

Coordinated Entry – Prevention Data Entry Desk Guide

This guide is intended to walk through the data entry of an admission, assessment, event(s), and discharge of an individual/family being served through Coordinated entry in the AWARDS Database. (<https://cares.footholdtechnology.com/>)

Admission: From the homepage of AWARDS, select your Coordinated Entry Project. On the far left you will select *Census* and then *Intake/Admission* as indicated below.

The screenshot shows the AWARDS homepage with the following elements:

- Home** button with a house icon.
- Navigation filters: Program Group, All Program Types, Division, All Agencies, HMIS Options, All HMIS Project Type.
- Step 1: A dropdown menu for 'Program:' is set to 'NY-503 Albany CE'.
- Step 2: A sidebar menu on the left has 'Census' selected and highlighted in green.
- Step 3: Under the 'Census Activities' heading, the 'Intake/Admission' button is highlighted.

Figure 1 – Intake form

Intake / Admission Search

Program	Database
NY-503 Albany CE	Data Entry

1. Search for existing referrals using identifying information:

First Name	Last Name	Alias	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR enter a screening date range:

Date Range
09/19/2019 to 03/17/2020

2. Limit the search by selecting the number of referral matches to be displayed on the results page:

Limit Search Results to 25 Matches

CONTINUE

On this screen you can select *continue* at the bottom, or if you are admitting a Client that has been discharged you can enter their information to expedite finding their record.

Figure 2 – Intake form cont'd

In Figure 3, if you are not selecting an individual with a prior admission you will select *Create New Application* as shown below. If re-admitting a person, you can click on their name which will display below *Create New Application*.

NY-503 Albany CE
Intake / Admission Search Results

Referral Source Type: All Sources
 Referrals Screened From 09/20/2019 to 03/18/2020
 Name = * *
 Application Status: all undecided dispositions - all resolved outcomes

Screened	Applicant	Birthdate	SSN	Status	Updated	Program	Eligibility	Source	Forms Received	Days Open	Admission Date	Discharge Date
	Create New Application			Screening	?	NY-503 Albany CE						

Figure 3 – Intake form cont’d

Data Entry - Intake Form: The next screen to generate will be the intake form, where all Universal Data Elements are collected. At this time, you should be collecting and entering as much information as possible.

Figure 4 consists of fields capturing the client’s personally identifying information. Red asterisks (*) indicate required fields.

NY-503 Albany CE
Intake Form: New Applicant

*Intake Date/Project Start Date: 9/1/2020	Client Location (Continuum of Care): NY-503 - Albany City & County CoC
Primary Worker: Bradt, Rachel	
Information Sharing Level:	
Referred By:	To be determined after referral is created Update Referral Source

* Indicates Required Fields

*First Name: Fake	Middle Name: 	*Last Name: Client	Suffix:
*Name Data Quality: Full name reported	Alias: 	*Social Security #: 123-45-6789	*SSN Data Quality: Full SSN reported
*Gender (HMIS): Male	*Birthdate: 3/1/1970	*Birthdate Data Quality: Full DOB Reported	*Ethnicity (HMIS): Non-Hispanic/Non-Latino
*Race (HMIS) [Select all that apply]:			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Client refused		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected	

Figure 4 – Intake form cont’d

Figure 5 displays three important fields; *Phone*, *Prior Living Situation* and *Current Living Situation*.

- *Phone* – this field allows for ease of contact when attempting to reach clients regarding updating assessments, gathering additional information or sharing updates with services being provided.
- *Prior Living Situation* – captures where a client last held residency, or previous permanent address.
- *Current Living Situation* – captures where a client currently holds residency.

Phone:	
518-456-7890	
Prior Living Situation	
*Type of Residence:	*Length of Stay in Prior Living Situation:
Rental by client, no ongoing housing subsidy ▼	90 days or more but less than one year ▼
*Did you stay less than 7 nights?:	
No ▼	
Chronically Homeless (Auto-Calculated):	
No	
Current Living Situation	
*Current Living Situation:	Location Details:
Rental by client, no ongoing housing subsidy ▼	
Living Situation verified by:	*Is client going to leave their current living situation within 14 days?:
	Client doesn't know ▼

Figure 5 – Intake form cont'd

Figure 6 allows for the collection of information related to income. If a Client indicates receiving cash income, use the drop-down menu attached to *Income from Any Source* to select *yes*, then enter the appropriate information in *Monthly Income Sources* to calculate their total **cash** income. *Non-Cash Benefits* capture streams of government assistance that do not come in cash form. For example, SNAP (food stamp), TANF (Temporary Assistance for Needy Families) and WIC benefits.

