

# SHELTERPOINT

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HOUSING  
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DELAWARE

# TRAINING OVERVIEW

This PowerPoint details how to complete actions for projects that use **ShelterPoint**.

Included project types are:

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing (single-site)
- Other Permanent Housing (single-site)
- RRH/PSH Wait List

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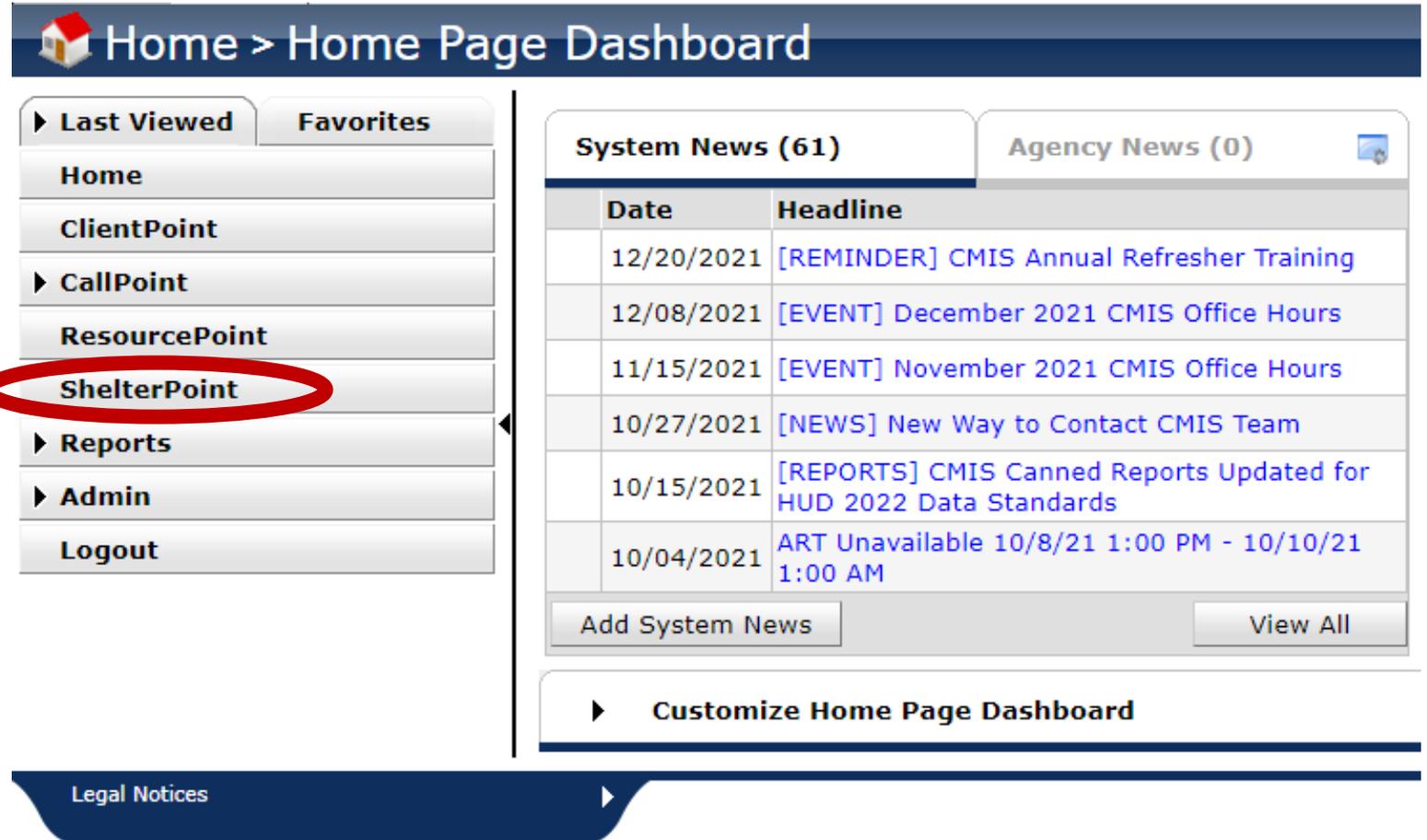
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# HOW TO ACCESS SHELTERPOINT ACCESS

- Select **ShelterPoint** on the left side of your CMIS dashboard.
- Purpose: to access your projects and their Unit/Bed Lists.



Home > Home Page Dashboard

► Last Viewed Favorites

Home

ClientPoint

► CallPoint

ResourcePoint

**ShelterPoint**

► Reports

► Admin

Logout

System News (61) Agency News (0)

Date	Headline
12/20/2021	[REMINDER] CMIS Annual Refresher Training
12/08/2021	[EVENT] December 2021 CMIS Office Hours
11/15/2021	[EVENT] November 2021 CMIS Office Hours
10/27/2021	[NEWS] New Way to Contact CMIS Team
10/15/2021	[REPORTS] CMIS Canned Reports Updated for HUD 2022 Data Standards
10/04/2021	ART Unavailable 10/8/21 1:00 PM - 10/10/21 1:00 AM

Add System News View All

► Customize Home Page Dashboard

Legal Notices

# HOW TO VIEW A BED LIST

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

ShelterPoint > View Shelter Inventory

Type here for Global Search

View Shelter Inventory

Provider\* -Select- Check Unit Availability

Unit List\* -Select- Submit

1

2. To view the specific project's bed list, click on **"View All"**.

View Shelter Inventory

Provider\* ES Test Project (596) Search My Provider Clear Check Unit Availability

