---------------|-------|---|---|
| | 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 #

Client Results

| ID | Name ▲ | Social Security Number | Date of Birth | Alias | Gender Banned | Household Count |
|-------------|--------|------------------------|---------------|-------|---------------|-----------------|
| No matches. | | | | | | |





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


Add New Client Information
✕

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

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

Clients > Client Profile

Client - (708) Anderson, Gillian


(708) Anderson, Gillian
 Release of Information: None

Client Information

Service Transactions

Summary


Client Profile

Households

ROI

Entry / Exit

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

| | | | |
|---------------|-------------------|-----------------|---|
| Name | Anderson, Gillian | Social Security |  |
| Date of Birth | | | |
| Race and Ethn | | | |
| Gender | | | |

Client - (708) Anderson, Gillian

(708) Anderson, Gillian
 Release of Information: None

Client Information


Service Transactions

Summary

Client Profile

Households

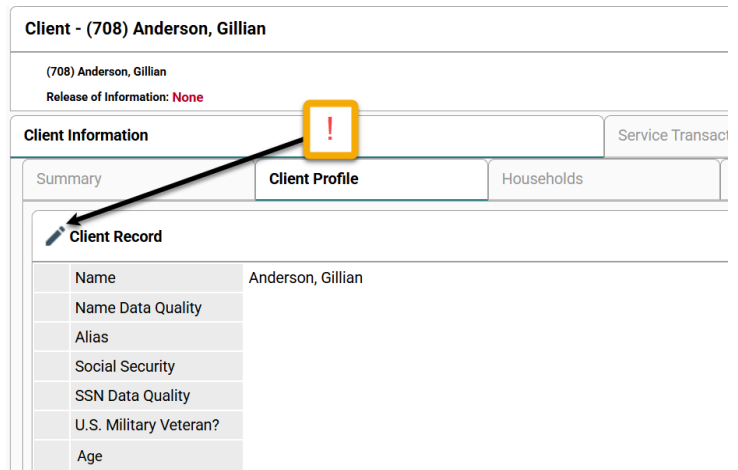
ROI

 **Client Record**

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 Transact

Summary **Client Profile** Households

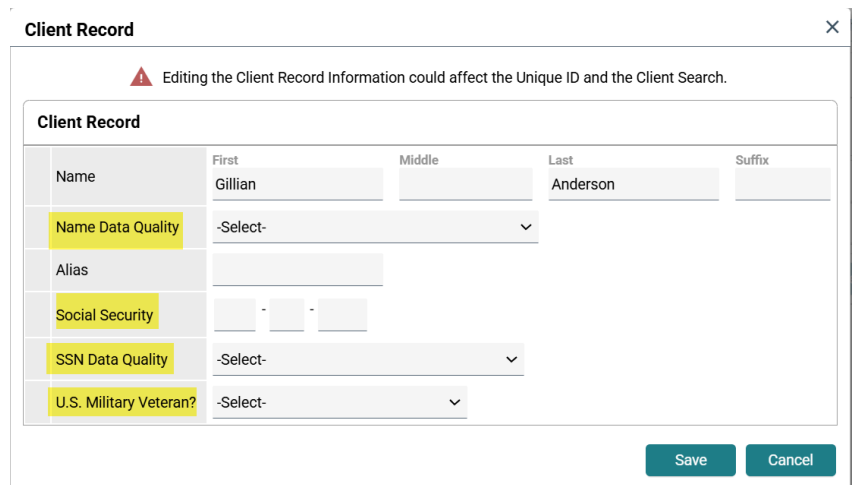
 Client Record

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

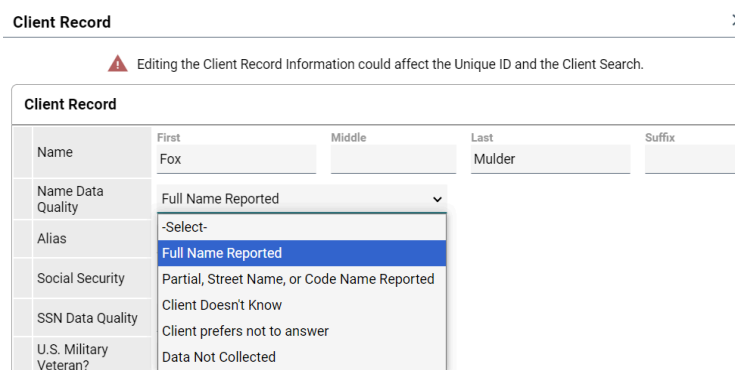
 Editing the Client Record Information could affect the Unique ID and the Client Search.

