

SHELTERS MODULE

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HOUSING
ALLIANCE
DELAWARE

TRAINING OVERVIEW

This PowerPoint details how to utilize the **Shelters** module for the following project types:

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing (single-site)
- Other Permanent Housing (single-site)

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HOW TO ACCESS SHELTERS

Select **Shelters** in menu bar to access your projects and their Unit/Bed Lists.

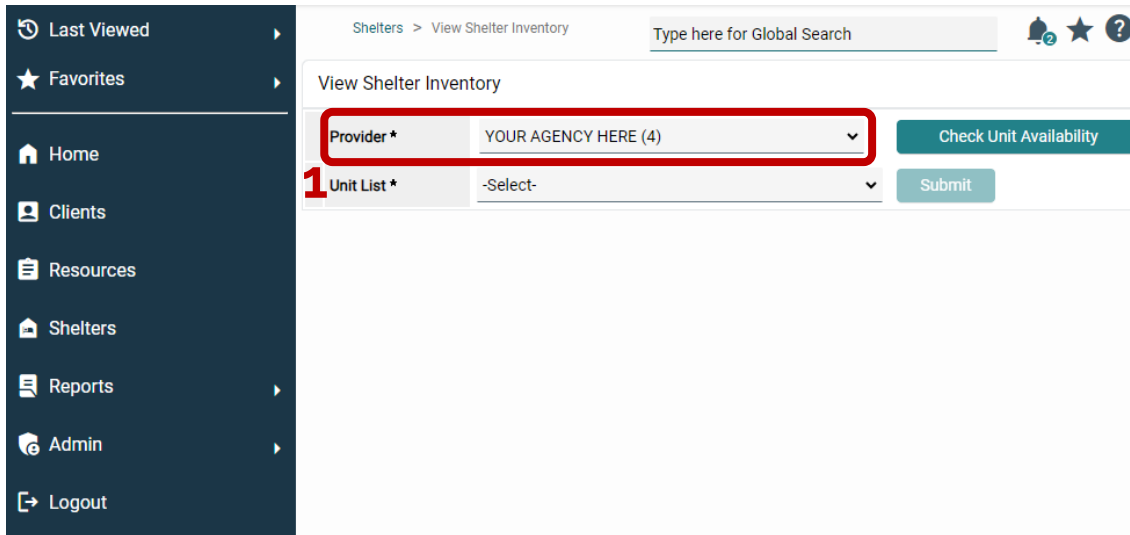
The screenshot displays the application's user interface. On the left is a dark blue sidebar menu with the following items: 'Last Viewed', 'Favorites', 'Home', 'Clients', 'Resources', 'Shelters' (highlighted with a yellow border), 'Reports', 'Admin', and 'Logout'. A 'Collapse' button with a double-left arrow is at the bottom of the sidebar. The main content area on the right shows a breadcrumb 'Home > Home Page Dashboard'. Below this is a 'System News (85)' section with a table of news items. The table has columns for 'Date' and 'Headline'. The news items listed are: '06/08/2023 [HUD EXCHANGE - WEBINAR] Taking...', '06/01/2023 SUMMER UPDATES & REMINDERS', '02/24/2023 [ANNOUNCEMENT] FY23 System Per...', '01/30/2023 [CMIS OFFICE HOURS] MARK YOUR C', '01/12/2023 [REMINDER] 2023 POINT IN TIME COI', and '01/06/2023 Community Services 5.14.13 is now a'. At the bottom of the main area are two links: 'Customize Home Page Dashboard' and 'Legal Notices'.

Date	Headline
06/08/2023	[HUD EXCHANGE - WEBINAR] Taking...
06/01/2023	SUMMER UPDATES & REMINDERS
02/24/2023	[ANNOUNCEMENT] FY23 System Per...
01/30/2023	[CMIS OFFICE HOURS] MARK YOUR C
01/12/2023	[REMINDER] 2023 POINT IN TIME COI
01/06/2023	Community Services 5.14.13 is now a

HOW TO VIEW UNIT LIST

1. Click on the **Provider** drop-down to select the *specific project* you need to access.

2. To view the specific project's Unit List, click **View All**.



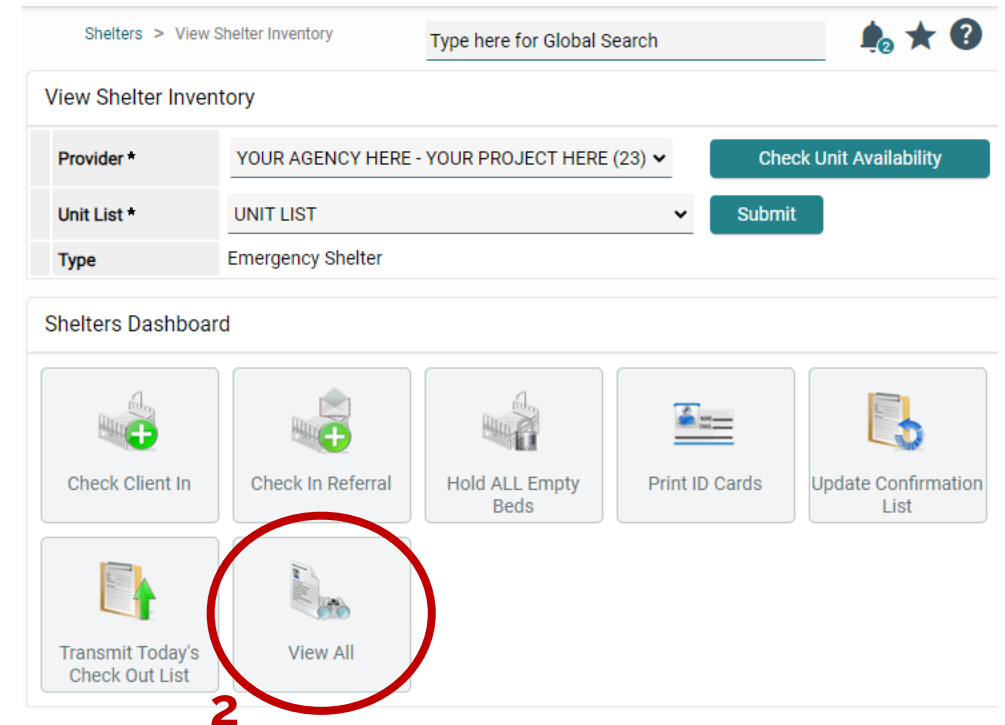
Shelters > View Shelter Inventory

Type here for Global Search

View Shelter Inventory

Provider * YOUR AGENCY HERE (4) Check Unit Availability

1 Unit List * -Select- Submit



Shelters > View Shelter Inventory

Type here for Global Search

View Shelter Inventory

Provider * YOUR AGENCY HERE - YOUR PROJECT HERE (23) Check Unit Availability

Unit List * UNIT LIST 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 Out List View All

2

Shelters > View Shelter Inventory

Type here for Global Search

View Shelter Inventory

Provider * YOUR AGENCY HERE - YOUR PROJECT HERE (23) Check Unit Availability

Unit List * UNIT LIST Submit

Type Emergency Shelter

Shelter Inventory Information

Unit List - UNIT LIST

Display All Beds Sort By Floor Ascending Sort

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
	FEMALE FLOOR	ROOM 1	Bed 1	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 2	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 3		HELD					B
	FEMALE FLOOR	ROOM 1	Bed 4		HELD					
	MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY					
08/03/2023	MALE FLOOR	ROOM 2	Bed 2	A	(4) Gosling, Ryan	08/16/1976	Male		No	
	MALE FLOOR	ROOM 2	Bed 3		HELD					
	MALE FLOOR	ROOM 2	Bed 4	Hold	EMPTY					C
			Overflow (New)		EMPTY					

Print Unit List Hold ALL Empty Units Release ALL HELD Units

SHELTER INVENTORY

- The Unit List identifies all **currently enrolled clients** and their **bed assignments**.
- Each row can show the following information:
 - A.** A checked-in client
 - B.** HELD
 - Either by the provider or Centralized Intake
 - Either there is an incoming client or bed is unavailable
 - C.** EMPTY
 - Signifies that a referral can be sent by Centralized Intake

Q: Does your program receive referrals from Centralized Intake?