Unit List\* Test Bed List Submit

Type Emergency Shelter

ShelterPoint Dashboard

Check Client In

Check In Reservation

Check In Referral

Hold ALL Empty Beds

Print ID Cards

Update Confirmation List

Transmit Today's Check Out List

View All

2

View Shelter Inventory

**Provider\*** ES Test Project (596)      
**Unit List\*** Test Bed List   
**Type** Emergency Shelter

Shelter Inventory Information

Unit List - Test Bed 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
	11/15/2021	Floor 1	Room 1	Bed 001		(1) Test, Justin	05/01/1980	Male		No	
		Floor 1	Room 2 (Family Room)	Bed 001		HELD					
		Floor 1	Room 2 (Family Room)	Bed 002		HELD					
		Floor 2	Room 3	Bed 001	Hold	EMPTY					
		Floor 2	Room 3	Bed 002	Hold	EMPTY					
		Floor 2	Room 3	Bed 003	Hold	EMPTY					
		Floor 2	Room 4 (Family Room)	Bed 001		HELD					
		Floor 2	Room 4 (Family Room)	Bed 002		HELD					
		Floor 2	Room 4 (Family Room)	Bed 003		HELD					
		Floor 2	Room 4 (Family Room)	Bed 004		HELD					
				Overflow (New)		EMPTY					

# SHELTER INVENTORY

- Purpose: Identifies all **currently enrolled clients** and their **room assignments**.
- Each row shows the following information:

1. A checked-in client

2. HELD

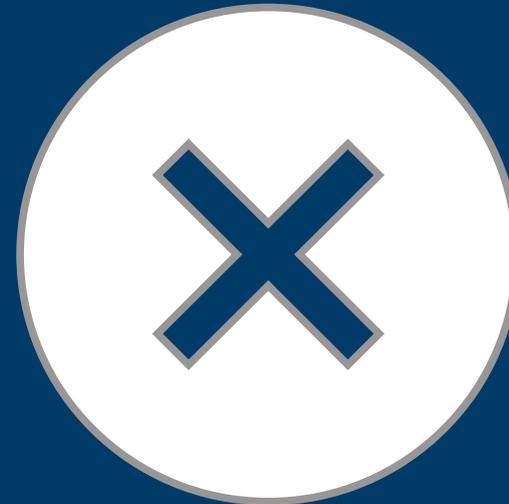
- Either by the provider or Centralized Intake
- Either there is an incoming client or bed is unavailable

3. 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 in ShelterPoint when referrals are made.
- **To check in the client(s):** re-open the necessary bed(s).

## View Shelter Inventory

Provider *	ES Test Project (596)	Search	My Provider	Clear	Check Unit Availability
Unit List *	Test Bed List	Submit			
Type	Emergency Shelter				

## Shelter Inventory Information

### Unit List - Test Bed 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	
	Floor 1	Room 1	Bed 001		HELD						
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 001		(112448) Testing, Chiquita	08/22/1983	Female	808437	No		
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 002		(112450) Testing, Chiquitita	06/08/2017	Female	808437	No		
	Floor 2	Room 3	Bed 001		HELD						
	Floor 2	Room 3	Bed 002		HELD						
	Floor 2	Room 3	Bed 003		HELD						
	Floor 2	Room 4 (Family Room)	Bed 001		HELD						
	Floor 2	Room 4 (Family Room)	Bed 002		HELD						
	Floor 2	Room 4 (Family Room)	Bed 003		HELD						
	Floor 2	Room 4 (Family Room)	Bed 004		HELD						
			Overflow (New)		EMPTY						

Print Unit List

Hold ALL Empty Units      Release ALL HELD Units

Shelter Inventory Information

Unit List - Test Bed 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
	Floor 1	Room 1	Bed 001		HELD					
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 001		(112448) Testing, Chiquita	08/22/1983	Female	808437	No	
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 002		(112450) Testing, Chiquitita	06/08/2017	Female	808437	No	
	Floor 2	Room 3	Bed 001		HELD					
	Floor 2	Room 3	Bed 002		HELD					
	Floor 2	Room 3	Bed 003		HELD					
	Floor 2	Room 4 (Family Room)	Bed 001	Hold	EMPTY					
	Floor 2	Room 4 (Family Room)	Bed 002	Hold	EMPTY					
	Floor 2	Room 4 (Family Room)	Bed 003		HELD					
	Floor 2	Room 4 (Family Room)	Bed 004		HELD					
			Overflow (New)		EMPTY					

Print Unit List

Hold ALL Empty Units

Release ALL HELD Units

Reservations for Unit List - Test Bed List

Arrival Date Name Date of Birth Gender Group ID

Add Reservation

No matches.

Outstanding Referrals - ES Test Project (596) - 2 total

Check Unit Availability

Referral Date	Name	Ranking	Need Type	Referred By	Date of Birth	Gender	Group ID
2/27/2021	(1) Test, Justin		Emergency Shelter	Centralized Intake of Delaware (464)	05/01/1980		808441
12/27/2021	(111252) Test, Amanda		Emergency Shelter	Centralized Intake of Delaware (464)	07/15/2021		808441

Showing 1-2 of 2

# WHERE TO FIND CI REFERRALS

1. Scroll down to the **Outstanding Referrals.**
2. Select the **green plus icon** to respond to the referral.

**CLICK HERE TO CONTINUE WORKFLOW**

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

# CHECK-IN WITHOUT A CI REFERRAL

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

## To begin the check-in process:

1. **Identify bed** the client will stay in.
  - Ensure that the bed is **empty**.
2. Click on the **green plus button** on the row of the selected bed.

### View Shelter Inventory

<b>Provider *</b>	ES Test Project (596)	<input type="button" value="Search"/>	<input type="button" value="My Provider"/>	<input type="button" value="Clear"/>	<input type="button" value="Check Unit Availability"/>
<b>Unit List *</b>	Test Bed List	<input type="button" value="Submit"/>			
<b>Type</b>	Emergency Shelter				

### Shelter Inventory Information

**Unit List - Test Bed List**

Display All Beds    
 Sort By Floor    
 Ascending

Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
	Floor 1	Room 1	Bed 001		HELD					
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 001		(112448) Testing, Chiquita	08/22/1983	Female	808437	No	
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 002		(112450) Testing, Chiquita	06/08/2017	Female	808437	No	
	Floor 2	Room 3	Bed 001		HELD					
	Floor 2	Room 3	Bed 002		HELD					
	Floor 2	Room 3	Bed 003		HELD					
	Floor 2	Room 4 (Family Room)	Bed 001	Hold	EMPTY					
	Floor 2	Room 4 (Family Room)	Bed 002	Hold	EMPTY					
	Floor 2	Room 4 (Family Room)	Bed 003		HELD					
	Floor 2	Room 4 (Family Room)	Bed 004		HELD					
			Overflow (New)		EMPTY					

3

## Client Search

 Please Search the System before adding a New Client.

