

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 into 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.

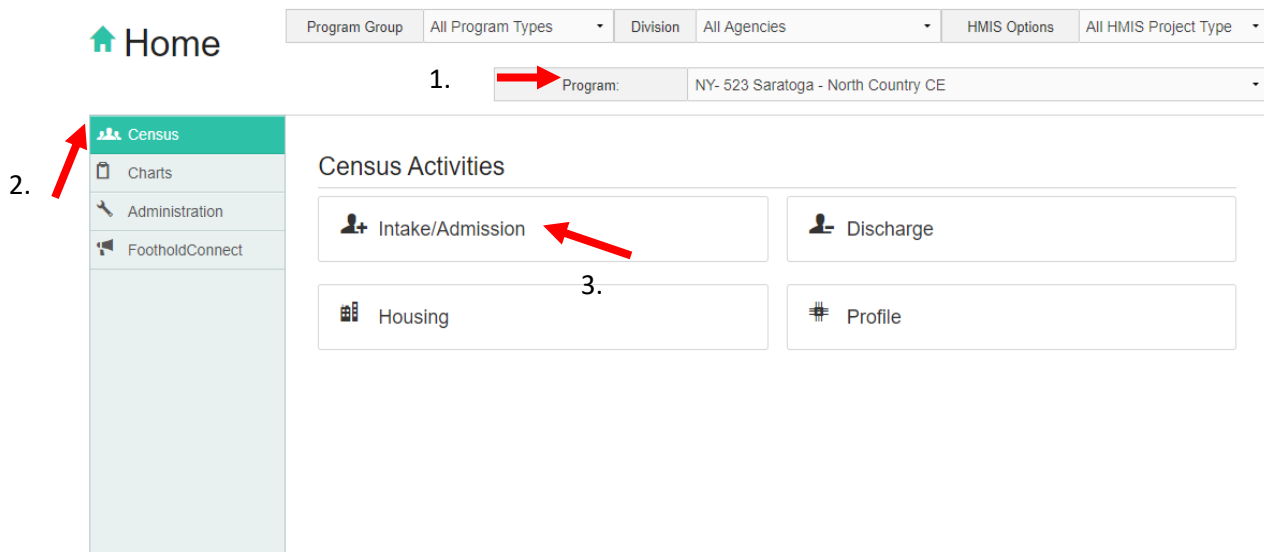


Figure 1

Intake / Admission Search

Program		Database	
NY- 523 Saratoga - North Country 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	
08/28/2019	to 02/24/2020

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

Figure 2

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.

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- 523 Saratoga - North Country CE
Intake / Admission Search Results

Referral Source Type: All Sources
 Referrals Screened From 08/28/2019 to 02/24/2020
 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- 523 Saratoga - North Country 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.

NY- 523 Saratoga - North Country CE
Intake Form: New Applicant

*Intake Date/Project Start Date: <input type="text"/>	Client Location (Continuum of Care): NY-523 - Glen Falls/Saratoga Springs/Saratoga 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: <input type="text"/>	Middle Name: <input type="text"/>	*Last Name: <input type="text"/>	Suffix: <input type="text"/>
*Name Data Quality: <input type="text"/>	Alias: <input type="text"/>	*Social Security #: <input type="text"/>	*SSN Data Quality: <input type="text"/>
*Gender (HMIS): <input type="text"/>	*Birthdate: <input type="text"/>	*Birthdate Data Quality: <input type="text"/>	*Ethnicity (HMIS): <input type="text"/>

***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 type="checkbox"/> Data not collected

Figure 4 – intake form

2 | Page

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**.

The screenshot shows three sections of the intake form:

- Phone:** A single-line text input field with a red arrow pointing to it from the left.
- Prior Living Situation:** A section with two dropdown menus:
 - *Type of Residence: (empty)
 - *Length of Stay in Prior Living Situation: (empty)
 Below these is a field for **Chronically Homeless (Auto-Calculated):** with the value "No".
- Current Living Situation:** A section with two dropdown menus:
 - *Current Living Situation: (empty)
 - Living Situation verified by: (empty)
 To the right is a **Location Details:** text input field (empty).

