

## 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.

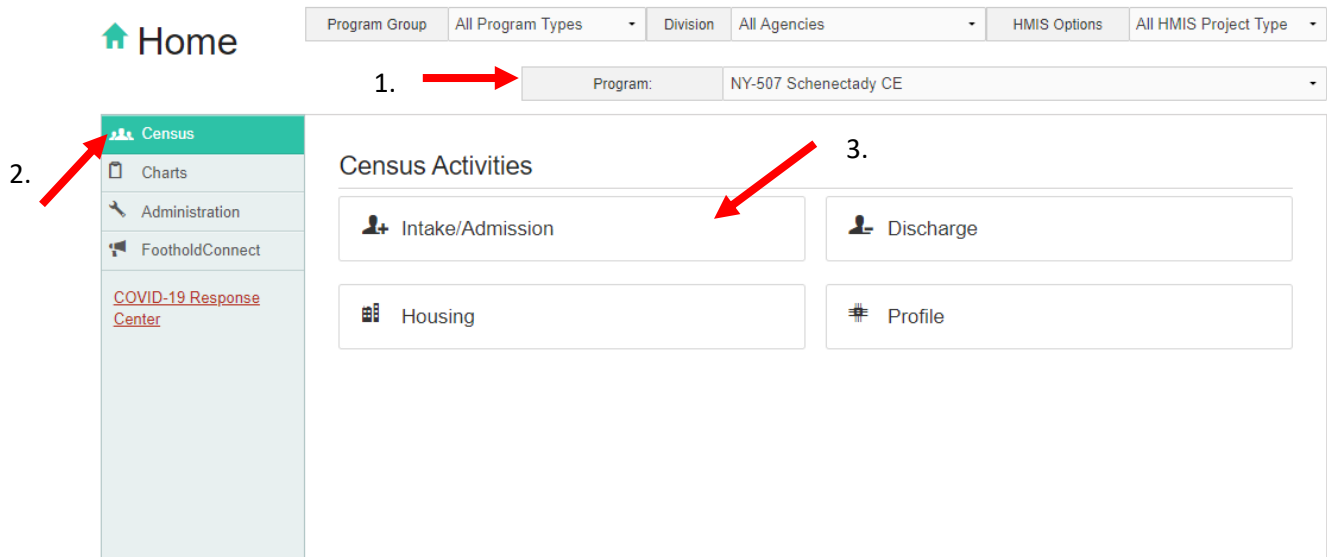
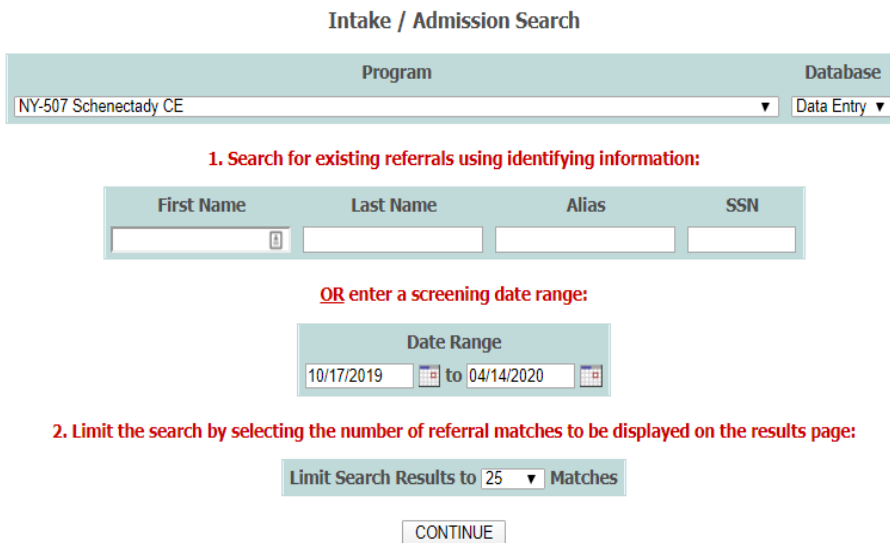


Figure 1



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

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-507 Schenectady CE  
Intake / Admission Search Results

Referral Source Type: All Sources  
Referrals Screened From 10/17/2019 to 04/14/2020  
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
	<a href="#">Create New Application</a>			Screening	?	NY-507 Schenectady CE						