Name	First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	Suffix <input type="text"/>
Name Data Quality	<input type="text" value="-Select-"/>			Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>   
Alias	<input type="text"/>			
Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>			
Social Security Number Data Quality	<input type="text" value="-Select-"/>			
U.S. Military Veteran?	<input type="text" value="-Select-"/>			
Gender	<input type="text" value="Female"/> Male A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) Transgender Questioning Client doesn't know Client refused Data not collected			
Exact Match	<input type="checkbox"/>			
<input type="button" value="Clear All"/>				
<input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Add New Client With This Information"/> <input type="button" value="Add Anonymous Client"/>				

# CHECK-IN PROCESS *WITHOUT A REFERRAL*

3. **Search** if the client already has a CMIS profile.
  - Do a wide search by using only a portion of their name.

After searching, select the client/head of household using the green plus icon next to their name under "Client Results".

**Client Search**

 Please Search the System before adding a New Client.

Name	First	Middle	Last	Suffix
	just		test	
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
	1	Test, Justin		05/01/1980				1 

Showing 1-1 of 1

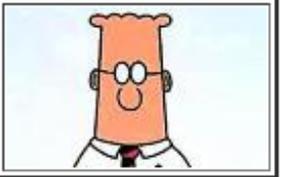
**OR...** If you searched for your client and they do not show under Client Results, you may have to create a new profile for them.



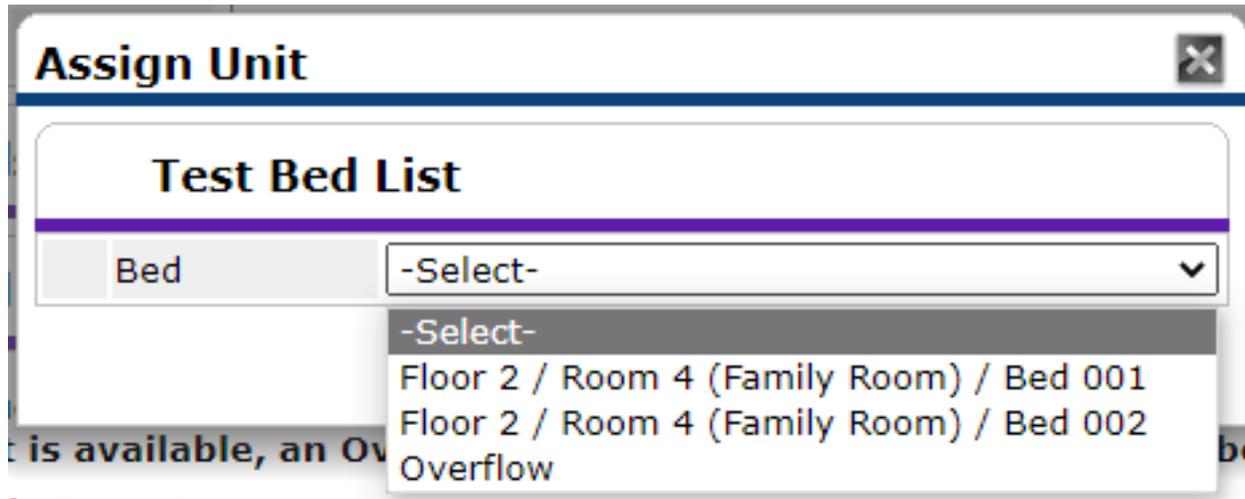
**CLICK HERE FOR INSTRUCTIONS**

# THE CHECK-IN SCREEN FOR THE HEAD OF HOUSEHOLD WILL APPEAR.

**Unit Entry Data - (1) Test, Justin**

<b>1</b>	<b>Date In *</b>	12 / 28 / 2021    4 ▾ : 07 ▾ : 24 ▾ PM ▾	Midnight Check In
<b>2</b>	<b>Unit Name / Number</b>	Overflow	Assign Unit
	Supplies Given	<input type="text"/>	 Change Clear
	Locker number	<input type="text"/>	
	Codes/Notes	<input type="text"/>	

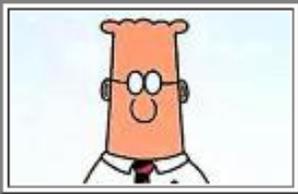
1. The **Date In** should be changed to reflect the date that the client *physically* moves into your program.
2. The client's **Unit Name/ Number** will automatically say Overflow. Select **ASSIGN UNIT** on the right to assign one of the open units/beds to your client.



## ASSIGN UNIT

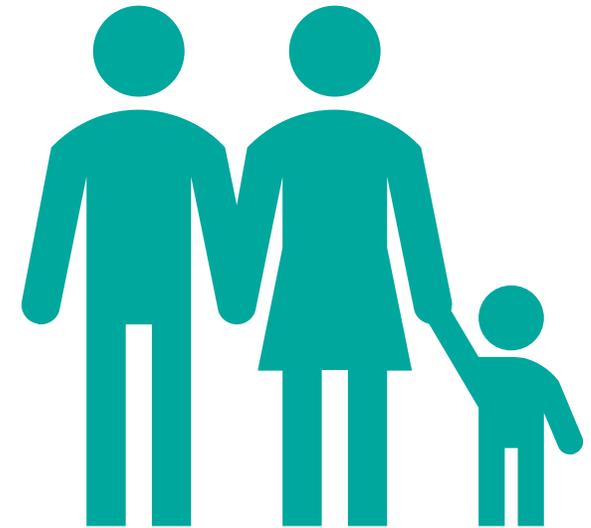
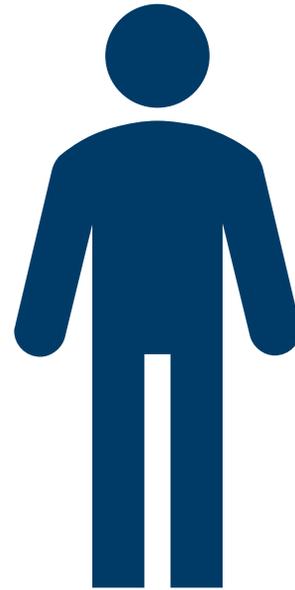
- Any un-held bed will appear available for assignment.
- Select the correct unit/bed that the client will be staying in.