Figure 5 – intake form cont'd

This screenshot shows a detailed view of the **Prior Living Situation** section:

- *Type of Residence: A dropdown menu with the selected option: "Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)".
- *Length of Stay in Prior Living Situation: A dropdown menu (empty).
- *Approximate date homelessness started: A date picker field.
- *(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: A dropdown menu (empty).
- *Total number of months homeless on the street, in ES, or SH in the past three years: A dropdown menu (empty).
- Chronically Homeless (Auto-Calculated): A field with the 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 [Read only. Value is determined from income sources entries:]	
\$0.00	
Monthly Income Sources:	
<input type="checkbox"/> Earned Income (i.e. employment income):	<input type="text"/>
<input type="checkbox"/> Supplemental Security Income (SSI):	<input type="text"/>
<input type="checkbox"/> VA Service-Connected Disability Compensation:	<input type="text"/>
<input type="checkbox"/> Private disability insurance:	<input type="text"/>
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF):	<input type="text"/>
<input type="checkbox"/> Retirement Income from Social Security:	<input type="text"/>
<input type="checkbox"/> Child support:	<input type="text"/>
<input type="checkbox"/> Other:	<input type="text"/>
<input type="checkbox"/> Unemployment Insurance:	<input type="text"/>
<input type="checkbox"/> Social Security Disability Insurance (SSDI):	<input type="text"/>
<input type="checkbox"/> VA Non-Service-Connected Disability Pension:	<input type="text"/>
<input type="checkbox"/> Worker's compensation:	<input type="text"/>
<input type="checkbox"/> General Public Assistance:	<input type="text"/>
<input type="checkbox"/> Pension or retirement income from a former job:	<input type="text"/>
<input type="checkbox"/> Alimony or other spousal support:	<input type="text"/>
*Non-Cash Benefits from Any Source:	
▼	
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 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: <input type="text"/>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="text"/>
*Developmental Disability: <input type="text"/>	
*Chronic Health Condition: <input type="text"/>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="text"/>
*HIV/AIDS: <input type="text"/>	
*Mental Health Problem: <input type="text"/>	(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"/>
*Substance Abuse: <input type="text"/>	(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"/>
*Disabling Condition: <input type="text"/>	

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: <input type="text"/>	*Domestic Violence Victim/Survivor: <input type="text"/>
Last Grade Completed: <input type="text"/>	Employment Status: <input type="text"/>
Currently Pregnant: <input type="text"/>	Due Date: <input type="text"/>
Military Service	
*Veteran Status: <input type="text"/>	Veteran Discharge Status: <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 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

Homeless Cause:

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

Zip Code Data Quality: **Date Left Last Permanent Address:**

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 (Fake Client), date of birth (03/01/1970) and SSN (123-45-6789)?

Figure 12

At times, the database will ask to confirm the spelling, date of birth and social security number when processing an admission (*Figure 12*). If the information displayed is correct, select *Yes* and move on to the HMIS Consent Form as shown below in *Figure 13*.

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

**NY- 523 Saratoga - North Country CE
Household Composition
Fake Client**

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

Fake Client is currently not in a household.

Create a new Household

Join an existing Household

CONTINUE

Figure 14

**NY- 523 Saratoga - North Country CE
Household Composition
Global Household ID: 311840
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 15

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- 523 Saratoga - North Country CE
Household Search
Global Household ID: 311840
Fake Client

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="Client"/>

Limit Search Results to Matches

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

CONTINUE

Figure 16

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- 523 Saratoga - North Country CE
Household Search Results
Global Household ID: 311840
Fake Client

Search Criteria	
First Name:	No
Last Name:	Client

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"/>	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 17

**NY- 523 Saratoga - North Country CE
Household Composition
Global Household ID: 311840
Fake Client**

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

Would you like to add another member to this household?