NOTE: This slide is hyperlinked



CHECK IN WITH A CI REFERRAL

- Clients referred by Centralized Intake **will have a referral sent directly in CMIS.**
 - Beds are HELD when referrals are made.
- To check in the client(s):** re-open the necessary bed(s).

Shelters > View Shelter Inventory

Type here for Global Search

View Shelter Inventory

Provider * YOUR AGENCY HERE - YOUR PROJECT HERE (23)

Unit List * UNIT LIST

Type Emergency Shelter

Shelter Inventory Information

Unit List - UNIT LIST

Display All Beds Sort By Floor Ascending

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
	FEMALE FLOOR	ROOM 1	Bed 1	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 2	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 3		HELD					
	FEMALE FLOOR	ROOM 1	Bed 4		HELD					
	MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY					
08/03/2023	MALE FLOOR	ROOM 2	Bed 2		(4) Gosling, Ryan	08/16/1976	Male		No	
	MALE FLOOR	ROOM 2	Bed 3		HELD					
	MALE FLOOR	ROOM 2	Bed 4	Hold	EMPTY					
			Overflow (New)		EMPTY					

WHERE TO FIND CI REFERRALS








CI Referrals are found in the **Outstanding Referrals** section below the Unit List.

To check a client in from a Referral, select the **check-in icon**.

[CLICK HERE TO
CONTINUE
WORKFLOW](#)




**OR... NEED TO CANCEL A
REFERRAL?
CLICK HERE**

Unit List - UNIT LIST

					Display	All Beds	Sort By	Floor	Ascending	Sort
Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
	FEMALE FLOOR	ROOM 1	Bed 1	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 2	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 3		HELD					
	FEMALE FLOOR	ROOM 1	Bed 4		HELD					
	MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY					
	08/03/2023	MALE FLOOR	ROOM 2	Bed 2	(4) Gosling, Ryan	08/16/1976	Male		No	
	MALE FLOOR	ROOM 2	Bed 3	Hold	EMPTY					
	MALE FLOOR	ROOM 2	Bed 4	Hold	EMPTY					
			Overflow (New)		EMPTY					
Print Unit List					Hold ALL Empty Units			Release ALL HELD Units		

▼ Outstanding Referrals - YOUR AGENCY HERE - YOUR PROJECT HERE (23) - 1 total

[Check Unit Availability](#)

Referral Date	Name	Ranking	Need Type	Referred By	Date of Birth	Gender	Group ID
 	08/01/2023	(1) Parker, Peter	Emergency Shelter	Centralized Intake of Delaware (464)	10/08/2001		

Showing 1-1 of 1

CHECK IN WITHOUT A CI REFERRAL

Some programs receive client referrals from outside sources and/or accept clients outside of Centralized Intake operating hours.

To begin the check-in process:

1. Check that the bed client will stay in is **EMPTY**.
2. Click on the **check-in icon** on the row of the selected bed.

Shelters > View Shelter Inventory

Type here for Global Search

View Shelter Inventory

Provider * YOUR AGENCY HERE - YOUR PROJECT HERE (23) Check Unit Availability

Unit List * UNIT LIST Submit

Type Emergency Shelter

Shelter Inventory Information

Unit List - UNIT LIST

Display All Beds Sort By Floor Ascending Sort

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
	FEMALE FLOOR	ROOM 1	Bed 1	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 2	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 3		HELD					
	FEMALE FLOOR	ROOM 1	Bed 4		HELD					
	MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY					
	08/03/2023	MALE FLOOR	ROOM 2	Bed 2	(4) Gosling, Ryan	08/16/1976	Male		No	
	MALE FLOOR	ROOM 2	Bed 3		HELD					
	MALE FLOOR	ROOM 2	Bed 4	Hold	EMPTY					
			Overflow (New)		EMPTY					

Print Unit List Hold ALL Empty Units Release ALL HELD Units

Shelters > Client Search

Type here for Global 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 Add Anonymous Client

Client Number

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




Client ID # Submit

CHECK IN WITHOUT A REFERRAL


3. **Search** if the client already has a CMIS profile.

Do a wide search by using only a portion of their first and last names.

In the **Client Results** section, use the **plus icon** next to the client or head of household's name.

Shelters > Client Search Type here for Global Search   

Client Search

 Please Search the System before adding a New Client.

Name	First to	Middle	Last sta	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 Add Anonymous Client

Client Number

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

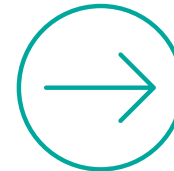
Client ID # Submit

Client Results

ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
  13	Stark, Tony	--2468					1 

Showing 1-1 of 1

OR... If you searched for your client and they do not show under Client Results, you may have to create a new profile for them.







CLICK HERE FOR INSTRUCTIONS

THE **CHECK IN SCREEN** FOR THE CLIENT WILL APPEAR.