**Unit Entry Data - (1) Test, Justin**

<b>Date In*</b>	12 / 28 / 2021    4 ▾ : 07 ▾ : 24 ▾ PM ▾	<input type="button" value="Midnight Check In"/>
<b>Unit Name / Number</b>	Floor 2 / Room 4 (Family Room) / Bed 001	<input type="button" value="Assign Unit"/>
Supplies Given	<input type="text"/>	 <input type="button" value="Change"/> <input type="button" value="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

▼ (25550) Male Single Parent

Name	Age	Head of Household	Relationship to Head of Household	Joined Household	Previous Associations	Household Count
(1) Test, Justin	41	Yes	Self	06/03/2021	0	1
(108687) Test, Aaron	11	No	son	05/17/2021	0	1
(111252) Test, Amanda	0	No	daughter	07/15/2021	0	1
(103388) Test, Jodie	37	No	daughter	06/03/2021	0	1

Manage Household

Search Existing Households Start New Household

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

*OR... proceed to next slide*

**Household Members**

To expand the list

**Household Members**

To include Household members in this Check In, click the box beside each name. Then assign each member a unit. If no unit is available, an Overflow unit will be used. Note: Only members from the same Household may be selected.

(25550) Male Single Parent

<input checked="" type="checkbox"/> (1) Test, Justin	Assign Unit
<input type="checkbox"/> (108687) Test, Aaron	Assign Unit
<input checked="" type="checkbox"/> (111252) Test, Amanda	Assign Unit
<input type="checkbox"/> (114208) Test, Bart	Assign Unit
<input type="checkbox"/> (103388) Test, Jodie	Assign Unit

1

**Household Members**

To include Household members in this Check In, click the box beside each name. Then assign each member a unit. If no unit is available, an Overflow unit will be used. Note: Only members from the same Household may be selected.

(25550) Male Single Parent

<input checked="" type="checkbox"/> (1) Test, Justin	Assign Unit
<input type="checkbox"/> (108687) Test, Aaron	Assign Unit
<input checked="" type="checkbox"/> (111252) Test, Amanda	Assign Unit
<input type="checkbox"/> (114208) Test, Bart	Assign Unit
<input type="checkbox"/> (103388) Test, Jodie	Assign Unit

**Unit List**

**Test Bed List**

Bed	-Select-
	-Select-
	Floor 2 / Room 4 (Family Room) / Bed 002
	Overflow

Assign Unit

Assign Unit

Assign Unit

Assign Unit

Assign Unit

2

# HOUSEHOLD MEMBERS

- After expanding the Household Members list, check off other names that will be enrolled.
  - If referred by Centralized Intake, all names will be checked off already.
- For clients to appear on ShelterPoint, click on **Assign Unit**.
- Every household member needs to be checked off and have an assigned unit

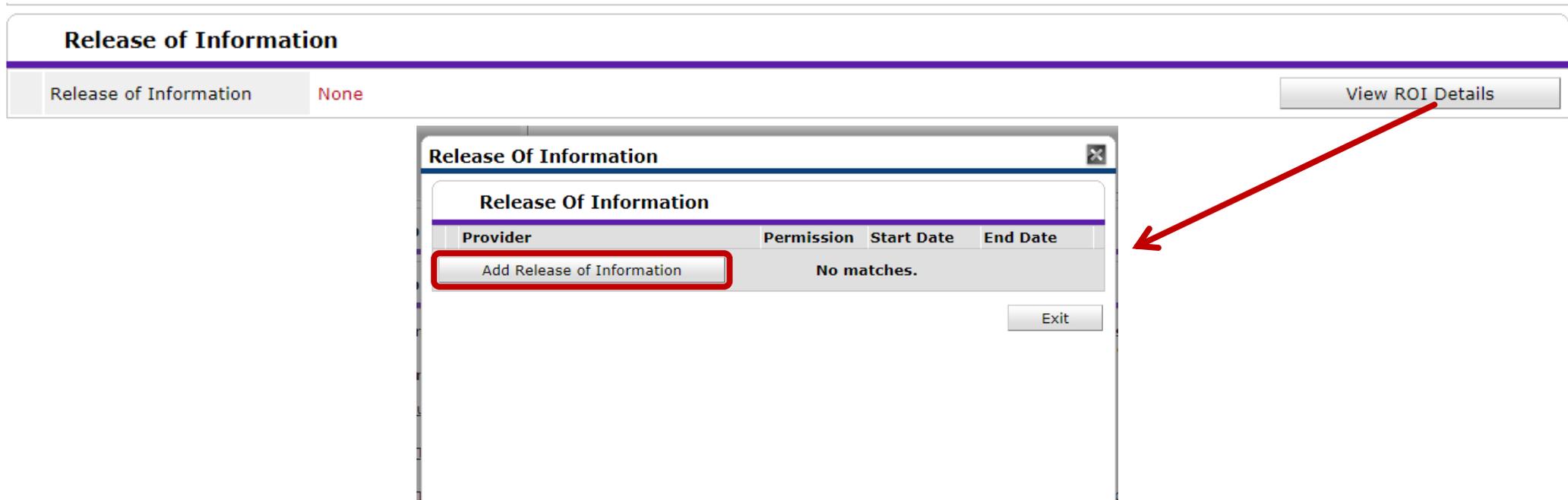
**Household Members**

To include Household members in this Check In, click the box beside each name. Then assign each member a unit. If no unit is available, an Overflow unit will be used. Note: Only members from the same Household may be selected.

(25550) Male Single Parent

<input checked="" type="checkbox"/> (1) Test, Justin	Assign Unit	
<input type="checkbox"/> (108687) Test, Aaron	Assign Unit	
<input checked="" type="checkbox"/> (111252) Test, Amanda	Room 4 (Family Room) Bed 002	Assign Unit
<input type="checkbox"/> (114208) Test, Bart	Assign Unit	
<input type="checkbox"/> (103388) Test, Jodie	Assign Unit	

3



# RELEASE OF INFORMATION

- A form must be signed by client during their intake process.
- A new ROI must be added to CMIS for client's every project entry.