Yes No

CONTINUE

Admit No Client? ✕

Would you like to admit No Client 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- 523 Saratoga - North Country CE
Household Composition - Admissions
Global Household ID: 311840
Fake Client**

	First Name	Last Name	Date of Birth	Relation to Primary Client
✓	No	Client	02/01/2008	
✓	Fake	Client	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.

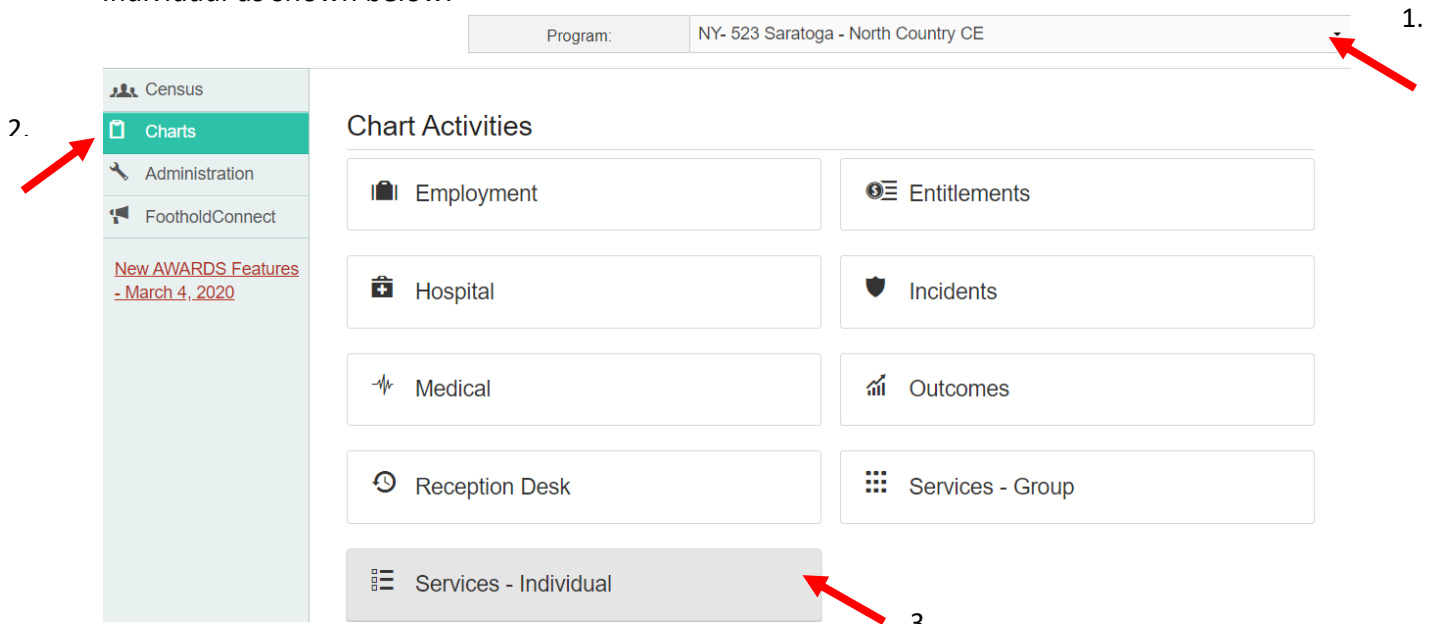


Figure 20

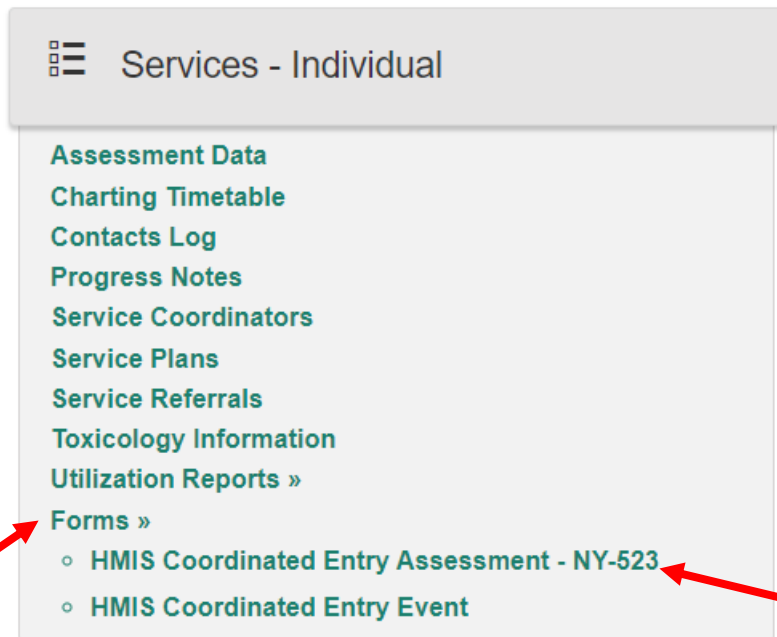


Figure 21

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-523* (*Figure 21*). This will bring you to the next screen, *HMIS Coordinated Entry Assessment – NY-523 Menu*, as shown in *Figure 22*.

**NY- 523 Saratoga - North Country CE
HMIS Coordinated Entry Assessment - NY-523 Menu**

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

Consumer	Date Range			
Person, Fake ▾	12/09/2019	03/08/2020		<input type="checkbox"/> Roster Archives

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-523 for* (in this case) *Fake Person*.

NY- 523 Saratoga - North Country CE - HMIS Coordinated Entry Assessment - NY-523

Fake Person

Date Entered	Time Entered	Date of Assessment	Assessment Location	Assessment Type
Create New HMIS Coordinated Entry Assessment - NY-523 for Fake Person				

HMIS Coordinated Entry Assessment - NY-523 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.

NY- 523 Saratoga - North Country CE
Fake Person
HMIS Coordinated Entry Assessment - NY-523

* 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"/>

SAVE

Form Index

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.

NY-523 CE Assessment		
Saratoga-North Country Continuum of Care Full Assessment		
Are you seeking housing services? <input type="radio"/> No <input type="radio"/> Yes	Have you previously completed an application for assistance through coordinated entry? <input type="radio"/> No <input type="radio"/> Yes	
If Client is not seeking Housing Services a Housing assessment does not need to be completed		
Staff Member Completing Assessment	Agency Name	
<input type="text"/>	<input type="text"/>	
Staff Member's Email	Phone Number	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescreening Information		
Are you currently homeless? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused	Are you at risk of becoming homeless <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused	
Address	Is the Address a current or previous address? <input type="radio"/> Current <input type="radio"/> Previous	Same as mailing address? <input type="radio"/> No <input type="radio"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>
	E-mail	*Phone
	<input type="text"/>	<input type="text"/>
Prevention Stop Here - Refer client to appropriate prevention services and send this form to the appropriate CE coordinator		
<input type="button" value="SAVE"/>		

Figure 25

Enter all available information to complete the assessment portion displayed in *Figure 25*, including *e-mail* if available and *phone number*, then select *Save*. Collection of this information is especially important when completing HUD required evaluations. 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, combined with community specific Coordinated Entry questions. Once all information is entered, select Save.