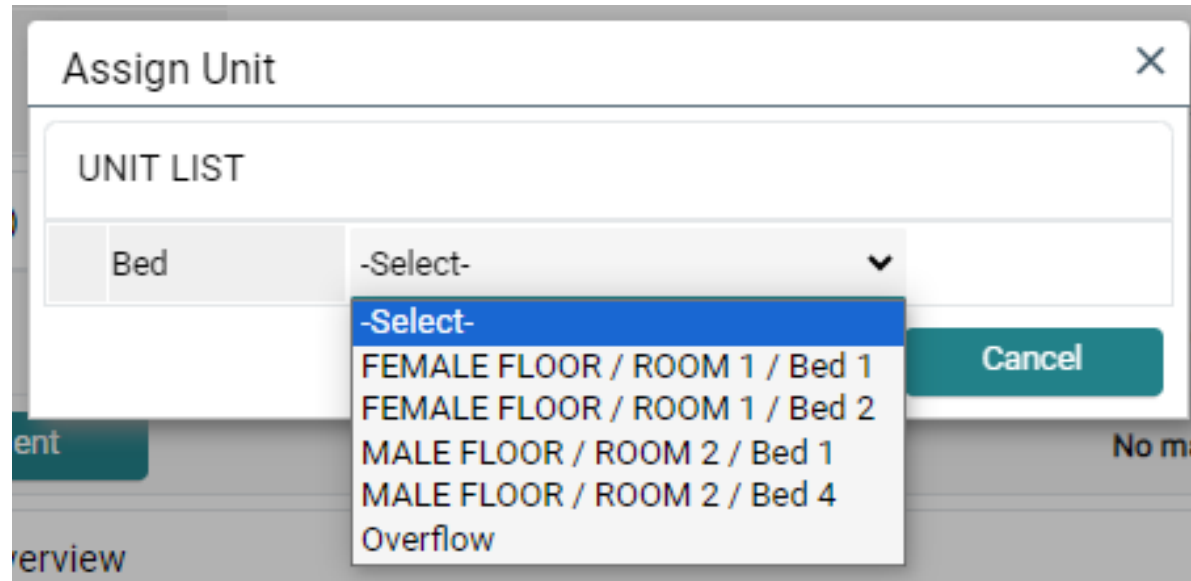
Shelters > Check In

Type here for Global Search

Unit Entry Data - (16) Skywalker, Luke

1	Date In *	07 / 31 / 2023	   5 ▾ : 00 ▾ : 00 ▾ PM ▾	Midnight Check In
	Unit Name / Number	Overflow		2 Assign Unit
	Supplies Given	<input type="text"/>		 Change Clear
	Locker number	<input type="text"/>		
	Codes/Notes	<input type="text"/>		

1. The **Date In** should be changed to reflect the date that the client *physically* moves into your program.
2. The client's **Unit Name/ Number** will say Overflow if client was referred by CI. Select **ASSIGN UNIT** on the right to assign one of the open units/beds to your client.







ASSIGN UNIT

- All un-held beds will appear available for assignment.
- Select the correct unit/bed that the client will stay in.

Shelters > Check In

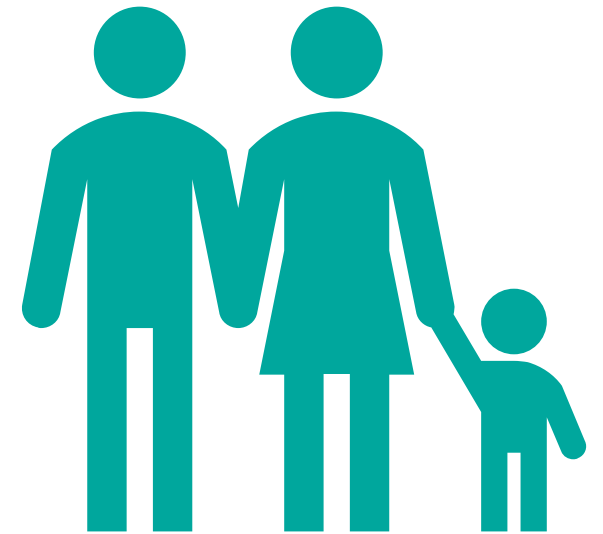
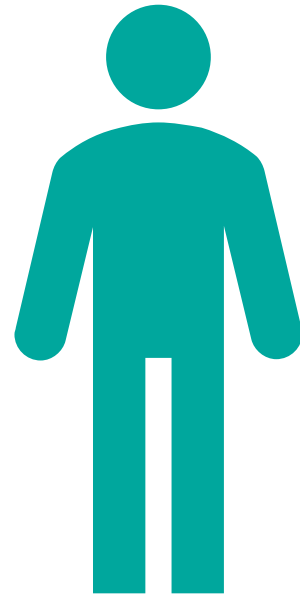
Type here for Global Search

Unit Entry Data - (16) Skywalker, Luke

Date In *	07 / 31 / 2023	   5 : 00 : 00 PM	Midnight Check In
Unit Name / Number	MALE FLOOR / ROOM 2 / Bed 4		Assign Unit
Supplies Given	<input type="text"/>		 Change Clear
Locker number	<input type="text"/>		
Codes/Notes	<input type="text"/>		

The Unit Name / Number should match the unit/bed assigned to the client.
This can be changed throughout a project stay.

Q: Is your client a
Single Individual
or a part of a
Household?



HOUSEHOLDS OVERVIEW

- If checking in a household, expand the **Households Overview** section by clicking on the arrow.
- Check that all household members who are being enrolled into the project are found under the *same household*.
 - If not, select **Manage Household**.

▶ Households Overview

▼ Households Overview

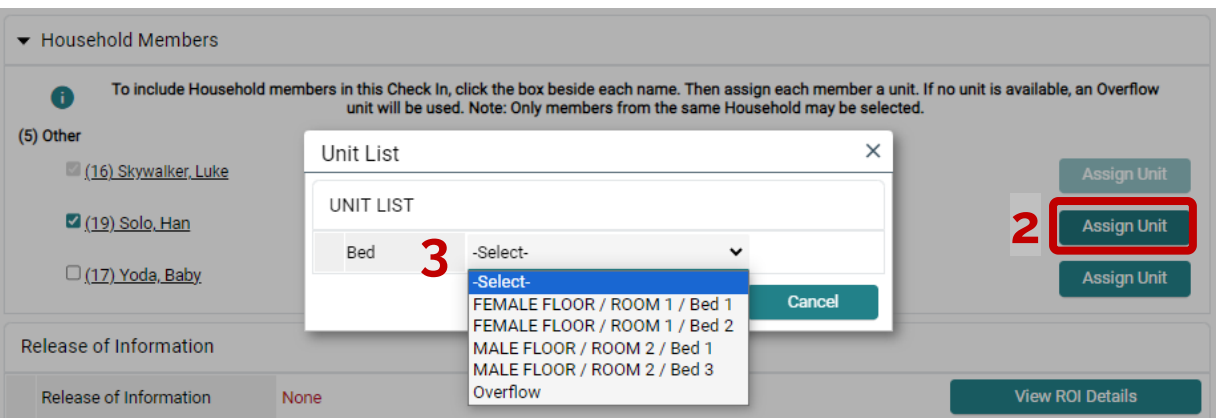
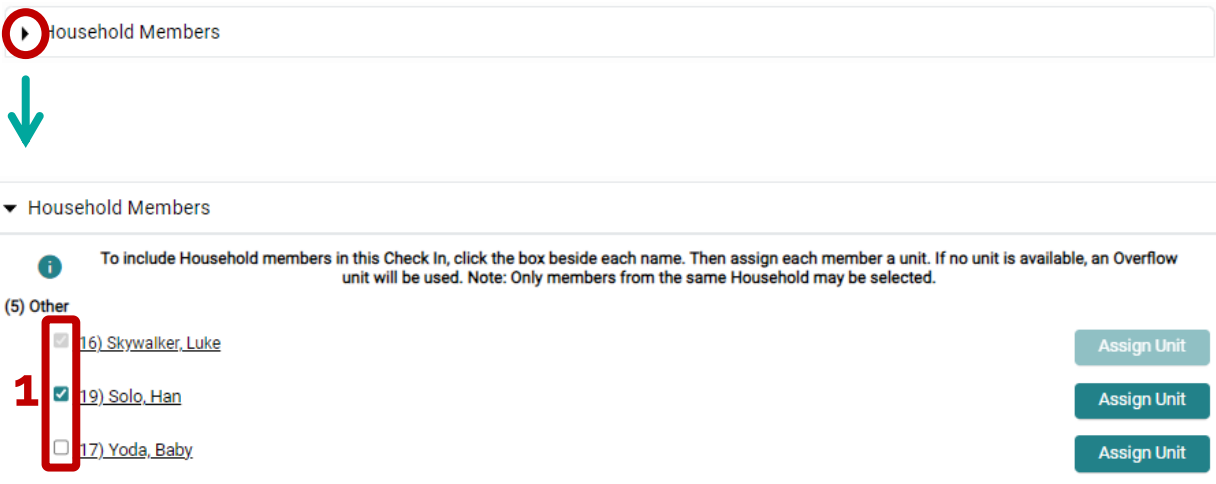
▼ (5) Non-custodial Caregiver(s)

