

Coordinated Entry in the CRHMIS Database Desk Guide

This guide is intended to walk through the process of an admission, assessment, event(s), updating current living situation (at points of contact), and discharge of an individual/family in the Coordinated Entry project in the CRHMIS AWARDS Database.

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.

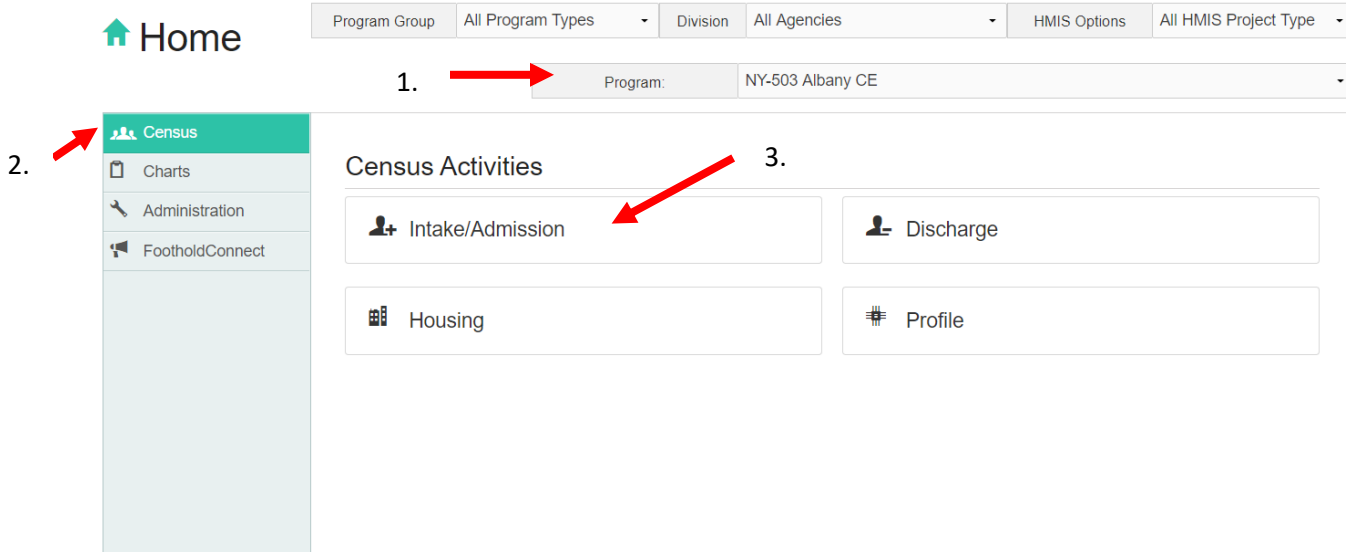


Figure 1 – intake form

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

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 drop-down menus that support 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:		Client Location (Continuum of Care):	
<input type="text"/>		NY-503 - Albany City & County CoC ▼	
Primary Worker:			
<input type="text"/>			
Information Sharing Level:			
<input type="text"/>			
Referred By:		To be determined after referral is created	
		<input type="button" value="Update Referral Source"/>	

* Indicates Required Fields

*First Name:	Middle Name:	*Last Name:	Suffix:
<input type="text" value="Person"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Name Data Quality:	Alias:	*Social Security #:	*SSN Data Quality:
Data not collected ▼	<input type="text"/>	999999999	Data not collected ▼
*Gender (HMIS):	*Birthdate:	*Birthdate Data Quality:	*Ethnicity (HMIS):
Data not collected ▼	01/01/1901	Data not collected ▼	Data not collected ▼

***Race (HMIS) [Select all that apply]:**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused	<input checked="" 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 housing availability.
- *Prior Living Situation* – captures where a client slept **last night**. This plays into the overall determination of chronic homeless status when paired with the other fields that feed into this auto-calculation. If when answering this question, you select a homeless situation from the drop down menu it will alter the screen to additionally capture approximate date homelessness started, number of times the Client has been homeless (as defined by HUD) and total number of months the Client has been homeless (see Figure 6). **Please note, Chronically Homeless status cannot be calculated until current living situation and disabling condition status are established.*
- *Current Living Situation* – captures where a Client will sleep **tonight**.