NY-523 Saratoga - North Country CE
Fake Person
NY-523 CE Assessment

NY-523 CE Assessment		
Intake Date 02/27/2020	First Name Fake	Last Name Person
Alias	Social Security Number 123-45-678	Gender Male
Date of Birth 03/25/1970	Age 49	Ethnicity Non-Hispanic/Non-Latino
Do you have a Phone number at which you can be reached? <input type="radio"/> No <input type="radio"/> Yes		
Prior Living Situation <small>Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)</small>	Number of times the client has been on the streets, in ES, or SH in the past three years including today Four or more times	Total number of months homeless on the street, in ES, or SH in the past three years: More than 12 months
Income Source	Monthly Income Amount None	Non Cash Benefits None
Has Disabling Condition Yes	Special Needs Chronic Health Condition	Currently Pregnant? No
Domestic Abuse Victim/Survivor <input type="radio"/> No <input type="radio"/> Yes	If Yes Are you currently fleeing <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected	Do You Need a Confidential Location To Stay <input type="radio"/> No <input type="radio"/> Yes
Veteran Status no	Can You Provide the following (Select all that apply) <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License Picture or Non-Driver ID	
Have you ever received assistance from a local agency? <input type="radio"/> No <input type="radio"/> Yes		
Can You Provide Documentation of Current Housing Status? <input type="radio"/> No <input type="radio"/> Yes		
Do You Have Friends or Family You Can Stay With For a Short Period of Time? <input type="radio"/> No <input type="radio"/> Yes		
Do you or any member of the household have a history of any of the following (select all that apply) <input type="checkbox"/> Arson <input type="checkbox"/> Production of Illegal Drugs <input type="checkbox"/> Assault <input type="checkbox"/> Sexual Acting Out <input type="checkbox"/> None <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Have you or any member of your household ever had to register as a sex offender? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected		
Have you or any member of the current household been on/currently on probation or parole? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected		
Have you or any member of your household had involvement with CPS in the last 90 days? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client Refused <input type="radio"/> Data Not Collected		
Select the types of accommodations/assistance needed by yourself <input type="checkbox"/> Mobility Impairment <input type="checkbox"/> Medication Assistance <input type="checkbox"/> Wheelchair Accessibility <input type="checkbox"/> Direct Supervision		
Select the types of accommodation/assistance needed by any member of your household <input type="checkbox"/> Mobility Impairment <input type="checkbox"/> Medication Assistance <input type="checkbox"/> Wheelchair Accessibility <input type="checkbox"/> Direct Supervision		
<small>I understand that the information collected on this form will be used to help me gain housing services and this information will be shared with the partnering agencies of the Saratoga-North Country Continuum of Care to make referrals on my behalf and to discuss the details of my case. A list of Saratoga-North Country Continuum of Care partnering agencies can be provided upon request. List is also available on the CARES of NY, Inc website. https://www.caresofny.org/ce-comps/eoasdr/2019/04/ny523-2018-Stu-CE-Plan/attachment/Ltr_June23.pdf</small>		
<small>If a referral is made to the Saratoga, Warren, Washington, or Hamilton County Department of Social Services, I give permission to Social Services to speak to the referring agency as to the status of my housing.</small>		
<input type="button" value="SAVE"/>		

HMS Coordinated Entry Assessment - NY-523

Figure 26

Vulnerability Index Scoring is the final section of the CE Assessment. 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.

NY-523 CE Assessment
Vulnerability Index Scoring

Is the client chronically homeless? Yes	<input type="radio"/> Yes <input type="radio"/> No
Has the client indicated that they slept and are going to sleep in a place not meant for human habitation, a Safe Haven, or in an Emergency Shelter .	<input type="radio"/> Yes <input type="radio"/> No
Is the client 18-24 years of age?	<input type="radio"/> Yes <input type="radio"/> No
Is the client 16-17 years of age?	<input type="radio"/> Yes <input type="radio"/> No
Is the client 60 years of age or older	<input type="radio"/> Yes <input type="radio"/> No
Has the client served one day (other than training) in active military, naval, or air service	<input type="radio"/> Yes <input type="radio"/> No
Has the client indicated homelessness at least one year or on at least four separate occasions in the last three (3) years with a combined length of time homeless of 12 months or more	<input type="radio"/> Yes <input type="radio"/> No
Is client income below 50% AMI for their household size	<input type="radio"/> Yes <input type="radio"/> No
Does client indicate registered sex offender status for self or any member of the household	<input type="radio"/> Yes <input type="radio"/> No
Is client pregnant	<input type="radio"/> Yes <input type="radio"/> No
Does client indicate having a physical disability	<input type="radio"/> Yes <input type="radio"/> No
Does client indicate having a developmental disability	<input type="radio"/> Yes <input type="radio"/> No
Does client indicate having a chronic condition	<input type="radio"/> Yes <input type="radio"/> No
Does client indicate having HIV/AIDS	<input type="radio"/> Yes <input type="radio"/> No
Does client indicate having mental health diagnosis	<input type="radio"/> Yes <input type="radio"/> No
Does client indicate substance abuse	<input type="radio"/> Yes <input type="radio"/> No
Household of 3 or more?	<input type="radio"/> Yes <input type="radio"/> No
Household with CPS involvement?	<input type="radio"/> Yes <input type="radio"/> No
Household fleeing Domestic Violence	<input type="radio"/> Yes <input type="radio"/> No
Client lacks access to homeless shelters	<input type="radio"/> Yes <input type="radio"/> No
Please explain	<input style="width: 100%; height: 20px;" type="text"/>
Total Score	<input style="width: 100%; height: 20px;" type="text"/>
<input type="button" value="SAVE"/>	