*Income from Any Source:			
Yes <input type="button" value="v"/>			
Monthly Income [Read only. Value is determined from income sources entries.]:			
\$1500.00			
*Monthly Income Sources:			
<input checked="" type="checkbox"/> Earned Income (i.e. employment income):	\$1500	<input type="checkbox"/> Unemployment Insurance:	\$
<input type="checkbox"/> Supplemental Security Income (SSI):	\$	<input type="checkbox"/> Social Security Disability Insurance (SSDI):	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation:	\$	<input type="checkbox"/> VA Non-Service-Connected Disability Pension:	\$
<input type="checkbox"/> Private disability insurance:	\$	<input type="checkbox"/> Worker's compensation:	\$
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF):	\$	<input type="checkbox"/> General Public Assistance:	\$
<input type="checkbox"/> Retirement Income from Social Security:	\$	<input type="checkbox"/> Pension or retirement income from a former job:	\$
<input type="checkbox"/> Child support:	\$	<input type="checkbox"/> Alimony or other spousal support:	\$
<input type="checkbox"/> Other:	\$		
*Non-Cash Benefits from Any Source:			
No <input type="button" value="v"/>			
Non-Cash Benefits [Select all that apply]:			
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		
<input type="checkbox"/> TANF Child Care services	<input type="checkbox"/> TANF transportation service		
<input type="checkbox"/> Other TANF-funded services	<input type="checkbox"/> Other source		

Figure 6 – Intake form cont'd

The collection of health insurance information is captured as seen in Figure 7. If the Client indicates “yes” for health insurance, you will select *yes* from the drop-down menu and indicate which insurances apply.

*Covered by Health Insurance:	
Yes <input type="button" value="v"/>	
MEDICAID:	MEDICARE:
Yes <input type="button" value="v"/>	<input type="button" value="v"/>
State Children's Health Insurance Program:	Veteran's Administration (VA) Medical Services:
<input type="button" value="v"/>	<input type="button" value="v"/>
Employer-Provided Health Insurance:	Health Insurance obtained through COBRA:
<input type="button" value="v"/>	<input type="button" value="v"/>
Private Pay Health Insurance:	State Health Insurance for Adults:
<input type="button" value="v"/>	<input type="button" value="v"/>
Indian Health Services:	Other:
<input type="button" value="v"/>	<input type="button" value="v"/>

Figure 7 – Intake form cont'd

The special needs section, *Figure 8*, calculates disabling condition status based on the responses to the red asterisked elements combined with the follow up responses. For the fields developmental disability and HIV/AIDS it is recognized that these conditions are indefinite therefore there is no follow up response. For the others, disabling condition will only be calculated as yes if yes is selected from the drop down menu for both the special need and the follow up question (OR if income is indicated from SSI/SSDI in the *Income from Any Sources* section).

Special Needs	
*Physical Disability:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:
<input type="text" value="No"/>	<input type="text"/>
*Developmental Disability:	
<input type="text" value="No"/>	
*Chronic Health Condition:	*Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:
<input type="text" value="Yes"/>	<input type="text" value="Yes"/>
*HIV/AIDS:	
<input type="text" value="No"/>	
*Mental Health Problem:	(If client has a mental health problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
<input type="text" value="No"/>	<input type="text"/>
*Substance Abuse:	(If client has a substance abuse problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
<input type="text" value="No"/>	<input type="text"/>
*Disabling Condition:	
Yes - auto-calculated value based on the Special Needs answers	

Figure 8 – Intake form cont’d

Figure 9 is a combination of required data elements (indicated by *) and community-based questions.

Domestic Violence	
*Information Date:	*Domestic Violence Victim/Survivor:
<input type="text" value="9/1/2020"/>	<input type="text" value="No"/>
Employment Status:	Type of Employment:
<input type="text" value="Yes"/>	<input type="text" value="Full-Time"/>
Currently Pregnant:	Due Date:
<input type="text" value="No"/>	<input type="text"/>
Military Service	
*Veteran Status:	Veteran Discharge Status:
<input type="text" value="No"/>	<input type="text"/>
Branch of Military:	
<input type="text"/>	

Figure 9 – Intake form cont’d

The Household Program Enrollment section displayed in *Figure 10* will display additional household members as they are entered and connected to the Client’s record. Complete the remaining questions below *Household Program Enrollment*.

When all information is entered select *Process Admission*.

Household Program Enrollment

Some of the household fields in this section are automatically updated when household members are added to the Household Composition > Household Program Enrollment section of the Face Sheet. Calculated values will display after the admission has been processed. Calculated fields are based on the Household Composition + Program Enrollment at the time of the Primary Client's admission. Household members with Household Start Dates or Household Program Enrollment Admission Dates after the Primary Client's admission are not included in the calculations.