Name	Age	Head of Household	Relationship to Head of Household	Joined Household	Previous Associations	Household Count
(16) Skywalker, Luke		Yes	Self	08/04/2023	0 🔍	1 🔍
(17) Yoda, Baby		No	other non-relative	08/04/2023	0 🔍	1 🔍

Manage Household

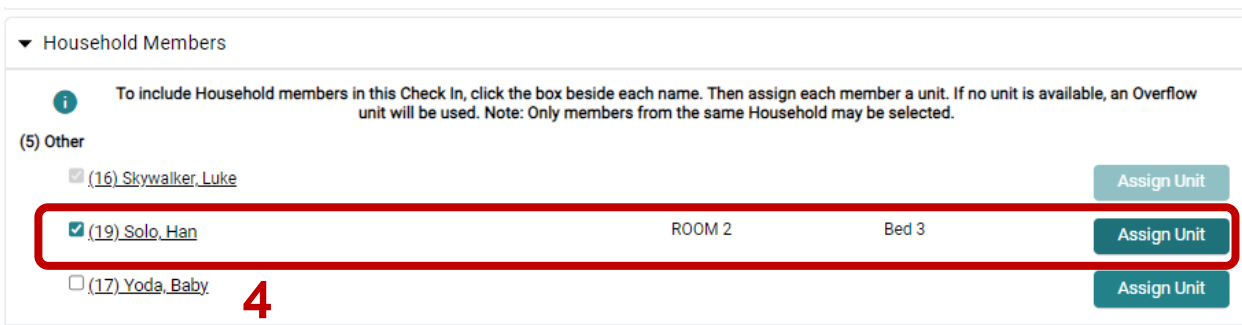
**CLICK HERE IF YOU NEED TO
MANAGE THE HOUSEHOLD**

OR... proceed to next slide



HOUSEHOLD MEMBERS

1. After expanding the **Household Members** list, select other clients that will be enrolled.
 - If referred by Centralized Intake, all names will be checked off already.
2. For clients to appear on the Unit List, click on **Assign Unit**.
3. Use the drop-down to select the client's bed from available (Empty) beds.
4. Every household member needs to be checked off *and* have an assigned unit.



Release of Information

Release of Information

None

View ROI Details

Release Of Information

Release Of Information

Provider

Permission

Start Date

End Date

Add Release of Information

No matches.

Exit

RELEASE OF INFORMATION

- A Release of Information form must be signed by the client during their intake process.
- New Releases of Information must be added to CMIS every time client is enrolled into a project.

RELEASE OF INFORMATION

TWO ROIs MUST BE ADDED.

1. **Household Members:** If applicable, select all clients that the Release of Information applies to.
2. **Provider:** "Search" to add a second ROI (see next slide).
 - **Parent Provider project:** YOUR AGENCY HERE
 - **Specific project client is served by:** YOUR AGENCY HERE – YOUR PROJECT HERE
3. **Release Granted:** Y/N of if the client gave consent for their data to be shared in CMIS.
4. **Start Date:** date of enrollment.
5. **End Date:** three years after the Start Date, *unless stated otherwise in documentation.*
6. **Documentation:** **Signed Statement from Client.**
7. **Witness:** name or initials of intake person.

Release of Information

Release of Information - (23) Albertson, Alfred

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.

1 ☐ (6) Two Parent Family

☒ (23) Albertson, Alfred




☐ (25) Albertson, Alaina




☐ (24) Brumley, Betsy

Release of Information Data

2 **Provider *** YOUR AGENCY HERE (4) **Search** **My Provider** **Clear**

3 **Release Granted *** -Select- ▼

4 **Start Date *** 08 / 17 / 2023   

5 **End Date *** / /   

6 **Documentation** -Select- ▼

7 **Witness**

Save Release of Information **Cancel**

After clicking "Search" for the Provider...

- 1. In the **Provider Search Results**, use the plus button to select which specific project the client is being served by.
- 2. Any Selected projects from step 1 will appear in the **Provider Search Selected Results** with the Parent Provider, which is included by default.
- 3. **Exit** once all projects are Selected.
On the main ROI page, you will see that an ROI will be made for both projects.

Provider Search

Search for Providers by using keywords from the Provider Name or Description.

Search

Show Advanced Options

Search

Clear

Provider Number

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
<div><div>+</div><div>+</div></div> YOUR AGENCY HERE - YOUR PROJECT HERE (23)	Level 4	302-856-2246	Georgetown, DE 19947	08/16/2023

Showing 1-1 of 1

Provider Search Selected 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 ID	Name	Level	Phone	Location	Last Updated
<div><div>-</div><div>+</div></div> 4	YOUR AGENCY HERE	Level 3	302-856-7524	Georgetown, DE 19947	08/16/2023

Showing 1-1 of 1

Clear Selected

Exit

1

Provider Search

Search for Providers by using keywords from the Provider Name or Description.

Search

Show Advanced Options

Search

Clear

Provider Number

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
----------	-------	-------	----------	--------------

No matches.

Provider Search Selected 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 ID	Name	Level	Phone	Location	Last Updated
<div><div>-</div><div>+</div></div> 4	YOUR AGENCY HERE	Level 3	302-856-7524	Georgetown, DE 19947	08/16/2023
<div><div>-</div><div>+</div></div> 23	YOUR AGENCY HERE - YOUR PROJECT HERE	Level 4	302-856-2246	Georgetown, DE 19947	08/16/2023

Showing 1-2 of 2

Clear Selected

Exit

2

Release of Information

Release of Information - (23) Albertson, Alfred

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.

☐ (6) Two Parent Family

☒ (23) Albertson, Alfred

☐ (25) Albertson, Alaina

☐ (24) Brumley, Betsy

Release of Information Data

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

Provider *

☒ YOUR AGENCY HERE (4)

☒ YOUR AGENCY HERE - YOUR PROJECT HERE (23)

Search

Release Granted *

-Select-

Start Date *

08 / 17 / 2023

End Date *

/ /

Documentation

-Select-

Witness

Save Release of Information

Cancel

3

21

ENTRY DATA

Release of Information

Release of Information

Ends 07/31/2026

[View ROI Details](#)

Entry Data

1

Provider *


YOUR AGENCY HERE - YOUR PROJECT HERE (23) ▼

2

Type *

HUD ▼

HUD CoC & ESG Entry SO ES SH (2020-2021) - CoC

Date: 07/31/2023 05:00:00 PM 

1. PROVIDER

Select the specific project that the client(s) will be checked into.

• If your parent provider project is selected, change to the current project. This is typically due to poor internet connection.

2. (ENTRY) TYPE















Select **HUD** unless otherwise specified for your project (VA, RHY, PATH).