Figure 3

**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.

*Intake Date/Project Start Date:		Client Location (Continuum of Care):	
<input type="text"/>		NY-507 - Schenectady City & County CoC	
Primary Worker:			
<input type="text"/>			
Information Sharing Level:			
<input type="text"/>			
Referred By:		To be determined after referral is created	Update Referral Source
* Indicates Required Fields			
*First Name:	Middle Name:	*Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Name Data Quality:	Alias:	*Social Security #:	*SSN Data Quality:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Gender (HMIS):	*Birthdate:	*Birthdate Data Quality:	*Ethnicity (HMIS):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Race (HMIS) [Select all that apply]:			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input 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

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"/>	
Prior Living Situation	
<b>*Type of Residence:</b>	<b>*Length of Stay in Prior Living Situation:</b>
<input type="text"/>	<input type="text"/>
<b>Chronically Homeless (Auto-Calculated):</b>	
No	
Current Living Situation	
<b>*Current Living Situation:</b>	<b>Location Details:</b>
<input type="text"/>	<input type="text"/>
<b>Living Situation verified by:</b>	
<input type="text"/>	

Figure 5 - intake form cont'd

Prior Living Situation	
<b>*Type of Residence:</b>	<b>*Length of Stay in Prior Living Situation:</b>
<input type="text" value="Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)"/>	<input type="text"/>
<b>*Approximate date homelessness started:</b>	
<input type="text"/>	
<b>*(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:</b>	<b>*Total number of months homeless on the street, in ES, or SH in the past three years:</b>
<input type="text"/>	<input type="text"/>
<b>Chronically Homeless (Auto-Calculated):</b>	
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.

<b>*Income from Any Source:</b>	
▼	
<b>Monthly Income</b> <small>[Read only. Value is determined from income sources entries.]:</small>	
\$0.00	
<b>Monthly Income Sources:</b>	
<input type="checkbox"/> Earned Income (i.e. employment income):	▼
<input type="checkbox"/> Supplemental Security Income (SSI):	▼
<input type="checkbox"/> VA Service-Connected Disability Compensation:	▼
<input type="checkbox"/> Private disability insurance:	▼
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF):	▼
<input type="checkbox"/> Retirement Income from Social Security:	▼
<input type="checkbox"/> Child support:	▼
<input type="checkbox"/> Other:	▼
<input type="checkbox"/> Unemployment Insurance:	▼
<input type="checkbox"/> Social Security Disability Insurance (SSDI):	▼
<input type="checkbox"/> VA Non-Service-Connected Disability Pension:	▼
<input type="checkbox"/> Worker's compensation:	▼
<input type="checkbox"/> General Public Assistance:	▼
<input type="checkbox"/> Pension or retirement income from a former job:	▼
<input type="checkbox"/> Alimony or other spousal support:	▼
<b>*Non-Cash Benefits from Any Source:</b>	
▼	
<b>Non-Cash Benefits</b> <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.

<b>*Covered by Health Insurance:</b>	
▼	
<b>MEDICAID:</b>	<b>MEDICARE:</b>
▼	▼
<b>State Children's Health Insurance Program:</b>	<b>Veteran's Administration (VA) Medical Services:</b>
▼	▼
<b>Employer-Provided Health Insurance:</b>	<b>Health Insurance obtained through COBRA:</b>
▼	▼
<b>Private Pay Health Insurance:</b>	<b>State Health Insurance for Adults:</b>
▼	▼
<b>Indian Health Services:</b>	<b>Other:</b>
▼	▼

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	
<b>*Physical Disability:</b>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:
<input type="text"/>	<input type="text"/>
<b>*Developmental Disability:</b>	
<input type="text"/>	
<b>*Chronic Health Condition:</b>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:
<input type="text"/>	<input type="text"/>
<b>*HIV/AIDS:</b>	
<input type="text"/>	
<b>*Mental Health Problem:</b>	(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"/>	<input type="text"/>
<b>*Substance Abuse:</b>	(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"/>	<input type="text"/>
<b>*Disabling Condition:</b>	
<input type="text"/>	

*Figure 9 - intake form cont'd*

*Figure 10* is a combination of required data elements and community-based questions.

Domestic Violence	
Information Date:	Domestic Violence Victim/Survivor:
<input type="text"/>	<input type="text"/>
<b>*Employment Status:</b>	
<input type="text"/>	
Currently Pregnant:	Due Date:
<input type="text"/>	<input type="text"/>
Military Service	
<b>*Veteran Status:</b>	Veteran Discharge Status:
<input type="text"/>	<input type="text"/>
Branch of Military:	
<input type="text"/>	

*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 you will 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.