HMIS Household Type: To be determined	Household Size (Calculated): To be determined
Number of Adults: To be determined	Number of Admitted Adults: To be determined
Number of Children (Calculated): To be determined	Number of Admitted Children: To be determined

Household Program Enrollment:

First Name	Last Name	Birthdate	Gender	Move In	Move Out
No Data Found					

Non-HMIS Data Elements

***Zip Code of Last Permanent Address** [Enter 99999 if you don't know zip code quality.] [Zip Code Lookup](#):

12210

Zip Code Data Quality: Full or Partial Zip Code Reported ▾	Date Left Last Permanent Address: <input type="text"/>
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Services Sought:

<input type="checkbox"/> Shelter/Housing	<input type="checkbox"/> Drug Treatment
<input type="checkbox"/> Mental Health Care	<input type="checkbox"/> Medical Care
<input type="checkbox"/> Legal Aid - CRJS/Civil	<input type="checkbox"/> Legal Aid - Immigration

Figure 10 – Intake form cont’d

Are you sure that this is the correct spelling for the name (Fake Client), date of birth (03/01/1970) and SSN (123-45-6789)?

At times, the database will request confirmation of the spelling, date of birth and social security number when processing an admission. If the information displayed is correct, select yes and move on to the HMIS Consent Form.

Figure 11 – Intake/admission

The HMIS Consent Form will now populate the screen. This form covers *HMIS Data Collection & Purpose, Permitted Data Uses and Disclosures, Client Control Over Data, Responsibility to Protect Data, Important Information for all Clients, and Acknowledgement of Inclusion*. Once the form is reviewed you will enter your initials verifying that all information has been shared with the client, as well as the method (by phone/in person) and date, then *Continue*.

**NY-503 Albany CE
Household Composition
Fake Client**

Select *Create a new Household* as shown in *Figure 12*, and then *Continue*.

Fake Client is currently not in a household.

Create a new Household
 Join an existing Household

CONTINUE

Figure 12 – Intake/admission

**NY-503 Albany CE
Household Composition
Global Household ID: 320188
Fake Client**

First Name	Last Name	Date of Birth	Relation to Primary Client
Fake	Client	03/01/1970	Self

Would you like to add another member to this household?

Yes No

CONTINUE

Figure 13 – Intake/admission

If there are no additional household members to add, select *No* and *Continue*. If there are additional members, you can do this by selecting *Yes* and *Continue*.

**NY-503 Albany CE
Household Search
Global Household ID: 312243
Fake Person**

Enter the first and last name of the client, and then select *Continue*.

Enter the first name or last name of the household member you would like to add. If the member is an existing client you will be given the option to select them to be added to the household.

First Name	Last Name
No	Person

Limit Search Results to 25 Matches

CONTINUE

Figure 14 – Additional household members

NY-503 Albany CE
Household Search Results
Global Household ID: 312243
Fake Person

Search Criteria
First Name: No
Last Name: Person

The following results were found.
Please select one of the following matches to add to the household.

First Name	Last Name	Program History(s)	Date of Birth	Gender (HMIS)
<input type="radio"/> △ Nota	Person	NY-507 Schenectady CE - 05/25/2020	03/01/1970	Male
<input type="radio"/> △ Not	Person	Training Residential Program - 12/18/2018	12/12/1989	Gender Non-Conforming (i.e. not exclusively male or female)
<input type="radio"/> New Record				

* Indicates Required Fields

Living With Household	*Start Date	End Date
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

* Indicates Required Fields

CONTINUE

Figure 15 – Additional household members

Select **New Record**. This will enable the appearance of text boxes allowing entry of the first and last name, date of birth and gender. Next, indicate *yes* or *no* under *Living With Household* and enter the *Start Date*. This should match the head of household’s start date. When all information is entered select *Continue*.

NY-503 Albany CE
Household Composition
Global Household ID: 312243
Fake Person

First Name	Last Name	Date of Birth	Relation to Primary Client
No	Person	**.*.*.****	
Fake	Person	03/01/1970	Self

Would you like to add another member to this household?

Yes No

CONTINUE

Admit No Person? ✕

Would you like to admit No Person into this program?

Figure 16 – Additional household members

Select **Yes** to admitting *No Person* into this program.

After selecting **Yes**, an intake screen will appear allowing you to complete a full intake for this household member. Once the intake is complete, select *Process Admission* and repeat this process for any additional household members. After selecting *Process Admission* on the final record and the database prompts you to add additional members again, select *No* and *Continue*.

**NY-503 Albany CE
Household Composition - Admissions
Global Household ID: 312243
Fake Person**

After selecting *Continue* the screen in *Figure 17* will display. Select *Face Sheet*. This will bring you to the *Household Composition* page, which allows designation of relation to primary client. Once all relationships are entered, select *Save*.