Figure 27

Coordinated Entry – Messaging in the HMIS Database

This guide is intended to walk through utilizing messaging in the HMIS AWARDS Database.

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.

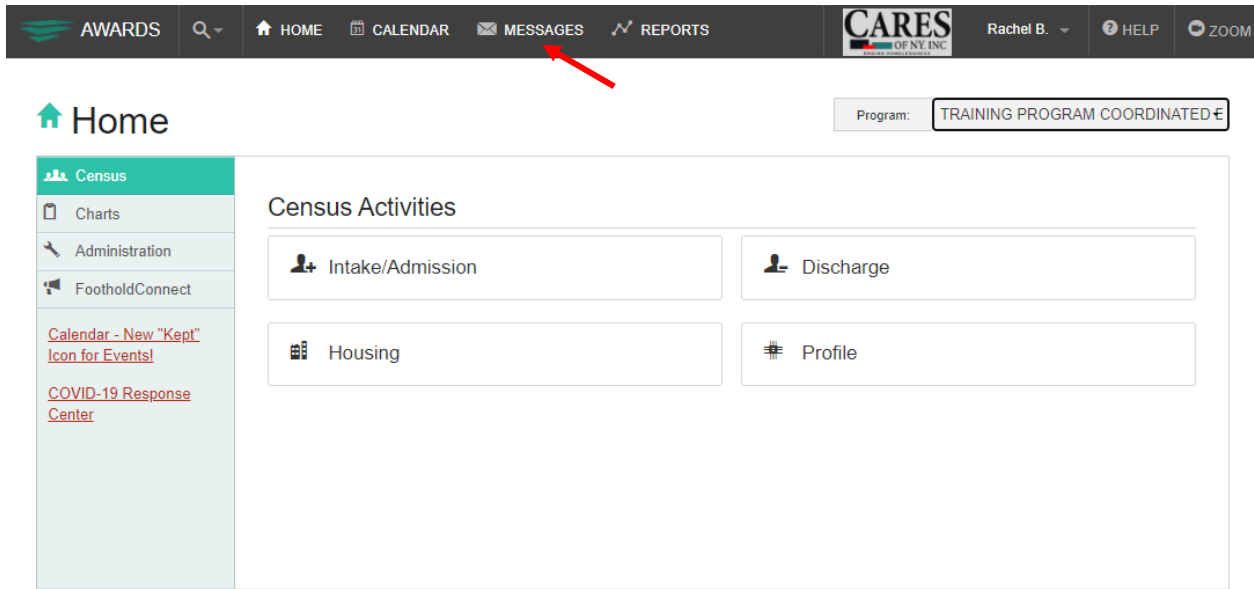


Figure 28 – Messaging in the HMIS AWARDS Database

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

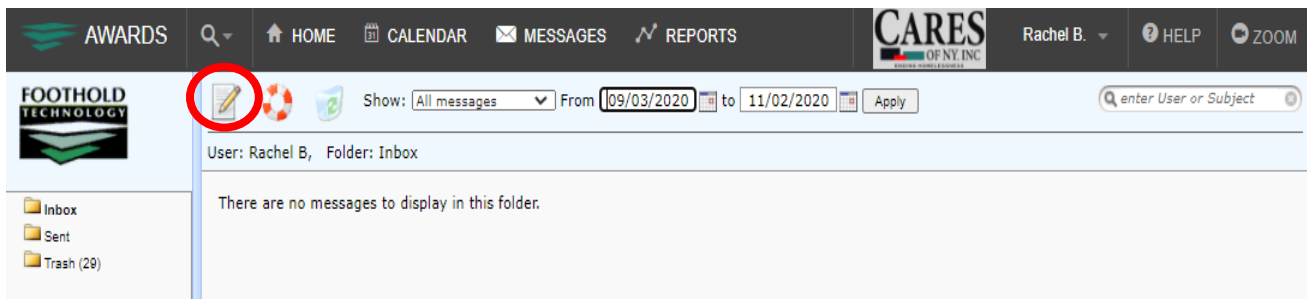


Figure 29 – Messaging cont'd

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.