Phone:	
<input type="text"/>	
*Veteran Status:	
<input type="text" value="Data not collected"/>	
Prior Living Situation	
*Type of Residence:	*Length of Stay in Prior Living Situation:
<input type="text"/>	<input type="text"/>
Chronically Homeless <small>(Auto-Calculated):</small>	
<input type="text" value="No"/>	
Current Living Situation	
*Current Living Situation:	Location Details:
<input type="text"/>	<input type="text"/>
Living Situation verified by:	
<input type="text"/>	

Figure 5 – intake form cont'd

Prior Living Situation	
*Type of Residence:	*Length of Stay in Prior Living Situation:
<input type="text" value="Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter"/>	<input type="text" value="Data not collected"/>
*Approximate date homelessness started:	
<input type="text"/>	
*(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:	*Total number of months homeless on the street, in ES, or SH in the past three years:
<input type="text"/>	<input type="text"/>
Chronically Homeless <small>(Auto-Calculated):</small>	
<input type="text" value="No"/>	

Figure 6 – example of homeless situation indicated in “type of residence”

Figure 7 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 complete the follow up *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), Temporary Assistance for Needy Families (TANF) and WIC benefits.

*Income from Any Source:			
▼			
Monthly Income <small>[Read only. Value is determined from income sources entries.]:</small>			
\$0.00			
Monthly Income Sources:			
<input type="checkbox"/> Earned Income (i.e. employment income):	▢	<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:			
▼			
Non-Cash Benefits <small>[Select all that apply]:</small>			
<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 7 – intake form cont'd

The collection of health insurance information is captured as seen in Figure 8. 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:	
▼	
MEDICAID:	MEDICARE:
▼	▼
State Children's Health Insurance Program:	Veteran's Administration (VA) Medical Services:
▼	▼
Employer-Provided Health Insurance:	Health Insurance obtained through COBRA:
▼	▼
Private Pay Health Insurance:	State Health Insurance for Adults:
▼	▼
Indian Health Services:	Other:
▼	▼

Figure 8 – intake form cont'd

The special needs section, *Figure 9*, 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=""/>	<input type="text" value=""/>
*Developmental Disability:	
<input type="text" value=""/>	
*Chronic Health Condition:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:
<input type="text" value=""/>	<input type="text" value=""/>
*HIV/AIDS:	
<input type="text" value=""/>	
*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=""/>	<input type="text" value=""/>
*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=""/>	<input type="text" value=""/>
*Disabling Condition:	
<input type="text" value="Data not collected"/>	

Figure 9 – intake form cont’d

Figure 10 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=""/>	<input type="text" value=""/>
Currently Pregnant:	Due Date:
<input type="text" value=""/>	<input type="text" value=""/>

Figure 10 – intake form cont’d

The Household Program Enrollment section displayed in *Figure 11* will display additional household members when 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					
<small>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.</small>					
HMIS Household Type:		Household Size (Calculated):			
To be determined		To be determined			
Number of Adults:		Number of Admitted Adults:			
To be determined		To be determined			
Number of Children (Calculated):		Number of Admitted Children:			
To be determined		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 <small>[Enter 99999 if you don't know zip code quality.] Zip Code Lookup;</small>					
<input type="text"/>					
Zip Code Data Quality:			Date Left Last Permanent Address:		
<input type="text"/>			<input type="text"/>		
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			
<input type="button" value="PROCESS ADMISSION"/>		<input type="button" value="Not Accepted into Program"/>			
<input type="button" value="Intake Menu"/>					

Figure 11 – intake form cont’d

Are you sure that this is the correct spelling for the name (Fake Person), date of birth (03/01/1970) and SSN (999-99-1234)?

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 12

After selecting *Process Admission*, the *HMIS Consent Form* will populate the screen. The form should be reviewed in its entirety with the client. The form should then be initialed by the responsible staff, method in which the form was reviewed indicated (*by phone or in-person*), and date the review took place entered, as shown below. Once all information is entered select *Continue*. (Please note Figure 13 shows the final section of the *HMIS Consent Form*. This image does not include the information required to be reviewed with the individual.)