	<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Relation to Primary Client</u>
✓	No	Person	01/01/2012	
✓	Fake	Person	03/01/1970	Self

FACE SHEET

Figure 17 – Additional household members

This concludes the intake/admission process for Coordinated Entry, and you are now ready to enter the assessment in HMIS.

Assessment: This step in recording Coordinated Entry in HMIS allows the collection of assessment dates and locations, as well as results.

To begin recording an Assessment, start on the homepage in AWARDS and select your Coordinated Entry Project. To the far left of this same page you will select *Charts* then *Services-Individual* as shown below.

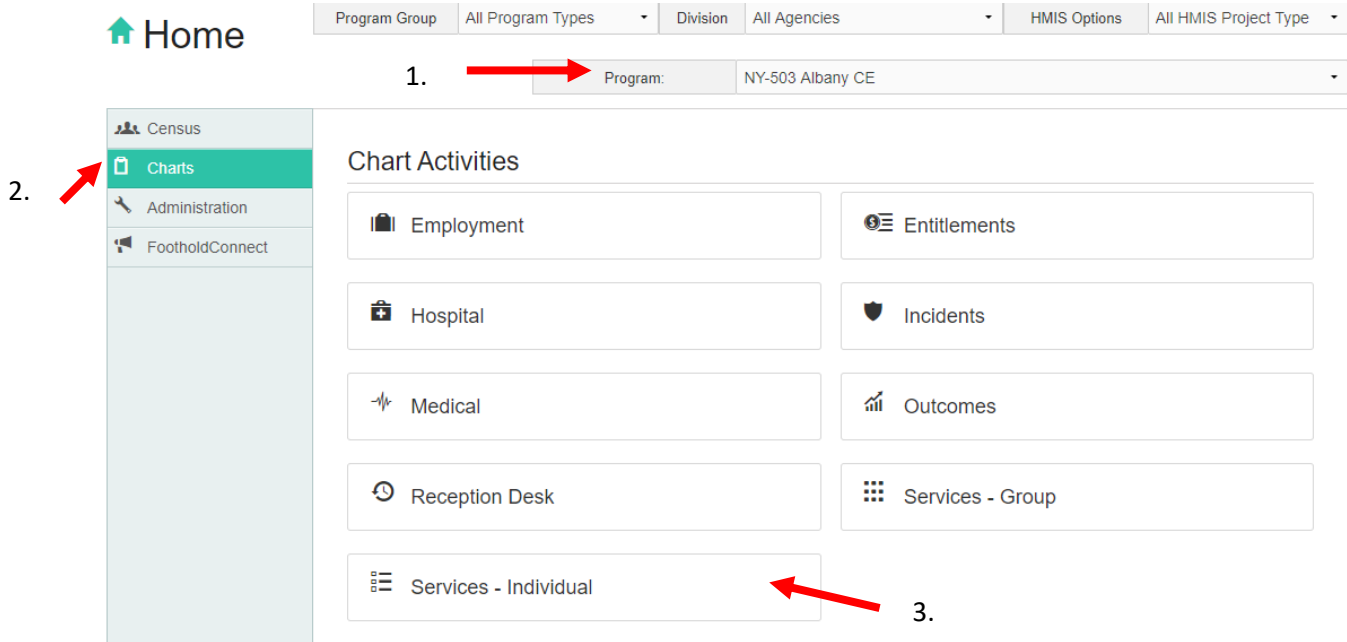
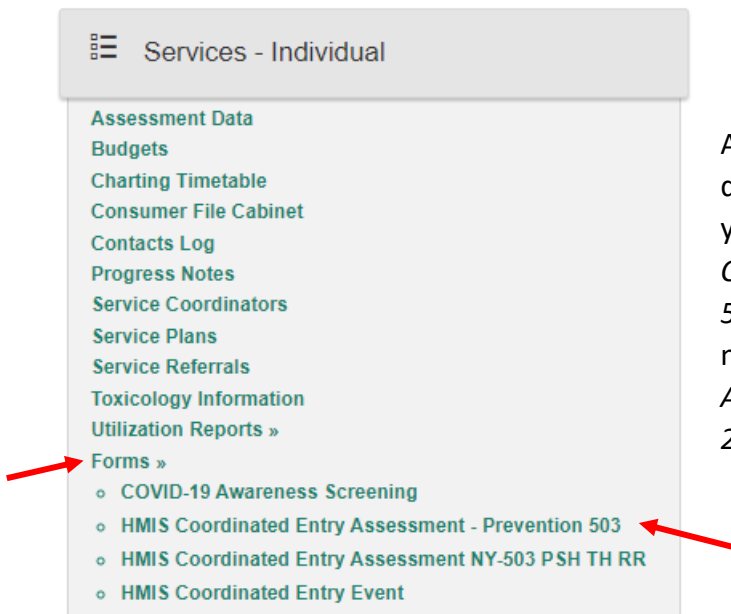


Figure 18 – Assessment



After completing the steps in *Figure 18*, a drop-down menu will be available allowing you to select *Forms* and then *HMIS Coordinated Entry Assessment - Prevention 503* (*Figure 19*). This will bring you to the next screen, *HMIS Coordinated Entry Assessment NY-503 Menu*, as shown in *Figure 20*.