<b>HMIS Household Type:</b> To be determined	<b>Household Size (Calculated):</b> To be determined
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**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](#)

<b>Zip Code Data Quality:</b> <input type="text"/>	<b>Date Left Last Permanent Address:</b> <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 11 - intake form cont'd*

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

At times, the database will ask to confirm 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 Informed Inclusion Form as shown below in *Figure 13*.

*Figure 12*

After confirming the name, date of birth and social security number 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 13

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

**NY-507 Schenectady CE  
Household Composition  
Nota Person**

**Nota Person is currently not in a household.**

Create a new Household

Join an existing Household

CONTINUE

Figure 14

**NY-507 Schenectady CE  
Household Composition  
Global Household ID: 311726  
Nota Person**

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

**Would you like to add another member to this household?**

Yes    No

CONTINUE

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*.

Figure 15

**NY-507 Schenectady CE  
Household Search  
Global Household ID: 311726  
Nota 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

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

Figure 16

**NY-507 Schenectady CE  
Household Search Results  
Global Household ID: 311726  
Nota 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"/>	<b>New Record</b>				



\* 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 17

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-507 Schenectady CE  
Household Composition  
Global Household ID: 311726  
Nota Person**

First Name	Last Name	Date of Birth	Relation to Primary Client
No	Person	**_**_****	
Nota	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?

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*.

Figure 18

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-507 Schenectady CE  
Household Composition - Admissions  
Global Household ID: 311726  
No Person**

	First Name	Last Name	Date of Birth	Relation to Primary Client
✓	No	Person	01/01/2000	
✓	Nota	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.