# RELEASE OF INFORMATION

**Release Of Information**

**Release of Information - (1) Test, Justin**

**Household Members**

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

(1) Test, Justin (Left Household: 02/06/2015)

(24095) Grandparent(s) and Child

(1) Test, Justin (Left Household: 10/01/2020)

(25550) Male Single Parent

**1**  (1) Test, Justin

(108687) Test, Aaron

(111252) Test, Amanda

(114208) Test, Bart

(103388) Test, Jodie

**Release of Information Data**

**2** **Provider \*** Housing Alliance Delaware (12)

**3** **Release Granted \***

**4** **Start Date \*** 01 / 03 / 2022

**5** **End Date \*** / /

**6** **Documentation**

**7** **Witness**

- 1. Household Members:** If applicable, select all that the Release of Information applies to.
- 2. Provider:** your organization's parent provider project.
  - Some users have been requested to enter a **second ROI** with the Provider matching the specific project the clients are enrolled in.
- 3. Release Granted:** if the client consented to their data being shared across CMIS.
- 4. Start Date:** when the clients were enrolled in the project and physically moved into the program.
- 5. End Date:** three years after the Start Date (unless stated in organization's ROI).
- 6. Documentation:** use *Signed Statement from Client*.
- 7. Witness:** initials of intake person.

# ENTRY DATA

### Release of Information

Release of Information Ends 12/27/2024 [View ROI Details](#)

### Entry Data

<b>1</b> Provider *	ES Test Project (596)	<input type="button" value="Search"/>	<input type="button" value="My Provider"/>	<input type="button" value="Clear"/>
<b>2</b> Type *	HUD			

**HUD CoC & ESG Entry All Other Projects (2021)** Date: 12/28/2021 04:07:24 PM 

- 1. Provider:** Select the specific project that the client(s) will be checked into.
  - If your parent provider project is showing, change to the current project.
- 2. (Entry) Type:** Select HUD unless otherwise specified for your project (VA, RHY, PATH).

# ENTRY ASSESSMENT

- All assessment questions are mandated by HUD and/or major funders in Delaware.
- Each field must be answered or updated for each entry of the client.

HUD CoC & ESG Entry All Other Projects (2021)		Date: 12/28/2021 04:07:24 PM 
Date of Birth	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="1980"/>    	
Date of Birth Data Quality	<input type="text" value="Full DOB Reported (HUD)"/> 	
Primary Race	<input type="text" value="White (HUD)"/> 	
Secondary Race	<input type="text" value="White (HUD)"/> 	
Ethnicity	<input type="text" value="Non-Hispanic/Non-Latin(a)(o)(x) (HUD)"/> 	
Gender	<input type="text" value="Female"/>  <ul style="list-style-type: none"> <li>Male</li> <li>A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)</li> <li>Transgender</li> <li>Questioning</li> <li>Client doesn't know</li> <li>Client refused</li> <li>Data not collected</li> </ul> <input type="button" value="Clear All"/>	
Relationship to Head of Household *	<input type="text" value="Self (head of household)"/> 	
Client Location *	<input type="text" value="DE-500"/> 	
Housing Move-in Date	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>    	
Prior Living Situation	<input type="text" value="Place not meant for habitation (HUD)"/> 	
Length of Stay in Previous Place	<input type="text" value="One week or more, but less than one month"/> 	
Approximate date homelessness started:	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2021"/>    	
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	<input type="text" value="One time (HUD)"/> 	
Total number of months homeless on the street or ES in the past three years	<input type="text" value="One month (this time is the first month) (HUD)"/> 	
Income from Any Source	<input type="text" value="Yes (HUD)"/> 	

Income from Any Source

Yes (HUD)

G



## Monthly Income

HUD Verification

	Monthly Amount	Source of Income	Start Date *	End Date
		Earned Income (HUD)	12/16/2021	
		Earned Income (HUD)	12/13/2021	
	US\$500.00	Earned Income (HUD)	11/24/2021	
		Child Support (HUD)	11/16/2021	
		Other (HUD)	11/16/2021	

Add View Gross Income Showing 1-5 of 18 First Previous Next Last

Total Monthly Income

500

G

# SUB-ASSESSMENT UPDATES

- To update sub-assessment information that no longer applies to the client, such as a change in income, click on **HUD Verification**.

### HUD Verification: Monthly Income for 12/28/2021

Per Source of Income, the current records for Monthly Income as of 12/28/2021 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 12/28/2021, 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"/>
<b>Earned Income (HUD)</b>	<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

1

### HUD Verification: Edit Recordset - (1) Test, Justin

Per Source of Income, the current records for Monthly Income as of 12/28/2021 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 12/28/2021, 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"/>
<b>Earned Income (HUD)</b>	<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"/>

**Monthly Income**

Monthly Amount: 500 G

Source of Income: Earned Income (HUD)

If Other, Please Specify:

Receiving Income Source?: Yes G

Additional Comment:

Start Date: 11/24/2021 G

**End Date: 12/27/2021 G**

Print Recordset Save Cancel

Save Save & Exit Exit

2

# UPDATING HUD VERIFICATION

- Click on the **pencil sign** on the line item that needs to be updated.
- Regardless if the previous answer was a yes or no, add an **End Date** to the income information if it is no longer applicable.
  - If specific end date is unknown, use the day before the project Start Date.
  - This will change the sub-assessment answer to "Incomplete".
- Select the **new answer**.
  - If it is a yes, fill out the pop-up table, such as amount for income.