ENTRY ASSESSMENT

- Each assessment must be answered (if blank) or checked for accuracy/updated (if filled) for **every** client enrollment.

Entry Data	
Provider *	YOUR AGENCY HERE - YOUR PROJECT HERE (23) ▼
Type *	HUD ▼




HUD CoC & ESG Entry SO ES SH (2020-2021) - CoC Date: 08/17/2023 11:44:53 AM 🔒

Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>   
Date of Birth Data Quality	-Select- ▼ 
Primary Race	-Select- ▼ 
Secondary Race	-Select- ▼ 
Ethnicity	-Select- ▼ 
Gender	<div><div>Female</div><div>Male</div><div>A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)</div><div>Transgender</div><div>Questioning</div><div>Client doesn't know</div><div>Client refused</div><div>Data not collected</div></div> 
<div>Clear All</div>	
Relationship to Head of Household *	 Self (head of household) ▼ 
Client Location *	 DE-500 ▼ 
County *	 Kent ▼ 

ENTRY ASSESSMENT: PRIOR LIVING SITUATION

GUIDING QUESTION: Where did client sleep *the night before intake?*

- All five fields need updating for *each* project enrollment
- If client was not literally homeless (place not meant for habitation, in emergency shelter) prior to enrollment, Approximate date homelessness started **matches enrollment Start Date.**
- Used to calculate a client's chronic homelessness (CH) status

Prior Living Situation	Place not meant for habitation (HUD) ▼ G
Length of Stay in Previous Place	-Select- ▼ G
Approximate date homelessness started:	___ / ___ / ___    G
Regardless of where they stayed last night - number of times the client has been on the streets or in ES in the past three years, including today	-Select- ▼ G
Total number of months homeless on the street or ES in the past three years	-Select- ▼ G

For client's *current, continuous* episode of literal homelessness

1

Income from Any Source

-Select-

G

A

Monthly Income

HUD Verification

Monthly Amount

Source of Income

Start Date *

End Date

Add

View Gross Income

3

Total Monthly Income

G

Non-cash benefit from any source

-Select-

G

B

Non-Cash Benefits

HUD Verification

Source of Non-Cash Benefit

Start Date *

End Date

Amount of Non-Cash Benefit

Add

Covered by Health Insurance

-Select-

G

C

Health Insurance

HUD Verification

Start Date *

Health Insurance Type

Covered?

End Date

Add

Does the client have a disabling condition?

-Select-

G

D

Disabilities

HUD Verification

Disability Type

Add

ENTRY ASSESSMENT: TWO-STEP DATA ELEMENTS

Important sections:

- A. **Income**
 - Also need to type in Total Monthly Income
- B. **Non-cash benefits**
- C. **Health Insurance**
- D. **Disabilities**

Two-Step Process

1. Select if **Yes/No**
2. Match with **HUD Verification**
 - If 'Yes' is selected for anything, type in additional data such as amount
 - The **red triangle** will change to a **check mark** when completed


ENTRY ASSESSMENT: HUD VERIFICATION

This table needs to match the previous Yes/No question.

NOTES:

- Selecting **"No" from above auto-fills** all unanswered rows
- If any field applies to the client, **manually change answer to "Yes"**
 - For income, a pop-up window will ask for additional data (e.g. amount, notes, start date)

HUD Verification: Monthly Income for 08/10/2023

 Per Source of Income, the current records for Monthly Income as of 08/10/2023 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 08/10/2023, 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"/>
Earned Income (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"/>
VA Non-Service Connected Disability Pension (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"/>
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"/>
Worker's Compensation (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"/>
VA Service Connected Disability Compensation (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"/>
Other (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"/>

Save

Save & Exit







Exit

ENTRY ASSESSMENT: YES TO ANY **INCOME**

1. Type in **Monthly Amount**
 - A. Feel free to include any **Additional Comments** for better tracking
 - B. The **Start Date** is set to match the Project Start Date. For more accurate tracking, this date can be changed to when client started receiving income source.

Add Recordset ×

Monthly Income

1	Monthly Amount	<input type="text"/>	G
	Source of Income	SSI (HUD)	
	If Other, Please Specify	<input type="text"/>	G
	Receiving Income Source?	Yes	
A	Additional Comment	<input type="text"/>	G
B	Start Date *	08 / 10 / 2023	   G
	End Date	<input type="text"/>	   G

When client no longer receives this income source, **add an End Date** instead of deleting the entire record.

End Date should be the **day before** the next update.

UPDATING SUB-ASSESSMENT

Income from Any Source -Select- G

Monthly Income 1 HUD Verification ✓

Monthly Amount	Source of Income	Start Date *	End Date
	Child Support (HUD)	07/31/2023	
	Retirement Income From Social Security (HUD)	07/31/2023	
	Other (HUD)	07/31/2023	
	VA Service Connected Disability Compensation (HUD)	07/31/2023	
	TANF (HUD)	07/31/2023	

Add View Gross Income Showing 1-5 of 14 First Previous Next Last

Total Monthly Income G

HUD Verification: Monthly Income for 07/31/2023

Per Source of Income, the current records for Monthly Income as of 07/31/2023 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 07/31/2023, 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Earned Income (HUD)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

- If there is previous information saved, click on **HUD Verification** to update any sub-assessment.
 - Applies to Income, Non-cash benefits, Insurance, Disability
- Ensure this reflects the client's information *upon entry*. **To make changes, click on the pencil icon** for any applicable line item.
- Add an End Date**
 - If no specific end date was provided, use *day prior to entry*.
 - This will close out the previous entry record, which is important before adding any new entry.

Edit Recordset - (16) Skywalker, Luke

Monthly Income

Monthly Amount	<input type="text" value="800"/> G
Source of Income	<input type="text" value="Earned Income (HUD)"/>
If Other, Please Specify	<input type="text"/> G
Receiving Income Source?	<input checked="" type="radio"/> Yes G
Additional Comment	<input type="text"/> G
Start Date *	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2023"/> G
3 End Date	<input type="text"/> / <input type="text"/> / <input type="text"/> G

Print Recordset Save Cancel

4

HUD Verification: Monthly Income for 07/31/2023

Per Source of Income, the current records for Monthly Income as of 07/31/2023 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 07/31/2023, 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Edit Recordset - (16) Skywalker, Luke

Monthly Income

Monthly Amount

Source of Income

Earned Income (HUD)

If Other, Please Specify

Receiving Income Source?

No

Additional Comment

Start Date *

07 / 31 / 2023

End Date

Print Recordset

Save

Cancel

4. A line item should now be **Incomplete** after closing out a previous entry record.

- Now, select the applicable answer.

5. If **Yes** is selected, add the **new Monthly Amount** and **new Start Date**.

- Click Save, and Exit the HUD Verification window.

6. A new entry will be reflected on the table.

- If the income amount has changed, remember to **update other Income-related questions**.