Figure 19 – Assessment cont'd

**NY-503 Albany CE
HMIS Coordinated Entry Assessment - Prevention 503 Menu**

Using the *Consumer* drop down menu select the person for which you are completing an assessment and *Continue*.

Consumer	Date Range	
Client, Fake	06/23/2020	09/21/2020 <input type="checkbox"/> Roster Archives

Figure 20 – Assessment cont’d

After selecting *Continue*, Figure 21 will display on the next screen. To move forward, select the red highlighted link *Create New HMIS Coordinated Entry Assessment - Prevention 503 for* (in this case) *Fake Client*.

**NY-503 Albany CE - HMIS Coordinated Entry Assessment - Prevention 503
Fake Client**

Date Entered	Time Entered	Date of Assessment	Assessment Location	Assessment Type
				Create New HMIS Coordinated Entry Assessment - Prevention 503 for Fake Client

Figure 21 – Assessment cont’d

The entire HMIS Coordinated Entry Prevention Assessment will display on the next screen, each section separated by various *Update* buttons.

The first section, *Update HMIS Coordinated Entry Assessment - Prevention* is shown below in Figure 22.

**NY-503 Albany CE
Fake Client
HMIS Coordinated Entry Assessment - Prevention 503**

** Indicates required fields.*

*Date of Assessment	<input type="text"/>
*Assessment Location	<input type="text"/>
*Assessment Type	<input type="text"/>
*Assessment Level	<input type="text"/>
*Prioritization Status	<input type="text"/>

Figure 22 – Assessment cont’d

(Figure 22 continued)

- *Date of Assessment* reflects the date the information was collected.
- *Assessment Location* is the organization completing the assessment.
- *Assessment Type* collects whether the assessment was completed *By Phone, In Person or Virtually*.
- *Assessment Level* captures the type of assessment being completed, either *Crisis Needs Assessment* or *Housing Needs Assessment*. In your community, you will be completing a *Housing Needs Assessment* as your Coordinated Entry is not utilized for Emergency Shelter Placement.
- *Prioritization Status* captures if the person is being placed on the prioritization list.

Once all intended information is entered, select *Save* and move on to updating the next section of the assessment.

NY-503 Albany CE
Fake Client
ACCH Prevention Coordinated Entry Assessment Tool

* Indicates required fields.

ACCH Prevention Coordinated Entry Assessment Tool	
Staff Member Completing Assessment	Staff Member Email
<input type="text"/>	<input type="text"/>
Staff Member Phone	Agency Name
<input type="text"/>	<input type="text"/>
Client Name	Client Phone
<input type="text"/>	<input type="text"/>
*Client Address	
<input type="text"/>	
Prioritization CRITERIA	
Use the following criteria to prioritize the applicant/ household for prevention services	
URGENCY OF HOUSING SITUATION	
<input type="checkbox"/> Lock out -Sheriff <input type="checkbox"/> Warrant (stayed or not) <input type="checkbox"/> Court/Trial date <input type="checkbox"/> 14 day rent demand	
POTENTIAL BARRIERS AND VULNERABILITIES	
<input type="checkbox"/> No income or Income to housing ratio 80 + <input type="checkbox"/> Income to Housing 50 – 80 <input type="checkbox"/> Income to Housing 30 – 50 <input type="checkbox"/> COVID (Sick, Quarantined, income affected due to COVID) <input type="checkbox"/> Household of 5 or More <input type="checkbox"/> Single Parent w/ Minor Child(ren) <input type="checkbox"/> At Risk of Losing Pub /Sub Housing <input type="checkbox"/> Homeless in past 5 years (street, shelter or motel) <input type="checkbox"/> Eviction in past 5 years (Court order or left after notice to quit)	
Total Score	
0	

SAVE

HMIS Coordinated Entry Assessment - Prevention 503

The final section of the assessment captures the point of entry’s contact information as well as the prioritization criteria. Once all intended information is entered select save. (For *Urgency of Housing Situation* select only one.)

You are now able to alert committee members of the assessment’s completion.

Figure 23 – Assessment cont’d

Supporting Documentation and On-going Communication (Messages): All supporting documentation/proof of eligibility and client specific communication must be sent through the *Messages* module via the HMIS database.