3

### HUD Verification: Monthly Income for 12/28/2021

Per Source of Income, the current records for Monthly Income as of 12/28/2021 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 12/28/2021, 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"/>
<b>Earned Income (HUD)</b>	<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"/>

Save Save & Exit Exit

Relationship to Head of Household *	Self (head of household) ▼ G
Client Location *	DE-500 ▼ 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
Approximate date homelessness started:	11 / 01 / 2021    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	One time (HUD) ▼ G
Total number of months homeless on the street or ES in the past three years	One month (this time is the first month) (HUD) ▼ G

## HOUSING MOVE-IN DATE (AT 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 - Test Bed 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
	Floor 1	Room 1	Bed 001		HELD					
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 001		(112448) Testing, Chiquita	08/22/1983	Female	808437	No	
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 002		(112450) Testing, Chiquitita	06/08/2017	Female	808437	No	
	Floor 2	Room 3	Bed 001		HELD					
	Floor 2	Room 3	Bed 002		HELD					
	Floor 2	Room 3	Bed 003		HELD					
12/28/2021	Floor 2	Room 4 (Family Room)	Bed 001		(1) Test, Justin	05/01/1980	Male	808441	No	
12/28/2021	Floor 2	Room 4 (Family Room)	Bed 002		(111252) Test, Amanda	07/15/2021	Female	808441	No	
	Floor 2	Room 4 (Family Room)	Bed 003		HELD					
	Floor 2	Room 4 (Family Room)	Bed 004		HELD					
			Overflow (New)		EMPTY					

Print Unit List | Hold ALL Empty Units | Release ALL HELD Units

- How to know if check in was successful:
  - Your client(s) will now be on the bed list.
- *Reminders for households:*
  - Only the Head of Household's Entry Assessment has been completed.
  - Click on the other household members' names.
  - Scroll down and complete their **Entry Data**.

# 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 when required after 365+ days of program enrollment.
- Steps to add interim:
  - Click on the client's name
  - Click the **Entry/Exit** tab

**Shelter Inventory Information**

**Unit List - Test Bed 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
	Floor 1	Room 1	Bed 001		HELD					
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 001		(112448) Testing, Chiquita	08/22/1983	Female	808437	No	
12/14/2021	Floor 1	Room 2 (Family Room)	Bed 002		(112450) Testing, Chiquita	06/08/2017	Female	808437	No	
	Floor 2	Room 3	Bed 001		HELD					
	Floor 2	Room 3	Bed 002		HELD					
	Floor 2	Room 3	Bed 003		HELD					
12/28/2021	Floor 2	Room 4 (Family Room)	Bed 001		(1) Test, Justin	05/01/1980	Male	808441	No	
12/28/2021	Floor 2	Room 4 (Family Room)	Bed 002		(111252) Test, Amanda	07/15/2021	Female	808441	No	
	Floor 2	Room 4 (Family Room)	Bed 003		HELD					
	Floor 2	Room 4 (Family Room)	Bed 004		HELD					
			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 - (1) Test, Justin**

Date In\* 12 / 28 / 2021 4 : 07 : 24 PM Midnight Check In

Confirm for Next Day Stay? No

Unit Name / Number Floor 2 / Room 4 (Family Room) / Bed 001 Assign Unit

Supplies Given

Locker number

Codes/Notes

Change Clear

### Unit Stay Entry Data

Stay Data | **Entry / Exit** | Release of Information | Service Transactions

*i* 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
 ES Test Project (596)	HUD	 12/28/2021				

Showing 1-1 of 1

# 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
No matches.		

**Add Interim Review**

**Add Interim Review - (1) Test, Justin**

**Household Members**

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

(25550) Male Single Parent

(1) Test, Justin (Entry Date: 12/28/2021 4:07 PM)

(111252) Test, Amanda (Entry Date: 12/28/2021 4:07 PM)

**Interim Review Data**

Entry / Exit Provider	ES Test Project (596)
Entry / Exit Type	HUD
<b>Interim Review Type *</b>	Update
<b>Review Date *</b>	01 / 03 / 2022 3 : 24 : 04 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 toggle among clients.
- Click Save & Continue.

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

### Entry / Exit Interim Review

**Interim Review Data**

Entry / Exit Provider	ES Test Project (596)
Entry / Exit Type	HUD
Interim Review Type	Update
Review Date	01/03/2022 03:24:04 PM

**Interim Review Assessment**

**Household Members**

(1) Test, Justin  
 Age: 41  
 Veteran: No (HUD)

(111252) Test, Amanda  
 Age: 0  
 Veteran: No (HUD)

**HUD CoC & ESG Update (2021)** Interim Review Date: 01/03/2022 03:24:04 PM

**Client Location \***

Housing Move-in Date / /

Income from Any Source

**Monthly Income** HUD Verification

	Monthly Amount	Source of Income	Start Date *	End Date
	US\$1,600.00	Earned Income (HUD)	12/28/2021	
		Earned Income (HUD)	12/16/2021	12/27/2021
		Earned Income (HUD)	12/13/2021	12/15/2021
	US\$500.00	Earned Income (HUD)	11/24/2021	12/27/2021
		Child Support (HUD)	11/16/2021	

Showing 1-5 of 19 First Previous Next Last

Total Monthly Income

Non-cash benefit from any source

30

## Entry / Exit Interim Review

Interim Review Data	
Entry / Exit Provider	ES Test Project (596)
Entry / Exit Type	HUD
Interim Review Type	Update
Review Date	01/03/2022 03:24:04 PM

Interim Review Assessment	
<b>Household Members</b>	<b>HUD CoC &amp; ESG Update (2021)</b> <span style="float: right;">Interim Review Date: 01/03/2022 03:24:04 PM </span>
<input checked="" type="checkbox"/> (1) Test, Justin Age: 41 Veteran: No (HUD)	<b>Client Location *</b> <input type="text" value="DE-500"/>
<input checked="" type="checkbox"/> (111252) Test, Amanda Age: 0 Veteran: No (HUD)	<b>Housing Move-in Date</b> <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
	<b>Income from Any Source</b> <input type="text" value="Yes (HUD)"/>

# HOUSING MOVE-IN DATE (UPDATE)

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

# INTERIMS

Entry / Exit							
Program	Type	Project Start Date	Exit Date	Interims	Follow Ups	Client Count	
 ES Test Project (596)	HUD	 12/28/2021					

Add Entry / Exit

Showing 1-1 of 1

Interim Reviews			
Interim Reviews Associated with this Entry / Exit			
	Review Date	Review Type	Client Count
 	01/10/2022	Update	
 	01/03/2022	Update	

Add Interim Review

Showing 1-2 of 2

Exit

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

# CHECK OUT

- Do this when client(s) exit from your program.
- To begin the process:
  - Look for the head of household's name.
  - Click on the red minus icon.