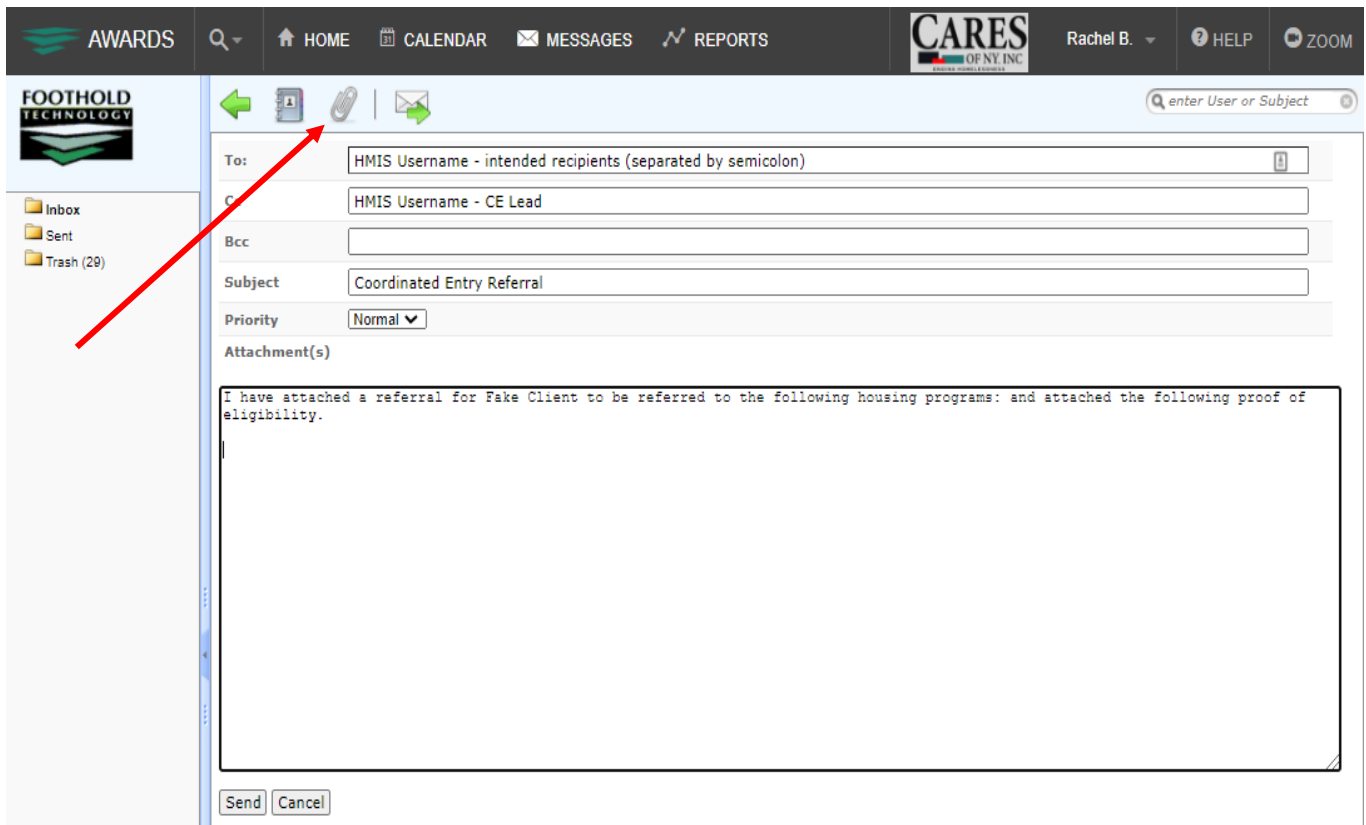


Figure 30 – Messaging cont'd

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 28*.

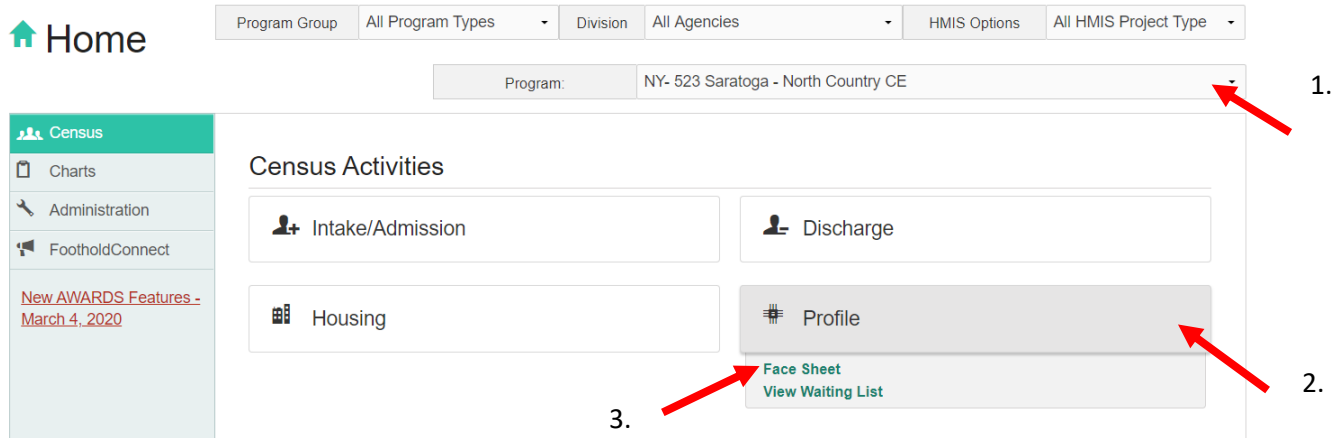
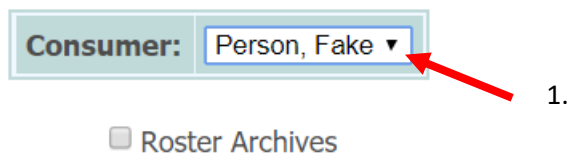


Figure 31

NY- 523 Saratoga - North Country 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*.

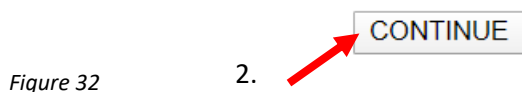


Figure 32

HMIS Info Update History	
None	

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

Figure 33

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.

*Effective Date:	Annual Update:
Date of Relevant Anniversary: 02/27	*Client Location (Continuum of Care): NY-523 - Glen Falls/Saratoga Springs/Saratoga County CoC

2.

Current Living Situation	
*Current Living Situation: Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	Location Details:
Living Situation verified by: SOS Emergency Shelter Shelter	

3.

4. (optional)

Figure 34

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 35

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 reach out to the Coordinated Entry team in AWARDS at: ceteam