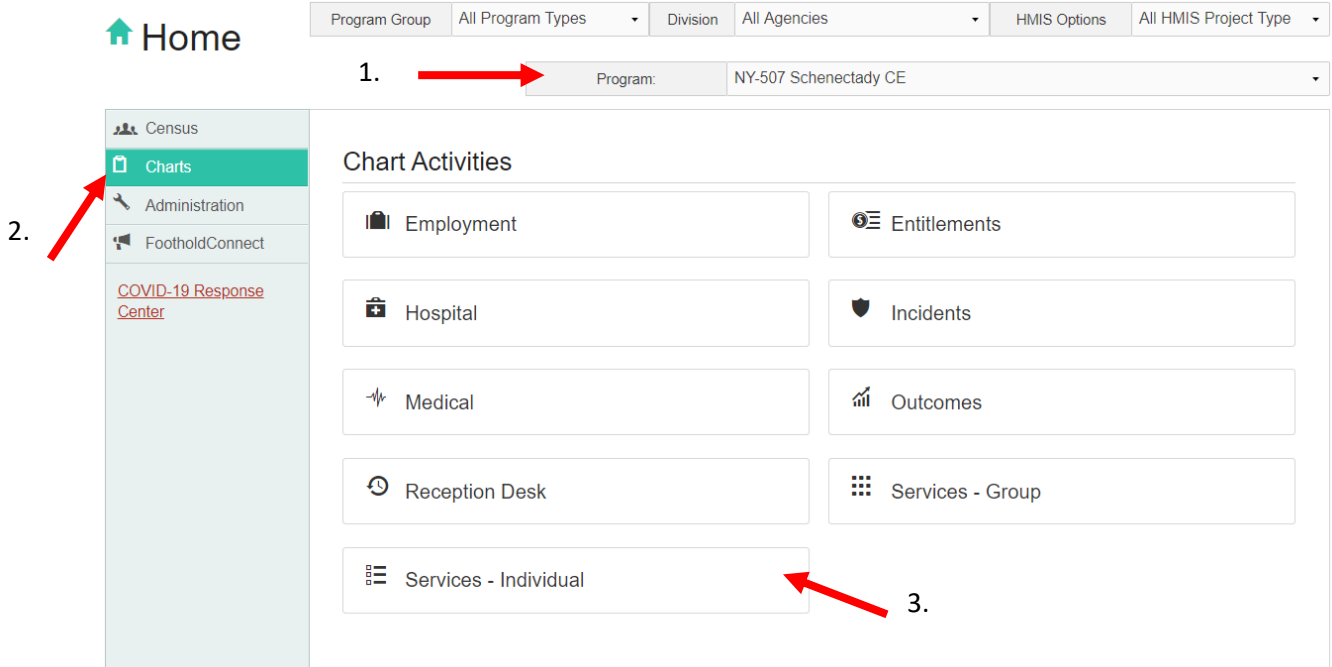


Figure 20 – assessment

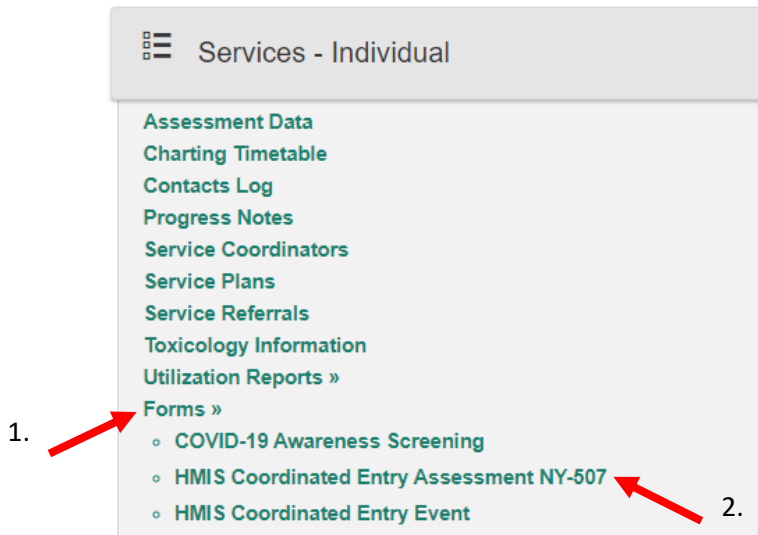


Figure 21 - assessment cont'd

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-507* (*Figure 21*). This will bring you to the next screen, *HMIS Coordinated Entry Assessment NY-507 Menu*, as shown below in *Figure 22*.

**NY-507 Schenectady CE  
HMIS Coordinated Entry Assessment NY-507 Menu**

<b>Consumer</b>	<b>Date Range</b>			
Person, Training ▼	01/21/2020	04/20/2020	<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 - assessment cont'd

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-507 for (in this case) Training Person*.

**NY-507 Schenectady CE - HMIS Coordinated Entry Assessment NY-507**

**Training Person**

Date Entered	Time Entered	Date of Assessment	Assessment Location	Assessment Type
<a href="#">Create New HMIS Coordinated Entry Assessment NY-507 for Training Person</a>				
<input type="button" value="HMIS Coordinated Entry Assessment NY-507 Menu"/>				

Figure 23 - assessment cont'd

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.

NY-507 Schenectady CE  
Training Person  
HMIS Coordinated Entry Assessment NY-507

\* 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 - assessment cont'd

(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.

After selecting *Update Schenectady County CE Section* the first time it appears on the Assessment page, you will be brought to what is shown in *Figures 25 - 27*. This section captures *Referring Staff Information, Legal Information* and *Referral Information*. Once all intended information is entered and *Save* is selected you will be brought back to the full assessment, allowing you to move forward with updating the remaining sections.

Figure 25 captures *Referring Staff Information*.

NY-507 Schenectady CE  
Training Person  
Schenectady County CE

Referring Staff Information			
This section has been pre-populated with data from "Schenectady County CE" that was collected at intake/admission.			
Client Name	Referring Agency	Intake Staff First Name	Intake Staff Last Name
Training Person	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intake Staff Email	Intake Staff Phone Number with Extension		
<input type="text"/>	<input type="text"/>		

Figure 25 - assessment cont'd

Legal Information is collected in *Figure 26*.

Legal Information			
This section has been pre-populated with data from "Schenectady County CE" that was collected at intake/admission.			
Felony Convictions (anyone in Household)	If Yes, Who	If Household Member: Name	Currently on Probation/Parole
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Required to Register Address	Order of Protection Against Anyone in the Household	If Yes: Who	Order of Protection Against Another Person (outside the household)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If Yes: Who (has an order of protection against another person)	Involvement with CPS, APS, Juvenile Justice, Family Court in the Last 90 Days	If Yes: Which Program (select all that apply)	If CPS: Is There a Reunification Plan In Place
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CPS <input type="checkbox"/> APS <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Family Court <input type="checkbox"/> Other	<input type="text"/>

Figure 26 - assessment cont'd

Figure 27 captures Referral Information. Once all available information is entered select Save and move on to the next section of the assessment.

