

## 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.

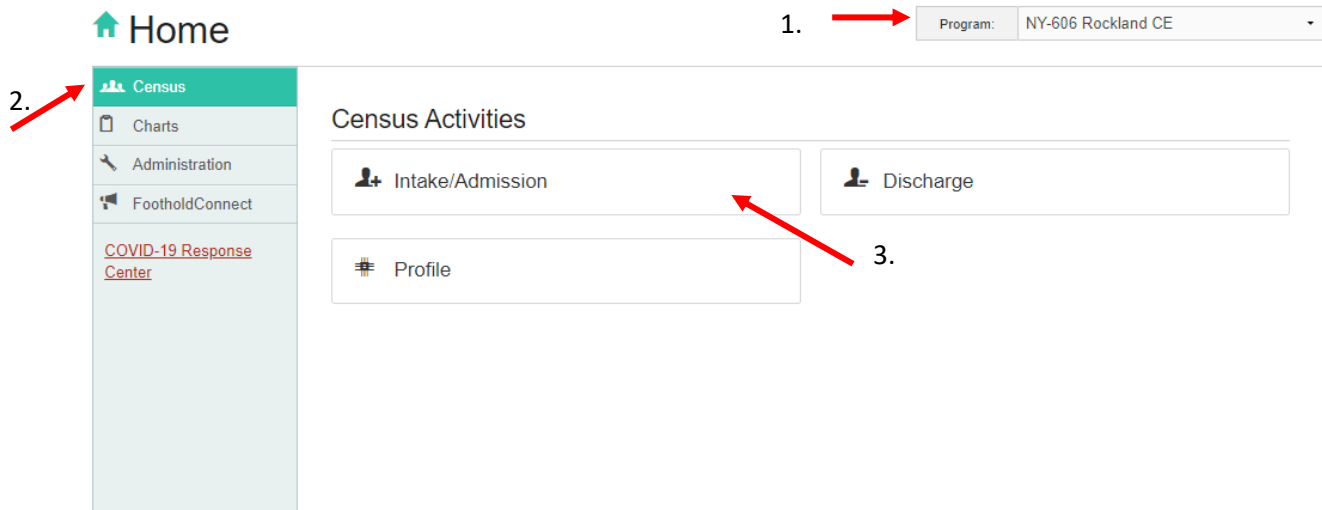


Figure 1 - Intake/Admission

**Intake / Admission Search**

Program Database

NY-606 Rockland CE Data Entry

**1. Search for existing referrals using identifying information:**

First Name	Last Name	Alias	SSN
Fake	Person		123456789

**OR enter a screening date range:**

Date Range

05/13/2020 to 11/09/2020

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

Limit Search Results to 25 Matches

Place Consumers From Waiting List:

▼
View Waiting List

CONTINUE

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

Figure 2 - Intake/Admission 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-606 Rockland CE  
Intake / Admission Search Results

Referral Source Type: All Sources  
Name = Fake Person SSN = 123456789  
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-606 Rockland CE						

[Intake / Admission](#)

*Figure 3 - Intake/Admission 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-606 Rockland CE  
Intake Form: New Applicant

<b>*Intake Date/Project Start Date:</b> 10/27/2020	<b>Client Location (Continuum of Care):</b> NY-606 - Rockland County CoC
<b>Primary Worker:</b> [Dropdown]	
<b>Information Sharing Level:</b> [Dropdown]	
<b>Referred By:</b>	To be determined after referral is created <span style="float: right;"><a href="#">Update Referral Source</a></span>

\* Indicates Required Fields

<b>*First Name:</b> Fake	<b>Middle Name:</b> [Text]	<b>*Last Name:</b> Person	<b>Suffix:</b> [Text]
<b>*Name Data Quality:</b> Full name reported	<b>Alias:</b> [Text]	<b>*Social Security #:</b> 123456789	<b>*SSN Data Quality:</b> Full SSN reported
<b>*Gender (HMIS):</b> Male	<b>*Birthdate:</b> 3/1/1970	<b>*Birthdate Data Quality:</b> Full DOB Reported	<b>*Ethnicity (HMIS):</b> Non-Hispanic/Non-Latino

**\*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 checked="" type="checkbox"/> White	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

*Figure 4 - Intake/Admission cont'd*

Figure 5 displays the following fields; *Phone*, *Veteran Status*, *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.
- *Veteran Status* – select *yes* or *no* depending on if the client indicates veteran status.
- *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. *\*Please note, Chronically Homeless status will not be calculated until current living situation and disabling condition status are established.*
- *Current Living Situation* – captures where a Client will sleep **tonight**.