### View Shelter Inventory

<b>Provider *</b>	ES Test Project (596)	<input type="button" value="Search"/>	<input type="button" value="My Provider"/>	<input type="button" value="Clear"/>	<input type="button" value="Check Unit Availability"/>
<b>Unit List *</b>	Test Bed List	<input type="button" value="Submit"/>			
<b>Type</b>	Emergency Shelter				

---

### Shelter Inventory Information

**Unit List - Test Bed List**

Display All Beds | Sort By Floor | Ascending |

	Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
		Floor 1	Room 1	Bed 001		HELD					
	12/14/2021	Floor 1	Room 2 (Family Room)	Bed 001		(112448) Testing, Chiquita	08/22/1983	Female	808437	No	
	12/14/2021	Floor 1	Room 2 (Family Room)	Bed 002		(112450) Testing, Chiquitita	06/08/2017	Female	808437	No	
		Floor 2	Room 3	Bed 001		HELD					
		Floor 2	Room 3	Bed 002		HELD					
		Floor 2	Room 3	Bed 003		HELD					
	12/28/2021	Floor 2	Room 4 (Family Room)	Bed 001		(1) Test, Justin	05/01/1980	Male	808441	No	
	12/28/2021	Floor 2	Room 4 (Family Room)	Bed 002		(111252) Test, Amanda	07/15/2021	Female	808441	No	
		Floor 2	Room 4 (Family Room)	Bed 003		HELD					
		Floor 2	Room 4 (Family Room)	Bed 004		HELD					
				Overflow (New)		EMPTY					

33

**Unit Exit Data - (1) Test, Justin**

**1** **Date Out\*** 01 / 04 / 2022 11 : 59 : 55 AM

Unit Name / Number Bed 001

Supplies Returned  Yes  No

**2** **Reason For Leaving\*** Completed program

**3** **Destination\*** -Select-

**Apply Funds for Service**

**Funding Sources**

**Source**

Add Funding Source

**Household Members**

**To update Household members, please click on the member's name in the list below.**

(25550) Male Single Parent

(1) Test, Justin (Date In: 01/04/2022)

(111252) Test, Amanda (Date In: 01/04/2022)

-Select-

----- HOMELESS SITUATIONS -----

Place not meant for habitation (HUD)

Emergency shelter, incl. hotel/motel paid for w/ ES voucher, or RHY-funded 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 AND PERMANENT HOUSING SITUATIONS -----

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

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

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

Host Home (non-crisis) (HUD)

Staying or living with friends, temporary tenure (HUD)

Staying or living with family, temporary tenure (HUD)

Staying or living with family, permanent tenure (HUD)

# EXIT DATA

## 1. Date Out

- When client(s) *physically* left.

## 2. Reason for Leaving

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

## 3. Destination

- Where client(s) are staying after leaving your program.
- Refrain from these for they will be flagged as errors:
  - Other
  - No exit interview completed
  - Client Refused
  - Client Doesn't Know
  - Data Not Collected

### 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.

(25550) Male Single Parent

(1) Test, Justin (Date In: 12/28/2021 4:07:24 PM) (Primary Client)

(111252) Test, Amanda (Date In: 12/28/2021 4:07:24 PM)

## EXIT – HOUSEHOLD MEMBERS

- Check off all members that are leaving together.
- If a client is not checked off, their project entry will continue to be open.
  - Can cause data quality errors

# EXIT ASSESSMENT

- If needed, make the necessary changes in the following sub-assessments:
  - Income
  - Non-cash benefits
  - Health Insurance
  - Disabling Conditions
- If data is current, scroll down and Save & Continue

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

**HUD CoC & ESG Exit (2021)** Date: 01/04/2022 11:59:55 AM

Income from Any Source  Yes (HUD)  No (HUD)  G

**Monthly Income** HUD Verification

	Monthly Amount	Source of Income	Start Date *	End Date
 	US\$1,600.00	Earned Income (HUD)	12/28/2021	
 		Earned Income (HUD)	12/16/2021	12/27/2021
 		Earned Income (HUD)	12/13/2021	12/15/2021
 	US\$500.00	Earned Income (HUD)	11/24/2021	12/27/2021
 		Child Support (HUD)	11/16/2021	

Add View Gross Income Showing 1-5 of 19 First Previous Next Last

Total Monthly Income  1600  G

Non-cash benefit from any source  No (HUD)  Yes (HUD)  G

**Non-Cash Benefits** HUD Verification

	Source of Non-Cash Benefit	Start Date *	End Date	Amount of Non-Cash Benefit
 	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	12/08/2021		
 	Other Source (HUD)	11/16/2021		
 	Other TANF-Funded Services (HUD)	11/16/2021		
 	TANF Child Care Services (HUD)	11/16/2021		

### Shelter Inventory Information

#### Unit List - Test Bed List

Display All Beds Sort B

Date In	Floor	Room	Bed	Hold	Client	Da Bir
	Floor 1	Room 1	Bed 001		HELD	
	Floor 1	Room 2	Bed 001		HELD	
	Floor 1	Room 2	Bed 002		HELD	
03/09/2020	Floor 2	Room 3	Bed 001		(103245) Doe, Jennifer	12,
03/09/2020	Floor 2	Room 3	Bed 002		(103246) Doe, Josh	04,
	Floor 2	Room 3	Bed 003		HELD	
	Floor 2	Room 4	Bed 001	Hold	EMPTY	
	Floor 2	Room 4	Bed 002	Hold	EMPTY	
	Floor 2	Room 4	Bed 003	Hold	EMPTY	
	Floor 2	Room 4	Bed 004	Hold	EMPTY	
			Overflow (New)		EMPTY	

Print Unit List Hold A

#### Unit List - Test Bed List

Display All Beds So

Date In	Floor	Room	Bed	Hold	Client
	Floor 1	Room 1	Bed 001		HELD
	Floor 1	Room 2	Bed 001		HELD
	Floor 1	Room 2	Bed 002		HELD
03/09/2020	Floor 2	Room 3	Bed 001		(103245) Doe, Jennifer
03/09/2020	Floor 2	Room 3	Bed 002		(103246) Doe, Josh
	Floor 2	Room 3	Bed 003		HELD
	Floor 2	Room 4	Bed 001		HELD
	Floor 2	Room 4	Bed 002		HELD
	Floor 2	Room 4	Bed 003		HELD
	Floor 2	Room 4	Bed 004		HELD
			Overflow (New)		EMPTY

Print Unit List Hol



## BED LIST (POST-CHECK OUT)

- After clients are checked out, beds will now be *Empty*.
- For shelters receiving CI referrals:
  - Hold empty beds until they are ready for a new intake.