Client Record


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

Save Cancel

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



Client Record

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

Client Record

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

Data Not Collected

***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.

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

!

Save Cancel

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

Service Transactions

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

- 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

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 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-

Client Search

-Select-

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

Name

First

Middle

Last

Suffix

Name Data Quality

-Select-

Alias

Social Security Number

Social Security Number Data Quality

-Select-

U.S. Military Veteran?

-Select-

Exact Match

☐

- 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

- One person must be designated as Head of Household.

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

Household Information - (427) Female Single Parent

(427) Female Single Parent

Save

Save & Exit

Exit

| | |
|------------------|------------------------------------|
| Household Type * | Female Single Parent |
| Income | US\$0.00 monthly (US\$0.00 annual) |
| Client Count | 2 |

Household Members

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

Add/Delete Household Members

Household History Report

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

Household Members

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

Add/Delete Household Members

Household History Report

Multiple Member Households

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

| Client Information | | | | Service Transactions | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------|-------------------|-----------------------------------|----------------------|-----------------------|-----------------|------|-----|-------------------|-----------------------------------|------------------|-----------------------|-----------------|-------------------------|--|-----|------|------------|-----|-----|-----------------------|--|----|-----|------------|-----|-----|
| Summary | Client Profile | Households | ROI | Entry / Exit | Case Managers | Assessments | | | | | | | | | | | | | | | | | | | | | |
| <div>▼ (427) Female Single Parent</div> <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> </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> </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> </tr> </tbody> </table> <div>Manage Household</div> | | | | | | | 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 🔍 |
| 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 🔍 | | | | | | | | | | | | | | | | | | | | | |

- 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.

Hide Advanced Search

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

- Click **Search**

▼ Add Clients to the Household

Client Search

Please Search the System before adding a New Client.

Hide Advanced Search




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

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

Client - (490) Mira, Walter, Sr

(490) Mira, Walter, Sr

Release of Information: **None**

Client Information

Summary

Client Profile

Households

ROI

- Click **Add Release of Information**

Release of Information

Provider

Add Release of Information

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

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

Household Members

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

☐ (260) ...rent Family

☒ (490) Mira, Walter, Sr

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

Release of Information

Release of Information - (708) Anderson, Gillian

Household Members

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

☒ (427) Two Parent Family

☒ (708) Anderson, Gillian

☒ (8) Mulder, Fox

☒ (712) Mulder, William

NOTE:

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

Release of Information Data

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

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

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

Release Granted: Yes or No

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

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

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 * -Select- ▼

Start Date * 01 / 23 / 2025

End Date * / /

Documentation -Select- ▼

Witness

Save Release of Information **Cancel**

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 * Yes ▼

Start Date * 01 / 23 / 2025

End Date * 01 / 23 / 2032

Documentation Signed Statement from Client ▼

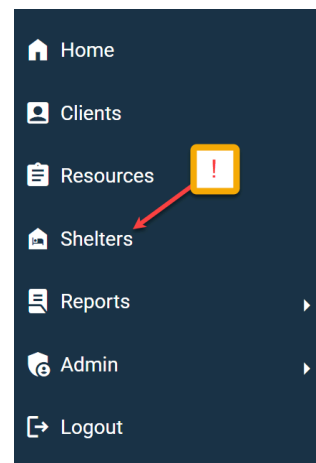
Witness ACM

Save Release of Information **Cancel**

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 | | | |

- 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

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 | A |
|----------|---|--|---|---|---|---|---|---|---|-------|-------|----------|---------------|--------------------|---|---|---|---|---|---|---|--------------|---|------------|---|---|---|
| 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 | 503-5480-0200 | Portland, OR 97236 | | | | | | | | | | 11/25/2018 | | | |

- Click **View All** to display the Shelter roster.

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-out 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 Availability



Unit List * Family Shelter Submit

Type Emergency Shelter

Shelter Inventory Information

Unit List - Family Shelter

Display All Beds Sort By Floor Ascending

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

- Search for the participant by name or **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 📅 🕒 2 : 33 : 47 PM 📅 🕒

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

Supplies Given

Locker number

Codes/Notes

Midnight Check In Assign Unit

- 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.
- **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.