E. ACKNOWLEDGEMENT OF INCLUSION

No client consent is required to enter client data from provider forms into the CRHMIS, including personally identifying information. All Protected Identifying Information (PII) entered into the HMIS for the purpose of Coordinated Entry may be shared with other participating providers through the HMIS to better serve your needs and streamline the intake process. Additional sharing of your PII will not happen without agreeing through the consent below.

To show you are aware of this, we ask you to initial below.

***Please initial to indicate that you have read and explained the above information to the client and the client understands that their data is being entered into the CRHMIS**

RB

***Please Indicate Method by Which Acknowledgment was Received** ***Date**

Phone 5/25/2020

CONTINUE SKIP THIS QUESTION

Figure 2

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

Select *Create a new Household* as shown in Figure 14, and then *Continue*.

Fake Person is currently not in a household.

Create a new Household

Join an existing Household

CONTINUE

Figure 3

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

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

Would you like to add another member to this household?

Yes No

CONTINUE

Figure 4

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 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
<input type="text" value="No"/>	<input type="text" value="Person"/>

Limit Search Results to Matches

CONTINUE

Figure 16

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

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

Search Criteria	
First Name:	<input type="text" value="No"/>
Last Name:	<input type="text" value="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 5

Select *New Record*. This will enable text boxes to appear, 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 18

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*.

After selecting *Continue* the screen in *Figure 19* 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*.

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

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

FACE SHEET

Figure 19

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.

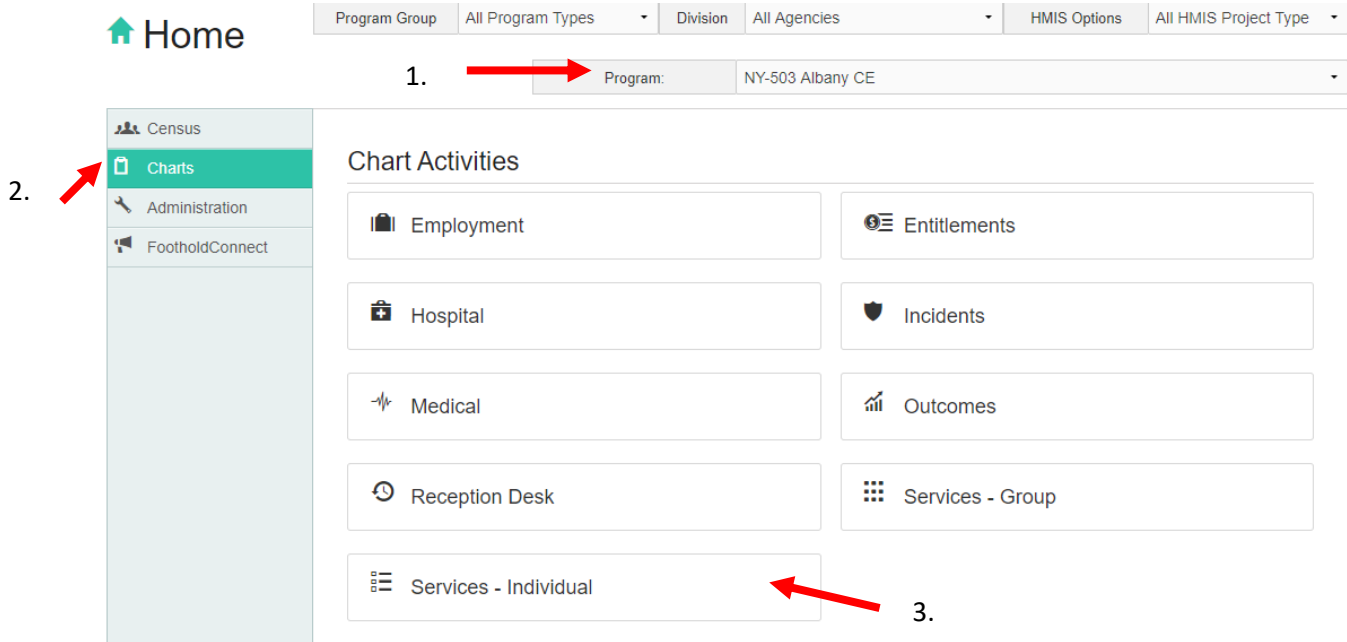
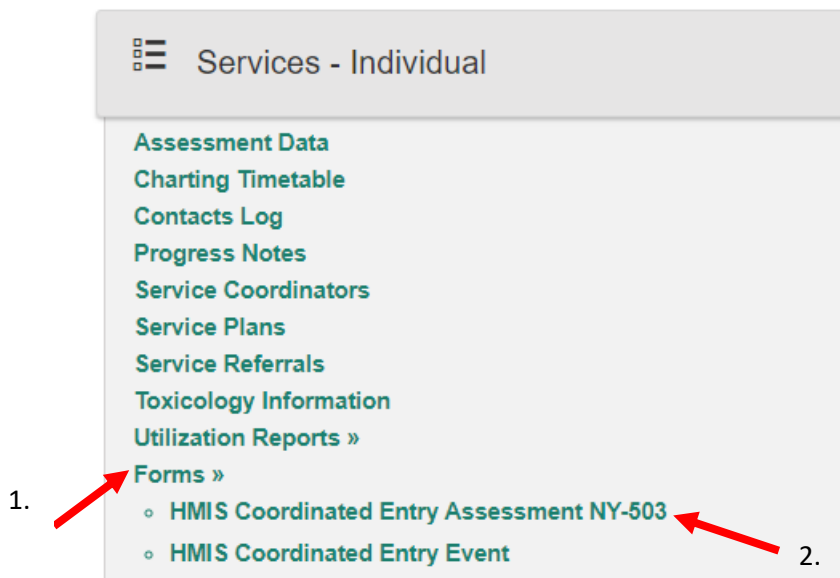