Follow the steps below to confidentially share and collaborate. Begin with selecting *Messages* in the top banner.

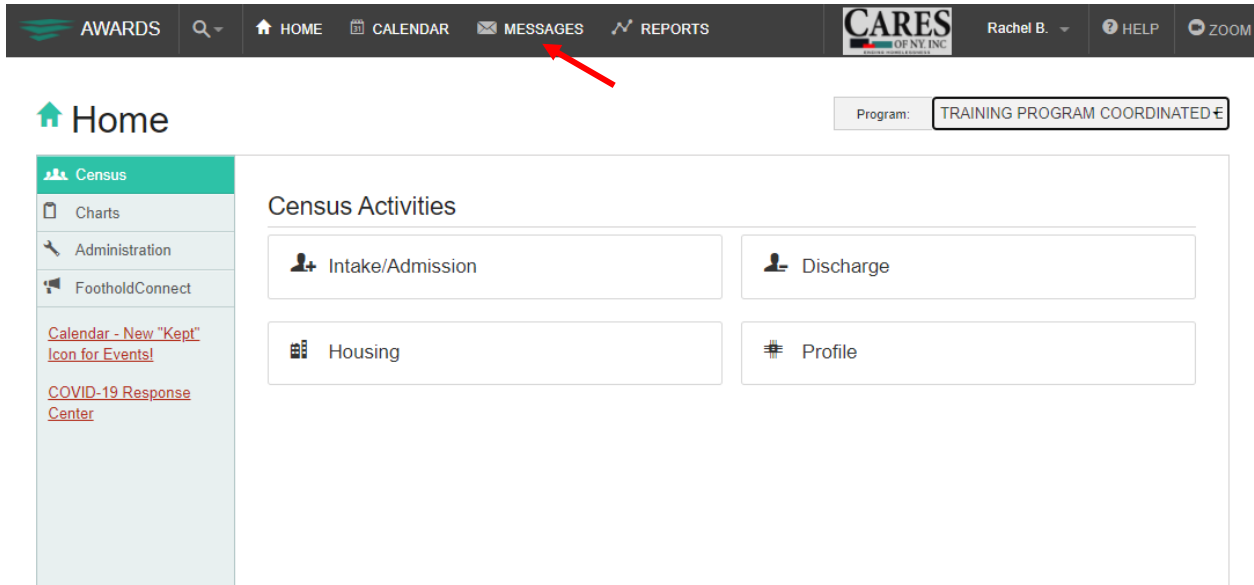


Figure 24 - Messages

Select the paper and pencil icon, which will bring you to a *new message* box.

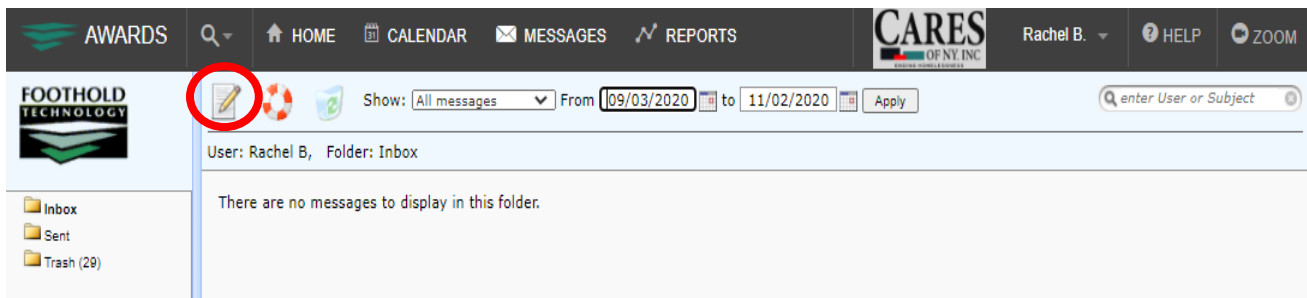


Figure 25 - Messages cont'd

Enter the HMIS username of all intended recipients in the *To* section. If sending to multiple recipients separate each HMIS username using a semicolon. Enter the HMIS username of the CE Lead in your CoC in the *Cc* line. Enter the *Subject* and then compose your message. If sending attachments, select the paperclip in the top left corner. Repeat this process until all documents are attached.