<b>Phone:</b>	
<input type="text" value="518-331-1234"/>	
<b>*Veteran Status:</b>	
<input type="text" value="No"/>	
<b>Prior Living Situation</b>	
<b>*Type of Residence:</b>	<b>*Length of Stay in Prior Living Situation:</b>
<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="One week or more, but less than one month"/>
<b>*Approximate date homelessness started:</b>	
<input type="text" value="1/1/2017"/>	
<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" value="Four or more times"/>	<input type="text" value="More than 12 months"/>
<b>Chronically Homeless (Auto-Calculated):</b>	
<input type="text" value="Yes"/>	
<b>Current Living Situation</b>	
<b>*Current Living Situation:</b>	<b>Location Details:</b>
<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"/>
<b>Living Situation verified by:</b>	
<input type="text" value="DSS Emergency"/>	

Figure 5 - Intake/Admission cont'd

Figure 6 allows for the collection of information related to income. If a Client indicates receiving cash income, use the drop-down menu attached to Income from Any Source to select yes, then 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>			
[No] <input type="button" value="v"/>			
<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="text"/>	<input type="checkbox"/> Unemployment Insurance:	<input type="text"/>
<input type="checkbox"/> Supplemental Security Income (SSI):	<input type="text"/>	<input type="checkbox"/> Social Security Disability Insurance (SSDI):	<input type="text"/>
<input type="checkbox"/> VA Service-Connected Disability Compensation:	<input type="text"/>	<input type="checkbox"/> VA Non-Service-Connected Disability Pension:	<input type="text"/>
<input type="checkbox"/> Private disability insurance:	<input type="text"/>	<input type="checkbox"/> Worker's compensation:	<input type="text"/>
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF):	<input type="text"/>	<input type="checkbox"/> General Public Assistance:	<input type="text"/>
<input type="checkbox"/> Retirement Income from Social Security:	<input type="text"/>	<input type="checkbox"/> Pension or retirement income from a former job:	<input type="text"/>
<input type="checkbox"/> Child support:	<input type="text"/>	<input type="checkbox"/> Alimony or other spousal support:	<input type="text"/>
<input type="checkbox"/> Other:	<input type="text"/>		
<b>Non-Cash Benefits from Any Source:</b>			
[No] <input type="button" value="v"/>			
<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 6 - Intake/Admission cont'd

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

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

Figure 7 - Intake/Admission cont'd

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

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

Figure 8 - Intake/Admission cont'd

Domestic Violence	
<b>Information Date:</b> 10/27/2020	<b>Domestic Violence Victim/Survivor:</b> No
<b>*Last Grade Completed:</b> Associate's degree	
Household Program Enrollment	
<small>Some of the household fields in this section are automatically updated when household members are added to the Household Composition &gt; 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>	
<b>HMIS Household Type:</b> To be determined	<b>Household Size (Calculated):</b> To be determined
<b>Number of Adults:</b> To be determined	<b>Number of Admitted Adults:</b> To be determined
<b>Number of Children (Calculated):</b> To be determined	<b>Number of Admitted Children:</b> To be determined
<b>Household Program Enrollment:</b>	
<a href="#">First Name</a>	<a href="#">Last Name</a>
<a href="#">Birthdate</a>	<a href="#">Gender</a>
<a href="#">Move In</a>	<a href="#">Move Out</a>
No Data Found	

Figure 9 captures domestic violence history and education level. The Household Program Enrollment section will display additional household members upon entry and connection to the client's record.

Figure 9 - Intake/Admission cont'd

After entering the *Zip Code of Last Permanent Address*, *Zip Code Data Quality* and *Date Left Last Permanent Address*, indicate the *Services Sought* and *PROCESS ADMISSION*.

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>	<b>Date Left Last Permanent Address:</b>
<input type="text" value="Full or Partial Zip Code Reported"/>	<input type="text" value="12/31/2020"/>

**Services Sought:**

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

Figure 10 - Intake/Admission cont'd

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

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

Figure 11 - Intake/Admission cont'd

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 12 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**

<b>*Please Indicate Method by Which Acknowledgment was Received</b>	<b>*Date</b>
<input type="text" value="Phone"/>	<input type="text" value="5/25/2021"/>

Figure 12 - Intake/Admission cont'd

**NY-606 Rockland CE  
Household Composition  
Fake Person**

Select *Create a new Household* as shown in *Figure 13*, and then *Continue*.