Referral Information

This section has been pre-populated with data from "Schenectady County CE" that was collected at intake/admission.

Past Referrals <input type="text"/>	Results <input type="text"/>	
CoC Agencies Being Referred To (Select all that apply) <input type="checkbox"/> APH <input type="checkbox"/> Bethesda House <input type="checkbox"/> Mohawk Opportunities <input type="checkbox"/> New Choices <input type="checkbox"/> SAFE Inc <input type="checkbox"/> SCAP <input type="checkbox"/> Soldier On <input type="checkbox"/> VA <input type="checkbox"/> VCHC <input type="checkbox"/> YMCA <input type="checkbox"/> YWCA <input type="checkbox"/> Other	CoC Programs Being Referred To (Select all that apply) <input type="checkbox"/> APH HOPWA <input type="checkbox"/> BH Beacon <input type="checkbox"/> BH Pathways <input type="checkbox"/> BH Lighthouse <input type="checkbox"/> BH Liberty House <input type="checkbox"/> Mohawk PSH Program <input type="checkbox"/> Mohawk Opportunities CoC 14 Unit <input type="checkbox"/> New Choices SPC <input type="checkbox"/> SCAP CoC Rapid Rehousing <input type="checkbox"/> SCAP PHP 27 <input type="checkbox"/> SCAP SPC <input type="checkbox"/> VA VISN <input type="checkbox"/> VCHC Center St <input type="checkbox"/> VCHC VAP <input type="checkbox"/> YMCA 10 Unit <input type="checkbox"/> YMCA SPC 20 Unit <input type="checkbox"/> YMCA SRO <input type="checkbox"/> YWCA Rosa's House Expansion <input type="checkbox"/> Other	Non-CoC Programs Being Referred To (Select all that apply) <input type="checkbox"/> Mohawk Supported Housing <input type="checkbox"/> Mohawk RAP <input type="checkbox"/> SCAP Hillside <input type="checkbox"/> YMCA Supported Housing <input type="checkbox"/> YWCA Main Building <input type="checkbox"/> Other

This section has been pre-populated with data from "Schenectady County CE" that was collected at intake/admission.

<input type="checkbox"/> Homeless Documentation Provided	<input type="checkbox"/> Disability Documentation Provided	Vulnerability Score <input type="text"/>
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Notes

SAVE

HMIS Coordinated Entry Assessment NY-507

Figure 27 - assessment cont'd

The *Vulnerability Index* is the final section of the *CE Assessment*. There are two *Vulnerability Index* (scoring) options, as shown in Figures 28 & 29. 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.

To complete the *Vulnerability Index*, select *Update Schenectady County CE Section* for either the individual or family.

NY-507 Schenectady CE  
Training Person  
Schenectady County CE

Vulnerability Index for Individuals

This section has been pre-populated with data from "Schenectady County CE" that was collected at intake/admission.

Is the Client Chronically Homeless?  
Yes

Please Check All That Apply

- Applicant stayed LAST NIGHT in a place not meant for human habitation, shelter paid for by DSS, TH, or Institutional Setting
- Applicant acknowledges experiencing domestic violence in the last 30 days
- Applicant is 18-24 years of age
- Applicant is 60 years of age or older
- Applicant has served one day (other than training) in active military, naval, or air service
- Applicant is pregnant
- Applicant has a documented disability
- Applicant has two (2) or more documented disabilities
- Applicant indicates they have no income OR only receive DSS assistance
- Applicant indicates felony conviction
- 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, or ER visits within the last 90 days

Total Score

SAVE

HMIS Coordinated Entry Assessment NY-507

Figure 28 - assessment cont'd, vulnerability singles

**Vulnerability Index for Families**

*This section has been pre-populated with data from "Schenectady County CE" that was collected at intake/admission.*

**Is the HOH Chronically Homeless?**  
Yes

**Please Check All That Apply**

- HOH stayed LAST NIGHT in a place not meant for human habitation, shelter paid for by DSS, TH, or Institutional Setting
- HOH acknowledges experiencing domestic violence in the last 30 days
- HOH is 18-24 years of age
- HOH is 60 years of age or older
- Any HH member has served one day (other than training) in active military, naval, or air service
- Any HH member is pregnant
- HOH has a documented disability
- HOH has two (2) or more documented disabilities
- Other members of the household (not HOH) have a documented disability
- No one in the household has income OR only receive DSS assistance
- Anyone in the household indicates felony conviction
- HOH has had any recent involvement with a Child Protective, Adult Protective, Juvenile Justice, Family Court, or Foster Care Agency
- HOH has had multiple points of contact (3 or more) with Emergency Responders such as ambulance, or ER visits within the last 90 days

**Total Score**

SAVE

HMIS Coordinated Entry Assessment NY-507

Figure 29 - assessment cont'd, vulnerability families

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.