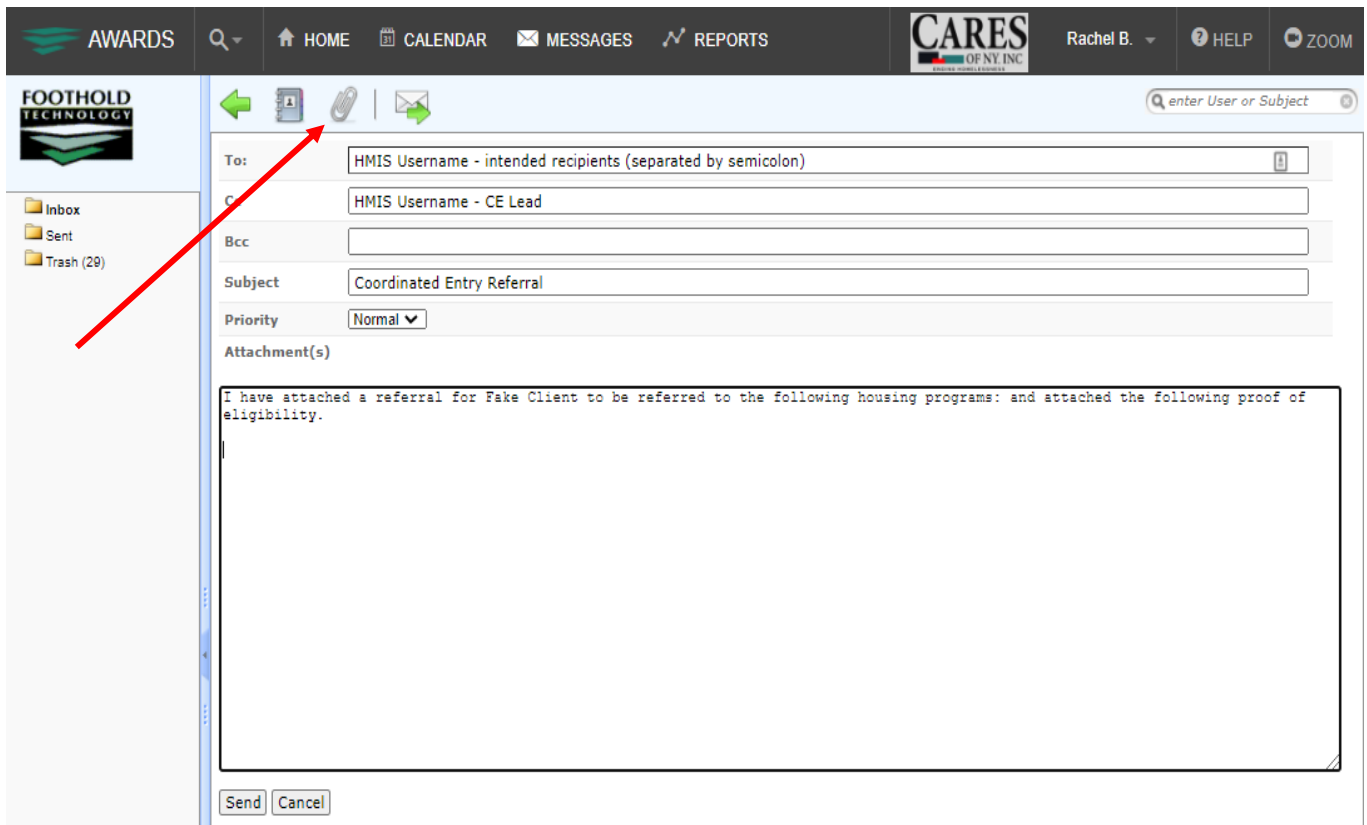


Figure 26 – Messages cont'd

Coordinated Entry Events: *Coordinated Entry Event* is a new data element released specific to Coordinated Entry projects in HMIS. This allows the capture of access and referral events, as well as outcomes of those events. To begin this process, follow steps 1-4 as indicated in the image below.