Income from Any Source -Select-

Monthly Income HUD Verification

Monthly Amount	Source of Income	Start Date *	End Date
	Earned Income (HUD)	07/31/2023	
	Child Support (HUD)	07/31/2023	
	Retirement Income From Social Security (HUD)	07/31/2023	
	Other (HUD)	07/31/2023	
	VA Service Connected Disability Compensation (HUD)	07/31/2023	











Showing 1-5 of 15

Total Monthly Income

6

Monthly Income

HUD Verification

Monthly Amount	Source of Income	Start Date *	End Date
 	Earned Income (HUD)	07/31/2023	
 	Child Support (HUD)	07/31/2023	
 	Retirement Income From Social Security (HUD)	07/31/2023	
 	Other (HUD)	07/31/2023	
 	VA Service Connected Disability Compensation (HUD)	07/31/2023	

Add
View Gross Income
Showing 1-5 of 15
First
Previous
Next
Last

Total Monthly Income

Non-cash benefit from any source

-Select-

Non-Cash Benefits




HUD Verification

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

COMPLETED HUD VERIFICATION

The icon beside HUD Verification should now be a **check mark**.

Ensure that all HUD Verifications have been completed and match the corresponding assessment question.








Relationship to Head of Household *	Self (head of household) ▼ G
Client Location *	DE-500 ▼ G
County *	Wilmington ▼ G
Housing Move-in Date	<input type="text"/> / <input type="text"/> / <input type="text"/>    G
Prior Living Situation	Place not meant for habitation (HUD) ▼ G
Length of Stay in Previous Place	One week or more, but less than one month ▼ G

HOUSING MOVE-IN DATE – ENTRY

- Can only be added to entry assessments for clients housed at intake (Single Site PSH/OPH).
 - This means that client's **project start date** = **when they moved** into the PSH/OPH unit.
- Must be added for each member of the household.

CHECK IN

HOUSEHOLD MEMBERS

Shelter Inventory Information											
Unit List - UNIT LIST											
<div> Display All Beds Sort By Floor Ascending Sort </div>											
Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes	
	FEMALE FLOOR	ROOM 1	Bed 1	Hold	EMPTY						
	FEMALE FLOOR	ROOM 1	Bed 2	Hold	EMPTY						
	FEMALE FLOOR	ROOM 1	Bed 3		HELD						
	FEMALE FLOOR	ROOM 1	Bed 4		HELD						
	MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY						
 07/30/2023	MALE FLOOR	ROOM 2	Bed 2		(4) Gosling, Ryan	08/16/1976	Male		No		
 07/31/2023	MALE FLOOR	ROOM 2	Bed 3		(19) Solo, Han			15	No		
 07/31/2023	MALE FLOOR	ROOM 2	Bed 4		(16) Skywalker, Luke	08/19/1964	Male	15	No		
			Overflow (New)		EMPTY						

- How to know if check in was successful:
 - Your client(s) will now be on the Unit List.
- **REMINDERS FOR HOUSEHOLDS:**
 - All household members should have a matching **Group ID**. If someone is missing a Group ID, the clients were not enrolled as a household.
 - Only the Head of Household's Entry Assessment has been completed.
 - Click on the other household members' names to complete their **Entry Assessment**.

INTERIMS

- Necessary any time there is a change/update to a client's:
 - Income
 - Non-cash benefits
 - Health insurance
 - Disabling condition
 - Domestic Violence history
 - Housing Move-In Date, or
 - After 365+ days of program enrollment (*required*)
- Steps to add interim:
 - Click on the client's name
 - Click the **Entry/Exit** tab

Shelter Inventory Information

Unit List - UNIT LIST

Display All Beds ▼ Sort By Floor ▼ Ascending ▼ Sort

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
	FEMALE FLOOR	ROOM 1	Bed 1	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 2	Hold	EMPTY					
	FEMALE FLOOR	ROOM 1	Bed 3		HELD					
	FEMALE FLOOR	ROOM 1	Bed 4		HELD					
	MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY					
07/30/2023	MALE FLOOR	ROOM 2	Bed 2		(4) Gosling, Ryan	08/16/1976	Male		No	
07/31/2023	MALE FLOOR	ROOM 2	Bed 3		(19) Solo, Han			15	No	
07/31/2023	MALE FLOOR	ROOM 2	Bed 4		(16) Skywalker, Luke	08/19/1964	Male	15	No	
			Overflow (New)		EMPTY					

Print Unit List Hold ALL Empty Units Release ALL HELD Units

Unit Stay Entry Data

Stay Data	Entry / Exit	Release of Information	Service Transactions
Unit Entry Data - (4) Gosling, Ryan			

Unit Stay Entry Data

Stay Data

Entry / Exit

Release of Information

Service Transactions

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

Entry / Exit

Program	Type	Project Start Date	Exit Date	Interims	Follow Client Ups	Count
<div><div></div><div>YOUR AGENCY HERE - YOUR PROJECT HERE (23)</div></div>	HUD	<div><div></div><div>07/30/2023</div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>

Add Entry / Exit

Showing 1-1 of 1

Delete This Shelter Stay

Jump to Profile

Save

Save & Exit

Exit

HOW TO ADD AN INTERIM

Select the **Interims** icon on the row that corresponds with your project Entry.

Interim Reviews

Interim Reviews Associated with this Entry / Exit

Review Date Review Type

Client Count

Add Interim Review

No matches.

Add Interim Review - (4) Gosling, Ryan

Interim Review Data

Entry / Exit Provider YOUR AGENCY HERE - YOUR PROJECT HERE (23)

Entry / Exit Type HUD

Interim Review Type ★ -Select- ▼

Review Date ★ 08 / 04 / 2023 1 : 40 : 14 PM

Save & Continue

Cancel

INTERIM TYPES

- Select a type:
 - **UPDATE** – For general changes to a profile.
 - **ANNUAL ASSESSMENT** – After client stays in a project for a calendar year.
 - Can be added 30 days before or after their project entry anniversary.
- Select **Review Date** – Use either of the following:
 - Exact date when change occurred, or
 - Date when client provided new information.
- Click Save & Continue.

UPDATING AN INTERIM ASSESSMENT

- An interim is a shortened version of an entry assessment.
- Make the necessary changes/updates for each client.
 - Use the **Household Members** list to navigate between clients.
- Click Save & Continue.

[CLICK HERE TO REVIEW HOW TO UPDATE SUB-ASSESSMENTS](#)

Entry / Exit Interim Review



Interim Review Data

Entry / Exit Provider	YOUR AGENCY HERE - YOUR PROJECT HERE (23)
Entry / Exit Type	HUD
Interim Review Type	Update
Review Date	08/04/2023 11:50:06 AM

Interim Review Assessment

Household Members

(16) Skywalker, Luke

✓ Age: 58

Veteran: No (HUD)

(19) Solo, Han

✓ Age: 70

Veteran: Yes (HUD)

HUD CoC & ESG Update (2021)

Interim Review Date: 08/04/2023 11:50:06 AM

Client Location *

DE-500

G

Housing Move-in Date

/ /

📅 ⌛ 📅 G

Income from Any Source

-Select-

G

Monthly Income

HUD Verification ✓

Monthly Amount	Source of Income	Start Date *	End Date
✎ 🗑	Earned Income (HUD)	07/31/2023	
✎ 🗑	Child Support (HUD)	07/31/2023	
✎ 🗑	Retirement Income From Social Security (HUD)	07/31/2023	
✎ 🗑	Other (HUD)	07/31/2023	
✎ 🗑	VA Service Connected Disability Compensation (HUD)	07/31/2023	

Add

View Gross Income

Showing 1-5 of 15

First

Previous

Next

Last

Total Monthly Income

G

Non-cash benefit from any

Interim Review Assessment

Household Members

- (16) Skywalker, Luke
✓ Age: 58
Veteran: No (HUD)
- (19) Solo, Han
✓ Age: 70
Veteran: Yes (HUD)

HUD CoC & ESG Update (2021)

Interim Review Date: 08/04/2023 11:50:06 AM

Client Location *	DE-500
Housing Move-in Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Income from Any Source	-Select-

HOUSING MOVE-IN DATE - INTERIMS


- Applicable to clients who were housed **after their intake date**.
- This must be added for **all** household members.
 - Use the **Household Members** list to navigate between clients.