Figure 20



After completing the steps in *Figure 20*, a drop-down menu will be available allowing you to select *Forms* and then *HMIS Coordinated Entry Assessment NY-503* (*Figure 21*). This will bring you to the next screen, *HMIS Coordinated Entry Assessment NY-503 Menu*, as shown in *Figure 22*.

Figure 21

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

Consumer	Date Range	
Person, Fake ▼	12/19/2019  03/18/2020 	<input type="checkbox"/> Roster Archives
<input type="button" value="CONTINUE"/>		

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

Figure 22

After selecting *Continue*, Figure 23 will display on the next screen. To move forward, select the red highlighted link *Create New HMIS Coordinated Entry Assessment NY-503 for (in this case) Fake Person*.

**NY-503 Albany CE - HMIS Coordinated Entry Assessment NY-503
Fake Person**

Date Entered	Time Entered	Date of Assessment	Assessment Location	Assessment Type
→ Create New HMIS Coordinated Entry Assessment NY-503 for Fake Person				
<input type="button" value="HMIS Coordinated Entry Assessment NY-503 Menu"/>				

Figure 23

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

The first section, *Update HMIS Coordinated Entry Assessment* is shown below in Figure 24.

* 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"/>
<input type="button" value="SAVE"/>	

Figure 24

(Figure 24 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.

Are you seeking housing services? <input type="radio"/> Yes <input type="radio"/> No		Have you previously completed an application for assistance through coordinated entry? <input type="radio"/> Yes <input type="radio"/> No	
<i>If Client is not seeking housing Services, A housing Assessment does not need to be completed.</i>			
Name of Referring Agency <input style="width: 95%;" type="text"/>		Referring Agency Staff Contact Name <input style="width: 95%;" type="text"/>	
Referring Agency Staff Contact Email <input style="width: 95%;" type="text"/>	Referring Agency Staff Contact Phone Number <input style="width: 95%;" type="text"/>	Referring Agency Staff Contact Fax Number <input style="width: 95%;" type="text"/>	

Figure 25

Enter all available information to complete the assessment portion displayed in *Figure 25* then select *Save*. After selecting *Save* you will be brought back to the full assessment, allowing you to move forward with updating the remaining sections.

Figure 26 displays information pulled in from the Admission/Intake section. Once all information is verified and current living situation is entered, select Save.