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

- Create a new Household
- Join an existing Household

CONTINUE

Figure 13 - Intake/Admission cont'd

**NY-606 Rockland CE  
Household Composition  
Global Household ID: 322084  
Fake Person**

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*.

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 14 – Intake/Admission cont'd

**NY-606 Rockland CE  
Household Search  
Global Household ID: 322084  
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
No	Person

Limit Search Results to 25 Matches

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

CONTINUE

Figure 15 – Intake/Admission cont'd

NY-606 Rockland CE  
Household Search Results  
Global Household ID: 322084  
Fake Person

**Search Criteria**  
First Name: No  
Last Name: Person

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

[First Name](#) [Last Name](#) [Program History\(s\)](#) [Date of Birth](#) [Gender \(HMIS\)](#)

**New Record**

\* Indicates Required Fields

**Living With Household** \*Start Date End Date

Yes  No

\* Indicates Required Fields

CONTINUE

Figure 16 – Intake/Admission cont'd

NY-606 Rockland CE  
Household Composition  
Global Household ID: 322084  
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 17 – Intake/Admission cont'd

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*.

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

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

NY-606 Rockland CE  
Household Composition - Admissions  
Global Household ID: 322084  
Fake Person

	<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Relation to Primary Client</u>
✓	No	Person	01/18/2017	
✓	Fake	Person	03/01/1970	Self

FACE SHEET

Figure 18 – Intake/Admission cont'd

After selecting *Continue* the screen in *Figure 18* 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* and move onto completing the Coordinated Entry Assessment.

**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.

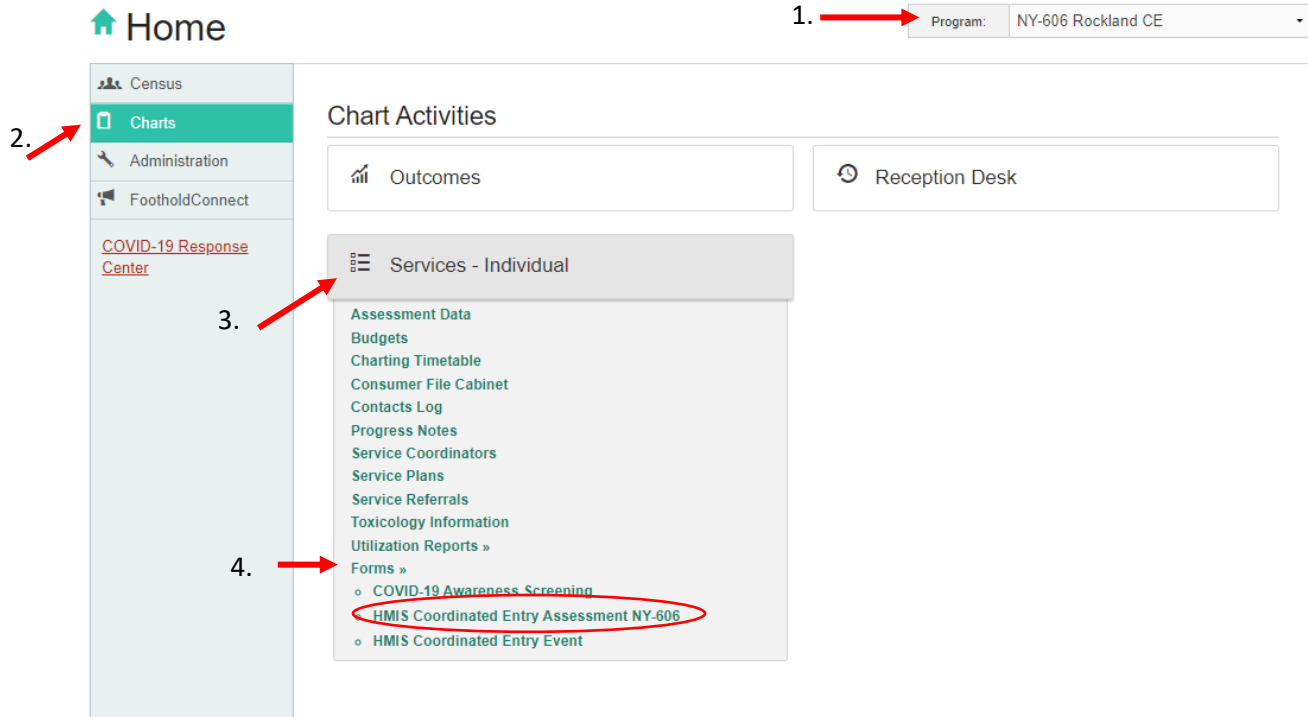
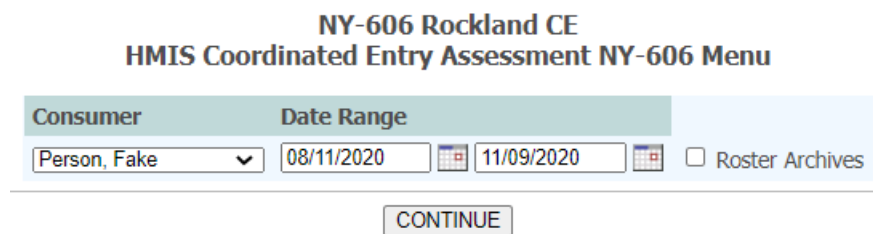