INTERIMS

Interim Reviews

Interim Reviews Associated with this Entry / Exit

Review Date	Review Type	Client Count
08/04/2023	Update	2



Add Interim Review

Showing 1-1 of 1


Unit Stay Entry Data

Stay Data

Entry / Exit

Release of Information

Service Transactions

 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
YOUR AGENCY HERE - YOUR PROJECT HERE (23)	HUD	07/30/2023		1		2

Add Entry / Exit

Showing 1-1 of 1

Delete This Shelter Stay

Jump to Profile

Save

Save & Exit

Exit

- To review or edit and Interim, click on the **pencil icon**.
- All saved Interims will be visible on the Entry/Exit tab.

CHECK OUT

- When clients exit your program, they must be checked out through the Shelters module.
 - This will also create a Project Exit.
- To begin this process:
 - Locate the head of household's name on the Unit List.
 - Click on the **check out icon**.

Shelters > View Shelter Inventory

Type here for Global Search

View Shelter Inventory

Provider * YOUR AGENCY HERE - YOUR PROJECT HERE (23) Check Unit Availability








Unit List * UNIT LIST Submit

Type Emergency Shelter

Shelter Inventory Information

Unit List - UNIT LIST

Display All Beds Sort By Floor Ascending Sort

	Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
		FEMALE FLOOR	ROOM 1	Bed 1	Hold	EMPTY					
		FEMALE FLOOR	ROOM 1	Bed 2	Hold	EMPTY					
		FEMALE FLOOR	ROOM 1	Bed 3		HELD					
		FEMALE FLOOR	ROOM 1	Bed 4		HELD					
		MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY					
	08/03/2023	MALE FLOOR	ROOM 2	Bed 2		(4) Gosling, Ryan	08/16/1976	Male		No	
	07/31/2023	MALE FLOOR	ROOM 2	Bed 3		(16) Skywalker, Luke	08/19/1964	Male	22	No	
	07/31/2023	MALE FLOOR	ROOM 2	Bed 4		(19) Solo, Han	06/12/1953	Male	22	No	
				Overflow (New)		EMPTY					

Print Unit List Hold ALL Empty Units Release ALL HELD Units

CHECK OUT – EXIT DATA

1. Date Out




- When client(s) ***physically*** left the program.

2. Reason for Leaving






- Applicable reason that explains why client(s) left.

3. Destination

- Where client(s) are staying after leaving your program.
- To avoid errors, refrain using:
 - Other
 - No exit interview completed
 - Client Refused
 - Client Doesn't Know
 - Data Not Collected

Shelters > Check Out   

Unit Exit Data - (16) Skywalker, Luke

1	Date Out *	08 / 04 / 2023    1 : 54 : 08 PM
	Unit Name / Number	Bed 4
	Supplies Returned	<input checked="" type="radio"/> Yes <input type="radio"/> No
2	Reason For Leaving *	-Select- 
3	Destination *	-Select- 

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.

☐ (5) Other



(16) Skywalker, Luke (Date In: 07/31/2023 5:00:00 PM) (Primary Client)



(19) Solo, Han (Date In: 07/31/2023 5:00:00 PM)

CHECK OUT – HOUSEHOLD MEMBERS

- Select all household members leaving the program together.
- If a client is not checked off, their project entry will continue to be open.
 - If this step is skipped, it can cause data quality and data timeliness errors.

EXIT ASSESSMENT

- If needed, make the necessary changes in the following sub-assessments:
 - Income
 - Non-cash benefits
 - Health Insurance
 - Disabling Conditions
- Additional exit assessment questions may appear for certain project types.
- If data is current, scroll down and **Save & Continue**.

[CLICK HERE TO REVIEW HOW TO UPDATE SUB-ASSESSMENTS](#)

HUD CoC & ESG Exit (2021)











Date: 08/04/2023 01:54:08 PM

Income from Any Source

-Select-

Monthly Income

HUD Verification

Monthly Amount	Source of Income	Start Date *	End Date
 	Earned Income (HUD)	07/31/2023	
 	Child Support (HUD)	07/31/2023	
 	Retirement Income From Social Security (HUD)	07/31/2023	
 	Other (HUD)	07/31/2023	
 	VA Service Connected Disability Compensation (HUD)	07/31/2023	

Add

View Gross Income

Showing 1-5 of 15

First

Previous

Next

Last

Total Monthly Income

Non-cash benefit from any source

-Select-

Shelter Inventory Information

Unit List - UNIT LIST

Display All Beds Sort By Floor Ascending Sort

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
07/30/2023	FEMALE FLOOR	ROOM 1	Bed 1		(4) Gosling, Ryan	08/16/1976	Male	14	No	
08/02/2023	FEMALE FLOOR	ROOM 1	Bed 2		(5) Mendes, Eva			14	No	
	FEMALE FLOOR	ROOM 1	Bed 3	HELD						
	FEMALE FLOOR	ROOM 1	Bed 4	HELD						
	MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY					
	MALE FLOOR	ROOM 2	Bed 2	Hold	EMPTY					
	MALE FLOOR	ROOM 2	Bed 3	Hold	EMPTY					
	MALE FLOOR	ROOM 2	Bed 4	Hold	EMPTY					
		Overflow (New)			EMPTY					

Print Unit List Hold ALL Empty Units Release ALL HELD Units



Shelter Inventory Information

Unit List - UNIT LIST

Display All Beds Sort By Floor Ascending Sort

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
07/30/2023	FEMALE FLOOR	ROOM 1	Bed 1		(4) Gosling, Ryan	08/16/1976	Male	14	No	
08/02/2023	FEMALE FLOOR	ROOM 1	Bed 2		(5) Mendes, Eva			14	No	
	FEMALE FLOOR	ROOM 1	Bed 3	HELD						
	FEMALE FLOOR	ROOM 1	Bed 4	HELD						
	MALE FLOOR	ROOM 2	Bed 1	Hold	EMPTY					
	MALE FLOOR	ROOM 2	Bed 2	Hold	EMPTY					
	MALE FLOOR	ROOM 2	Bed 3	HELD						
	MALE FLOOR	ROOM 2	Bed 4	HELD						
		Overflow (New)			EMPTY					

Print Unit List Hold ALL Empty Units Release ALL HELD Units

UNIT LIST (POST-CHECK OUT)

- After clients are checked out, beds will now be **EMPTY**.
- For shelters that receive CI referrals:
 - Hold empty beds until they are ready for a new client.

THANK YOU!



This concludes the Shelters module Training PowerPoint.

For any questions or technical assistance, please contact HAD's CMIS Support Desk at cmis.support@housingalliancede.org.