Name Fake Person	Date of Birth 01/01/1972	Age 48
Prior Living Situation Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	Current Living Situation <input type="text"/>	Cause of Homelessness
Veteran Status no	Special Needs HIV/AIDS	
Disabling Condition Yes	Income Source None	
Monthly Income None		

Figure 26

Figure 27 consists of community specific questions as well as the opportunity to capture additional household member information. (This does not replace the requirement of completing an intake/admission for each member of the household). Once all responses are entered, including additional follow up questions, select save and move onto the final stage of the assessment process.

Have you ever been convicted of any of the following?
 No Yes Client Refused Data Not Collected

Conviction
 Arson Robbery Assault Murder Sexual Offense Other

Have you or any family member of your household ever been evicted for a crime?
 No Yes Client Refused Data Not Collected

Are there any legal restrictions that effect housing?
 No Yes Client Refused Data Not Collected

Have you or any member of the household been on/currently on probation or parole?
 No Yes Client Refused Data Not Collected

Have you or any member of your household been involved with any protection agency?
 No Yes Client Refused Data Not Collected

Household Member Information

Household member name	Relationship	Source of Income (wages, SSI, AFDC, etc.)	Monthly Income Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 27

Vulnerability Index Scoring is the final section of the CE Assessment. There are two *Vulnerability Index Scoring* options. The first is for singles and should be completed only for households with one member. The second index is for families, this should be completed by any household with more than one member.

By responding *Yes* to any of the vulnerability questions, the database calculates the points awarded to the question. After selecting *Save*, the *Total Score* displays, and the assessment is complete.

Vulnerability Index Scoring for Individuals

Is client Chronically Homeless

Yes

Assisted Outpatient Treatment (AOT) Status(County Priority; below CH)
Client has active court-ordered AOT, verified via court paperwork or AOT Care Coordinator.

Yes No Unable to determine

Please Check all that apply

- Client is Currently Homeless
- client is currently staying in a place not meant for human habitation, a safe haven, or is street homeless
- client is 18-24 years of age
- client is 60 years of age or older
- client has served one day (other than training) in active military, naval, or air service
- Is a Female Veteran
- client acknowledges experiencing domestic violence (DV) in the last 30 days
- client indicates having limitations on where they can live due to DV
- client is pregnant
- client has a documented disability
- client has two (2) or more documented disabilities
- client needs special accommodations due to handicap disability
- client indicates they have no income OR only receive DSS assistance
- client indicates criminal history, and/or current probation or parole status
- client indicates having limitations on where they can live due to sex offender status or probation/parole
- client has had any recent involvement with a Child Protective, Adult Protective, Juvenile Justice, Family Court, or Foster Care Agency
- client has had multiple points of contact (3 or more) with Emergency Responders such as ambulance, ER visits, crisis, detox, fire, or police/LEAD Program within the last 90 days
- client indicates that they have been homeless due to eviction, utility shut off, or Code Enforcement three (3) or more times in the last 2 years

Additional Points Section (2-point maximum)

Other 1 pt Other 2 pts

Total Points

Figure 28

Updating Current Living Situation (during points of contact): This element is designed to capture where a person is staying at a point in time. It is intended to be updated at each point of contact and will help track where people are staying throughout their participation in the Coordinated Entry process.

To update the *Current Living Situation*, complete the following steps:
From the *Home* screen select the appropriate *Program*, *Profile*, then *Face Sheet* as shown in *Figure 29*.