Figure 19 - Assessment



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

Figure 20 – Assessment cont'd

After selecting *Continue*, Figure 21 will display on the next screen. To move forward, select the red highlighted link *Create New HMIS Coordinated Entry Assessment NY- 606* for (in this case) *Fake Person*.

**NY-606 Rockland CE - HMIS Coordinated Entry Assessment NY-606**

Fake Person

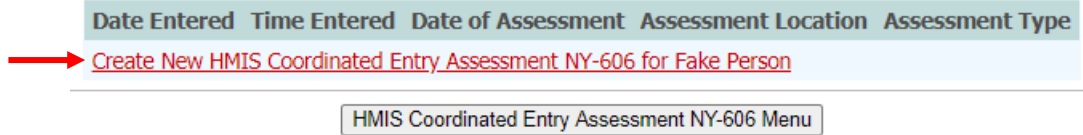


Figure 21 – Assessment cont’d

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 22.

**NY-606 Rockland CE  
Fake Person  
HMIS Coordinated Entry Assessment NY-606**

\* Indicates required fields.

The image shows a form with the following fields, each marked with an asterisk to indicate it is required:

- \*Date of Assessment**: A date input field containing "10/27/2020" with a calendar icon.
- \*Assessment Location**: A dropdown menu with "Rockland DSS" selected.
- \*Assessment Type**: A dropdown menu with "In person" selected.
- \*Assessment Level**: A dropdown menu with "Housing Needs Assessment" selected.
- \*Prioritization Status**: A dropdown menu with "Placed on prioritization list" selected.

Below the form are two buttons: "SAVE" and "Form Index".

Figure 22 – Assessment cont’d

- *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 placement on the prioritization list.

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

The next section of the assessment pulls *Name*, *Date of Birth*, and *Admission Date* from the intake. Once it is indicated if there are children in the household (and how many) as well as the number of adults, select *Save* and move onto the next part of the assessment.

NY-606 Rockland CE  
Fake Person  
Rockland CE VI

Name	Date Of Birth	Admission Date
Fake Person	03/01/1970	10/27/2020
Is this a household with children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	How many adults are in the household? <input type="text"/>	How many children are in the household? <input type="text"/>

HMIS Coordinated Entry Assessment NY-606

Figure 23 – Assessment cont’d

NY-606 Rockland CE  
Fake Person  
Rockland CE VI

Client has been continuously homeless for a year or more, or has had four (4) episodes of homelessness in the last three (3) years <input type="radio"/> Yes <input type="radio"/> No
Client has indicated they are currently unsheltered (i.e. living on the streets, public spaces, or places not meant for habitation OR Living in an Emergency Shelter or Safe Haven) <input type="radio"/> Yes <input type="radio"/> No
Client has current disabling condition <input type="radio"/> Yes <input type="radio"/> No
Client has MINOR Children (under the age of 18) <input type="radio"/> Yes <input type="radio"/> No
Client has served at least one day of active military service <input type="radio"/> Yes <input type="radio"/> No
Client is homeless due to natural disaster, fire, flooding, code/health department violations <input type="radio"/> Yes <input type="radio"/> No
History or Victim of Domestic Violence? <input type="radio"/> Yes <input type="radio"/> No
Are you currently pregnant? <input type="radio"/> Yes <input type="radio"/> No
Have you ever had experience (presently or in the past) with the Foster Care System? <input type="radio"/> Yes <input type="radio"/> No
Have you had a financial impact due to COVID 19? <input type="radio"/> Yes <input type="radio"/> No
Client has a serious underlying medical condition and may be at higher risk for severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease <input type="radio"/> Yes <input type="radio"/> No
<b>Total</b> 0

HMIS Coordinated Entry Assessment NY-606

*Vulnerability Index Scoring* is the final section of the 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.