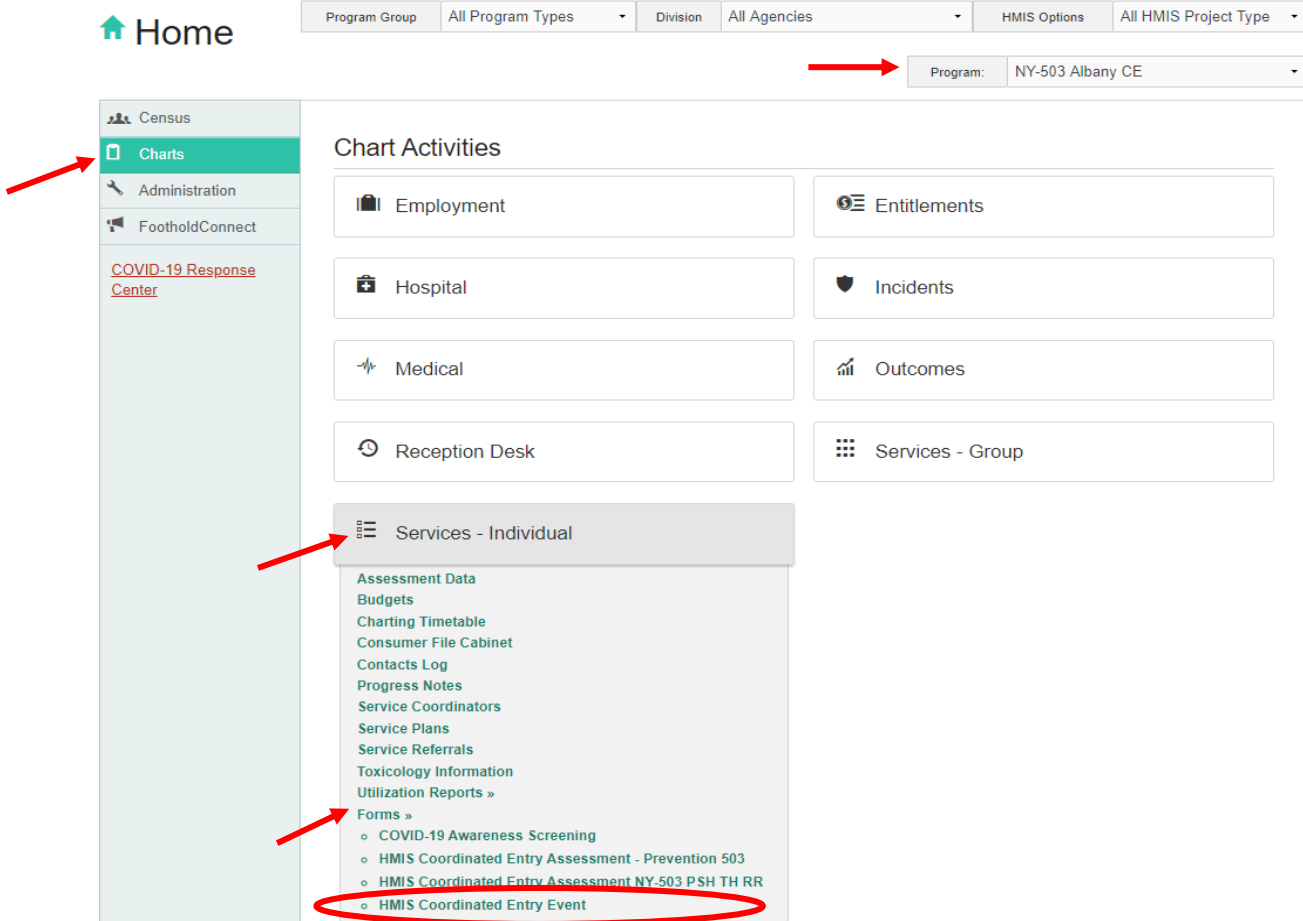


Figure 27 - Events

Once *HMIS Coordinated Entry Event* is selected a new screen will generate where you are able to select the Client for which the event needs to be recorded. Once you have selected the Client from the *Consumer* drop down menu, select *Continue*.

After clicking *Continue* select the red text, *Create New HMIS Coordinated Entry Event* for the intended Client as displayed in *Figure 28*.

NY-503 Albany CE - HMIS Coordinated Entry Event

Fake Client

Date Entered Time Entered Date of Event Event If the Event Type is "Problem Solving/Diversion/Rapid Resolution intervention or service" then was the Client housed/re-housed in a safe alternative?

Create New HMIS Coordinated Entry Event for Fake Client

HMIS Coordinated Entry Event Menu

Figure 28 – Events cont’d

The next step is to record the event. To complete this, select *Update HMIS Coordinated Entry Event Section* as shown below. This will generate a new screen opening fields for data entry.

NY-503 Albany CE

Fake Client

HMIS Coordinated Entry Event

Date of Event	Event
Referral Result	Date of result
<input type="button" value="Update HMIS Coordinated Entry Event Section"/>	

Printable Form

Form Index

Figure 29 – Events cont’d

Using the data entry fields and drop-down menus enter the Date of the *event* and the type of *event*. The *Date of Event* should reflect when the first program is able to serve this household and the household accepts. *Event* will be *Referral to Prevention Assistance Project*. When all intended information is entered select *Save*. (*Date of result* will be entered during case review meetings).

NY-503 Albany CE

Fake Client

HMIS Coordinated Entry Event

* Indicates required fields.

<p>*Date of Event</p> <input type="text" value="9/25/2020"/>	<p>*Event</p> <input type="text" value="Referral to Prevention Assistance project"/>
<p>Referral Result</p> <input type="text" value="Successful referral: client accepted"/>	<p>Date of result</p> <input type="text" value="9/25/2020"/>

SAVE

Form Index

Figure 30 – Events cont’d



For additional questions regarding this process please reach out to the Coordinated Entry Team in AWARDS at: ceteam