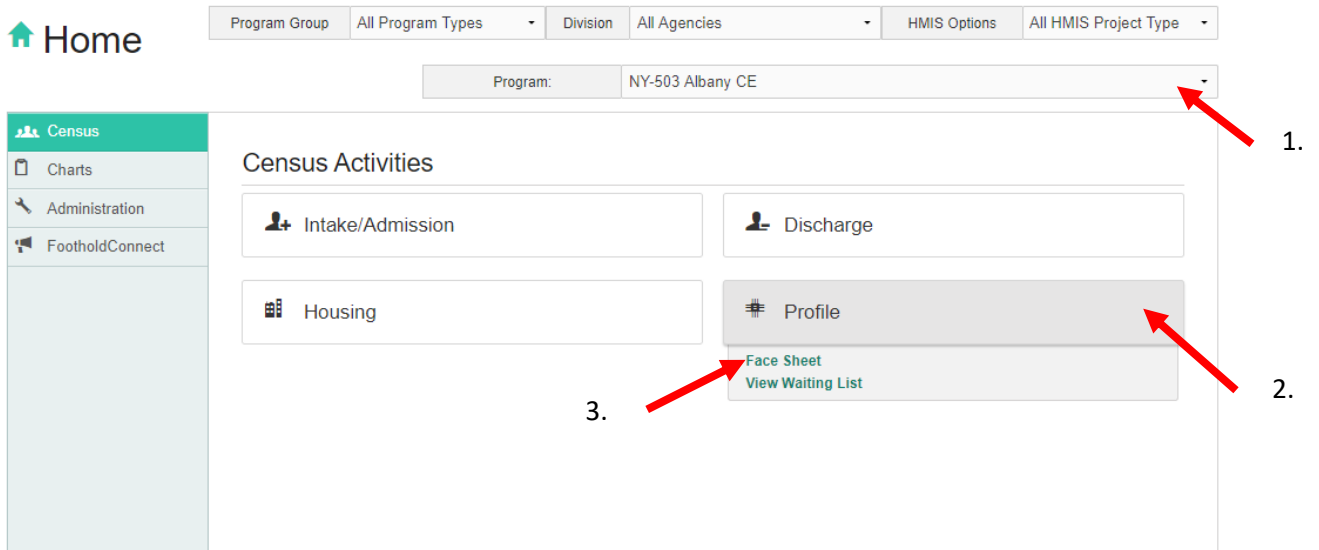
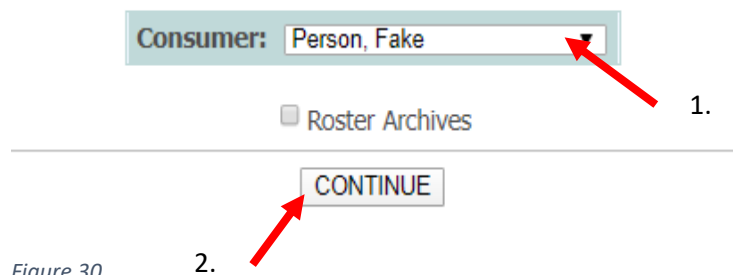


Figure 29

**NY-503 Albany CE
Consumer Profile / Face Sheet Update Selection**



Using the drop down menu, select the person for which you are updating their *Current Living Situation*, and then *Continue*.

Figure 30

HMIS Info Update History
None

Once the *Face Sheet* populates the screen, scroll to the middle and select *Update HMIS Info*.

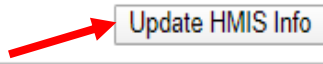


Figure 31

Using the *Effective Date* data entry box, enter the date the information was reported. Access the drop-down menu attached to *Current Living Situation* to indicate where a person is staying at the time of contact. *Living Situation Verified By* provides a drop-down menu of projects within the CoC able to confirm the information. If the project verifying the person's *Current Living Situation* is not listed in the drop-down menu, *Location Details* would be a good alternative to capture this information.

NY-503 Albany CE
Update HMIS Info: Fake Person

1.	*Effective Date: <input type="text"/>	Annual Update:
	Date of Relevant Anniversary: 03/11	*Client Location (Continuum of Care): NY-503 - Albany City & County CoC
Current Living Situation		
2.	*Current Living Situation: Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	Location Details: <input type="text"/>
	Living Situation verified by: ACDSS - Schuyler Inn	3.
		4. (optional)

Figure 32

Once all information relevant to updating the *Current Living Situation* has been entered, scroll to the bottom of the page and select *UPDATE* as shown below.

HMIS Info Update History
None

Figure 33

After *UPDATE* has been selected, the *Face Sheet* will populate the screen displaying the updated information. This concludes *Updating Current Living Situation*.



For additional questions regarding this process please reach out to:

ceteam in AWARDS