HOUSING
ALLIANCE
DELAWARE

APPENDICES

CREATE A NEW CLIENT PROFILE

- If your client does not appear in the Client Results after a preliminary search:
 - Complete the Name, Social Security Number, and Veteran Status fields.
 - Then, click **Add New Client With This Information**.

Shelters > Client Search

Type here for Global Search

Client Search

Please Search the System before adding a New Client.

1

Name	First	Middle	Last	Suffix
	Luke		Skywalker	
Name Data Quality	Full Name Reported			
Alias				
Social Security Number	111	11	1111	
Social Security Number Data Quality	Full SSN Reported (HUD)			
U.S. Military Veteran?	No (HUD)			
Exact Match	<input type="checkbox"/>			

2

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

Client Number

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

Client ID # Submit

Client Results

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

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).

Would you like to:



Add Client ONLY



Add Client and Add NEW
Household



Add Client and SEARCH
Households

Cancel

ADD NEW CLIENT INFORMATION

If the following window appears, click "**Add Client ONLY**" to proceed.

- A profile has been created for your client and is available under **Client Results**.
- Click the **plus icon** button next to select client and begin Check-in process.

[Click here to continue workflow.](#)

Clients > Client Search
Type here for Global Search

Client Search

Please Search the System before adding a New Client.

Name	First	Middle	Last	Suffix
	lu		sk	
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
Add Anonymous Client

Client Number

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

Client ID #
Submit

Client Results

ID	Name ▲	Social Security Number	Date of Birth	Alias	Gender Banned	Household Count
16	Skywalker, Luke	111-11-1111	08/19/1964			1

Showing 1-1 of 1

Households Overview

▼ (5) Non-custodial Caregiver(s)

Name

(16) Skywalker, Luke

(17) Yoda, Baby

1 Manage Household

Household Information - (5) Non-custodial Caregiver(s)

(5) Non-custodial Caregiver(s)

2 Household Type * Non-custodial Caregiver(s)

Income USS\$0.00 monthly (USS\$0.00 annual) 🔍

Client Count 2

Household Members

Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count
(16) Skywalker, Luke		Yes	Self	08 / 04 / 2023	0	1
(17) Yoda, Baby		No	other non-relative	08 / 04 / 2023	0	1

3 Add/Delete Household Members

Household History Report

MANAGE HOUSEHOLD

1. Click **Manage Household** to add missing clients to a household.
2. If necessary, adjust **Household Type**.
3. Click **Add/Delete Household Members**.

NOTE:


When managing a household, ***do not delete*** clients – even if they are not being enrolled into a project.


Add/Delete Household Members

Household Members

Name
(16) Skywalker, Luke
(17) Yoda, Baby

▼ Previous Household Members

1  Add Clients to the Household

2  Add Clients to the Household

Client Search

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

Name	First	Middle	Last	Suffix
Name Data Quality	-Select-		Skywalker	
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](#) [Add Anonymous Client](#)

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
No matches.						

[Continue](#) [Cancel](#)

ADD CLIENTS TO THE HOUSEHOLD

1. Click on arrow next to **Add Clients to the Household** to expand the window.
2. Use **Client Search** to see if client already has a profile in the system. Search by Name.

ADD CLIENTS TO THE HOUSEHOLD

Possible scenarios after searching for a client:

- A. Client already **has** a profile
 - Click the plus icon button to add them to "Selected Clients"
- B. Client **does not have** a profile
 - See next slide

▼ Add Clients to the Household

Client Search

Please Search the System before adding a New Client.

Hide Advanced Search

Name	First le	Middle	Last org	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

Add Anonymous Client

Client Number

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

Client ID #

Submit

Client Results

ID	Name	Social Security Number	Date of Birth	Alias	Gender Banned	Household Count
+ 18	Organa, Leia					0

Showing 1-1 of 1

Selected Clients

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

Continue

Cancel

▼ Add Clients to the Household

Client Search

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

1

Name	First Han	Middle	Last Solo	Suffix
Name Data Quality	Full Name Reported			
Alias				
Social Security Number	222	22	2222	
Social Security Number Data Quality	Full SSN Reported (HUD)			
U.S. Military Veteran?	Yes (HUD)			
Exact Match	<input type="checkbox"/>			

2

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

Client Number

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

Client ID # [Submit](#)

Client Results

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

3

Selected Clients

ID	Name	Social Security Number	Date of Birth	Alias	Gender Banned	Household Count
19	Solo, Han	222-22-2222				0

Showing 1-1 of 1

[Continue](#) [Cancel](#)

ADD CLIENTS TO THE HOUSEHOLD

If your client does not appear in the Client Results:

1. Complete the Name, Social Security Number, and Veteran Status fields.
2. Then, click **Add New Client With This Information**.
 - You will be asked to confirm that you searched for the client prior to creating a new profile.
3. The new client will now be under "Selected Clients".

MANAGE HOUSEHOLD (CONTINUED)

- Select the correct **Relationship to Head of Household** for the newly-added household members.

NOTE:

When managing a household, **do not delete** clients – even if they are not being enrolled into a project.

Household Members									
Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count			
<div><div></div><div>(16) Skywalker, Luke</div></div>		Yes	Self	08 / 04 / 2023	<div><div></div><div></div><div>0</div></div>	1			
<div><div></div><div>(19) Solo, Han</div></div>		No	-Select-	08 / 04 / 2023	<div><div></div><div></div><div>0</div></div>	1			
<div><div></div><div>(17) Yoda, Baby</div></div>		No	other non-relative	08 / 04 / 2023	<div><div></div><div></div><div>0</div></div>	1			
Add/Delete Household Members							Household History Report		



**CLICK HERE TO
CONTINUE WORKFLOW**

CANCEL OR DECLINE A REFERRAL

To cancel or decline a Referral, click on the **pencil icon** next to the Referral you are responding to.

1. Select appropriate outcome.
 - **Declined** – it was the provider's decision to not accept a client.
 - **Canceled** – it was the client's decision to not enter a program.
 - No show, or other reason
2. Select a Reason for the outcome.

▼ Outstanding Referrals - YOUR AGENCY HERE - YOUR PROJECT HERE (23) - 1 total Check Unit Availability

Referral Date	Name	Ranking	Need Type	Referred By	Date of Birth	Gender	Group ID
 08/01/2023	(1) Parker, Peter		Emergency Shelter	Centralized Intake of Delaware (464)	10/08/2001		
Showing 1-1 of 1							

Edit Referral Data

Overview

Client ID	Client Name	Referral Date	Reason Canceled
1	Parker, Peter	08/01/2023 09:55:56 AM	
Showing 1-1 of 1			

(1) Parker, Peter

Referral Date	08/01/2023 09:55:56 AM
Referring Provider	Centralized Intake of Delaware (4
Referred To	YOUR AGENCY HERE - YOUR PRO
Referral Ranking	-Select- ▼
Referral Outcome	-Select- ▼

Referral Outcome

Canceled ▼

If Canceled or Declined, Reason

Follow Up Information

If needed, Referral Projected Follow Up Date

Referral Follow Up User

-Select- ▼

-Select-

Client Not Eligible

Client Refused Service

Client Was a No-Show

Service Does Not Exist

Service Not Accessible

Unknown

1

2