Program Entry - ES, SO [OR-501]

[Complete the following questions for EACH Household Member](#)

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


| | |
|---|---|
| Translation Assistance Needed | Yes (HUD) G |
| Preferred Language | -Select- G  |
| Required response when selecting Different Preferred Language | |
| If Different Preferred Language, please specify | G |
| Primary Language | -Select- G |
| If Primary Language is Other, then Specify: | G |

Disabilities Section

- 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

Disabilities

2 HUD Verification 

| Disability Type | Start Date * | Disability determination | End Date |
|-----------------|--------------|--------------------------|----------|
| <div>Add</div> | | | |

- 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.

Select the Disability determination value for all incomplete Disability Type records

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

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

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

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

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

Add Recordset ✕

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 | | | | HUD Verification |
|--|--------------|--------------------------|----------|--|
| Disability Type | Start Date * | Disability determination | End Date | |
| Chronic Health Condition (HUD) | 01/23/2025 | No (HUD) | | <div style="border: 1px solid orange; padding: 5px; color: red;"> If everything has been done correctly the 'red' triangle turns 'green'. </div> |
| 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) | | |
| <div>Add</div> <div>Showing 1-5 of 8</div> <div>First Previous Next Last</div> | | | | |

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

Print Recordset

Save

Save and Add Another

Cancel

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-

Health Insurance

2 HUD Verification

| Start Date * | Health Insurance Type | Covered? | End Date |
|--------------|-----------------------|----------|----------|
| Add | | | |

- 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.

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

- ☐ Yes
☒ No
☐ Data Not Collected
☐ Incomplete


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

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

Save

Save & Exit

Exit

Red means 'stop' and 'green'  means proceed

SHS Priority Population

- 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-
 -Select-
 Population A
 Population B



Income from Any Source

-Select-

Income from any Source

1

Income from Any Source

-Select-

G

Monthly Income

2 HUD Verification

| Start Date * | Source of Income | Receiving Income Source? | Monthly Amount | End Date |
|---|------------------|--------------------------|----------------|----------|
| <div>Add</div> <div>View Gross Income</div> | | | | |

- Does the participant receive Income from Any Source? Click 'Yes' or 'No'

- 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.

Select the Receiving Income Source? value for all incomplete Source of Income records

☐ No
☐ Data Not Collected
☒ Incomplete

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

Save

Save & Exit

Exit

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

Non-Cash Benefits

- Does the participant have any Non-cash benefit from any source? Click 'Yes' or 'No'
 - 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


Non-Cash Benefits

2 HUD Verification

| Start Date * | Source of Non-Cash Benefit | Receiving Benefit? | Amount of Non-Cash Benefit | End Date |
|----------------|----------------------------|--------------------|----------------------------|----------|
| <div>Add</div> | | | | |


- 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.








- 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.

- 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-

-Select-

- Select-
- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client prefers not to answer
- Data not collected

Survivor of Domestic Violence

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

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

- 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

Unit Exit Data - (1) Cabrera, Ana



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

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


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

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

Unit Exit Data - (2) Diaz, Jose

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

Household Members

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

☐ (1) Couple With No Children

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







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

You are done!






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

- 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 |

Check Out List

| Current Check Out Date 01 / 31 / 2025   8 : 11 : 51 AM  | | | | | |
|--|-----------|--------------|----------|---|--------------------------|
| Check Out | Client 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 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 Unknown/Disappeared Client doesn't know (HUD) | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 1 | Cabrera, Ana | 02 | 01 / 31 / 2025 8 : 11 : 51 AM Unknown/Disappeared Client doesn't know (HUD) | <input type="checkbox"/> |
| <div>  Check All  Uncheck All </div> | | | | | |

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

Summary Client Profile **Entry / Exit** Case Managers Case Plans

Service Transactions

| 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 | 3 | 06 | 58 PM |

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 (ES) (9531) |
| + | | | | | | | | Gateway Center JOHS Motel Vouchers (745) |
| + | | | | | | | | Gresham: Family Emergency Motel Voucher (ES) (9531) |

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.

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 | Project Start Date | Exit Date | Interims | Follow Ups | Client Count |
|--|-------|--------------------|-----------|----------|------------|--------------|
| EPHC: Family Emergency Motel Voucher (ES) (9531) | Basic | 01/23/2026 | | | | |

Add Entry / Exit | Showing 1-1 of 1

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

Edit Exit Data - (1047) Sock'em, Rock'em

Exit Date * 01 / 23 / 2026

Reason for Leaving -Select-

If "Other", Specify

Destination * -Select-

If "Other", Specify

Notes

Save & Continue **Cancel**

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”.