# THANK YOU!



HOUSING  
ALLIANCE  
DELAWARE

This concludes the ShelterPoint Training PowerPoint.

For any questions or technical assistance, please contact HAD's CMIS Support Desk at [cmis.support@housingalliancede.org](mailto: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:
  1. Complete the Name, Social Security Number, and Veteran Status fields.
  2. Then, click **Add New Client With This Information**.

### Client Search

Please Search the System before adding a New Client.

Name	1	First	Middle	Last	Suffix
Name Data Quality		Luke		Skywalker	
Alias		Full Name Reported			
Social Security Number		123	- 45	- 6789	
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 green plus icon button next to their name to begin Check-in process.

[Click here to continue workflow.](#)

### Client Search

 Please Search the System before adding a New Client.

Name	First luk	Middle	Last sky	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"/>			

### Client Number

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

Client ID #

### Client Results

	ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
	 114154	Skywalker, Luke	123-45-6789					0 

Showing 1-1 of 1

▼ **Households Overview**

---

▼ **(25550) Male Single Parent**

---

**Name**

(1) Test, Justin

(108687) Test, Aaron

(111252) Test, Amanda

(103388) Test, Jodie

**1** Manage Household

---

Search Existing Households    Start New House

**Household Information - (25550) Male Single Parent**

---

**(25550) Male Single Parent**

**2** Household Type \* Male Single Parent

Income US\$2,000.00 monthly (US\$24,000.00 annual) 🔍

Client Count 4

---

**Household Members**

Name	Age	Head of Household	Relationship to Head of Household
(1) Test, Justin	41	Yes ▾	Self ▾
(108687) Test, Aaron	11	No ▾	son ▾
(111252) Test, Amanda	0	No ▾	daughter ▾
(103388) Test, Jodie	37	No ▾	daughter ▾

**3** Add/Delete Household Members

# MANAGE HOUSEHOLD

1. Click "Manage Household" to add missing clients to the household.
2. If necessary, adjust Household type.
3. Click "Add/Delete Household Members".

**Add/Delete Household Members - (25550) Male Single**

**Household Members**

Name	Age	Head of Household
(1) Test, Justin	41	Yes
(108687) Test, Aaron	11	No
(111252) Test, Amanda	0	No
(103388) Test, Jodie	37	No

**Previous Household Members**

**This Household does not have**

**1**  **Add Clients to the Household**



**Add Clients to the Household**

**Client Search**

Please Search the System before adding a New Client. Hide Advanced Search

Name	First	Middle	Last	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text" value="Test"/>	<input type="text"/>
Name Data Quality	-Select-			
Alias	<input type="text"/>			
Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>			
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.

# ADD CLIENTS TO THE HOUSEHOLD

Possible scenarios after searching for your client:

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

### Client Search

 Please Search the System before adding a New Client. Hide Advanced Search

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

### Client Number

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

Client ID #

### Client Results

ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
	112448	Testing, Chiquita	08/22/1983				1 
	112450	Testing, Chiquitita	06/08/2017				1 
	112452	Testing, chiquito	07/26/1984				1 

Showing 1-3 of 3

### Selected Clients

**1** 

### Client Search

Please Search the System before adding a New Client. Hide Advanced Search

Name	1	First Bart	Middle	Last Test	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"/>			

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
	114208	Test, Bart					0

Showing 1-1 of 1

# ADD CLIENTS TO 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**.
3. The new client will now be under "Selected Clients".

# CONT. OF MANAGE HOUSEHOLD

- 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 Information - (25550) Male Single Parent

 (25550) Male Single Parent

Household Type \* Male Single Parent

Income US\$2,000.00 monthly (US\$24,000.00 annual) 

Client Count 5

### Household Members

Name	Age	Head of Household	Relationship to Head of Household
 (1) Test, Justin	41	Yes	Self
 (108687) Test, Aaron	11	No	son
 (111252) Test, Amanda	0	No	daughter
 (114208) Test, Bart		No	-Select-
 (103388) Test, Jodie	37	No	daughter

Add/Delete Household Members

[CLICK HERE TO  
CONTINUE WORKFLOW](#)

# CANCEL A REFERRAL

## 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-shows, or they decided not to stay for whatever reason

## 2. Select a reason for the outcome.

### Edit Referral Data

**Overview**

Client ID	Client Name	Referral Date	Reason Canceled
95792	TEST, Jackson	03/28/2019 12:47:40 PM	
95791	TEST, Jeliza Rose	03/28/2019 12:47:40 PM	

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#### (95791) TEST, Jeliza Rose

Referral Date	03/28/2019 12:47:40 PM
Referring Provider	Centralized Intake of Delaware (464)
Referred To	ES Test Project (596)
<b>1</b> Referral Outcome	<div style="border: 1px solid red; padding: 2px;">-Select- Accepted Accepted on Wait List Declined Canceled</div>
<b>Follow Up Information</b>	
If needed, Referral Projected Follow Up Date	
Referral Follow Up User	Centralized Intake of Delaware (464) <div style="border: 1px solid red; padding: 2px;">-Select-</div>
Referral Follow Up Made	<div style="border: 1px solid red; padding: 2px;">-Select-</div>
Referral Completed Follow Up Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

**2**

-Select-  
Client Not Eligible  
Client Refused Service  
Client Was a No-Show  
Service Does Not Exist  
Service Not Accessible  
Unknown

Search My Provider Clear