**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*, *Census*, *Profile*, then *Face Sheet* as shown in *Figure 30*.

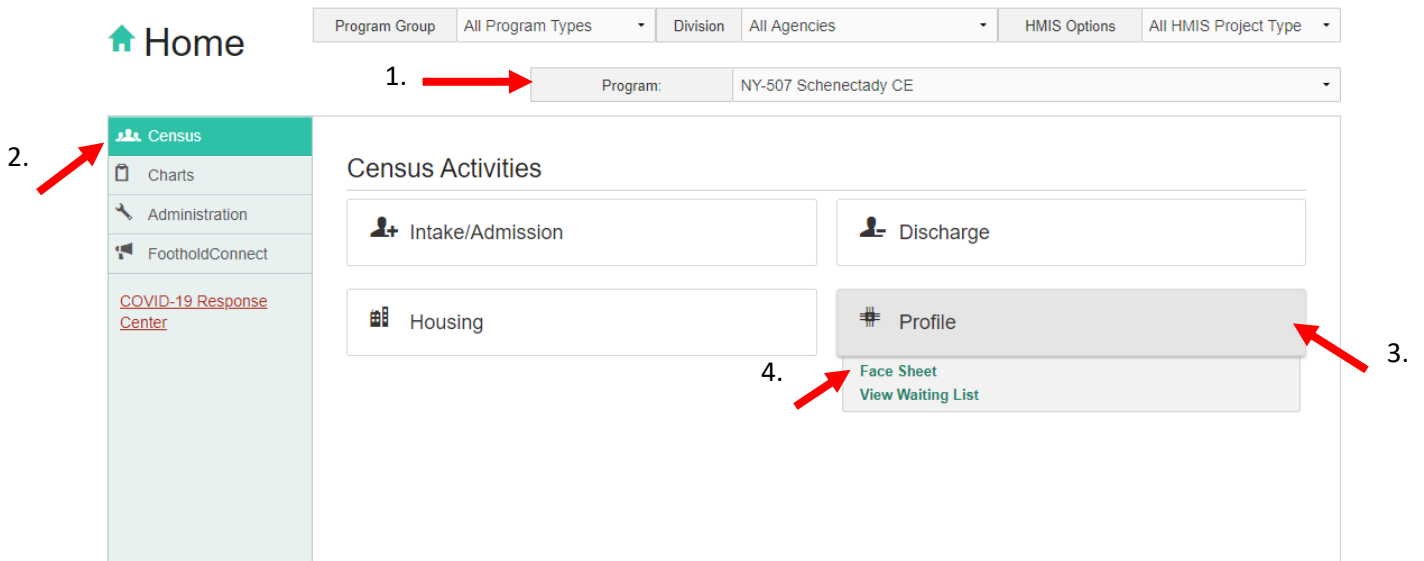
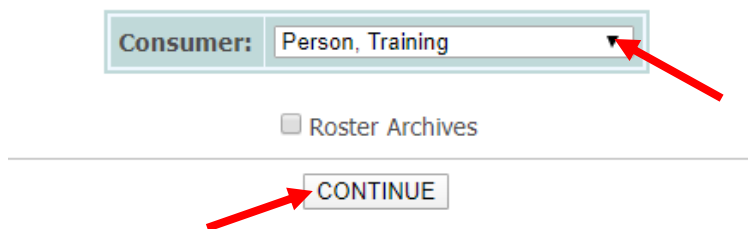


Figure 30 - updating current living situation

**NY-507 Schenectady 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 31 - updating current living situation cont'd

HMIS Info Update History
None

Update HMIS Info

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

Figure 32 - updating current living situation cont'd

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.

1. <input type="text" value=""/>	Annual Update:
Date of Relevant Anniversary: 04/01	*Client Location (Continuum of Care): NY-507 - Schenectady 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: 4. (optional)
3. Living Situation verified by: Bethesda House Code Blue	

Figure 33 - updating current living situation cont'd

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

UPDATE Face Sheet

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

Figure 34 - updating current living situation cont'd



For additional questions regarding this process please reach out to:

ceteam in the AWARDS HMIS Database