Figure 24 – Assessment cont’d

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

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

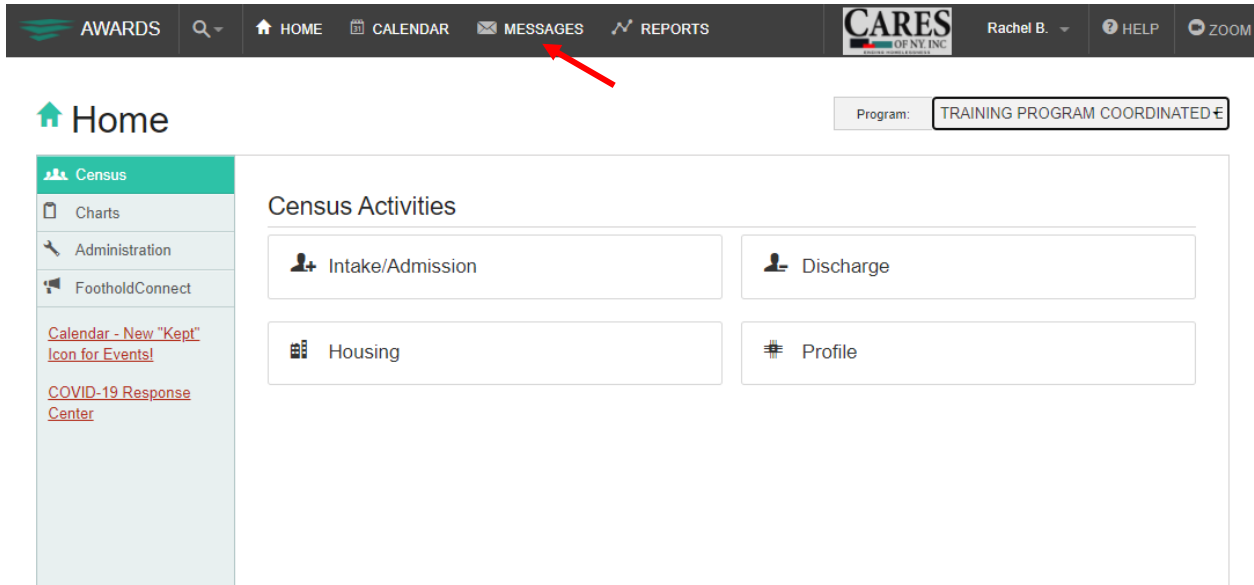


Figure 25 - Messages

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

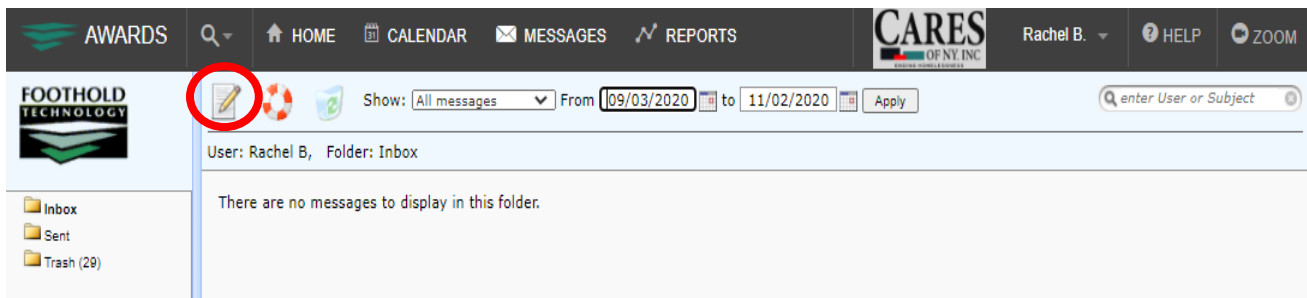


Figure 26 - Messages cont'd

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

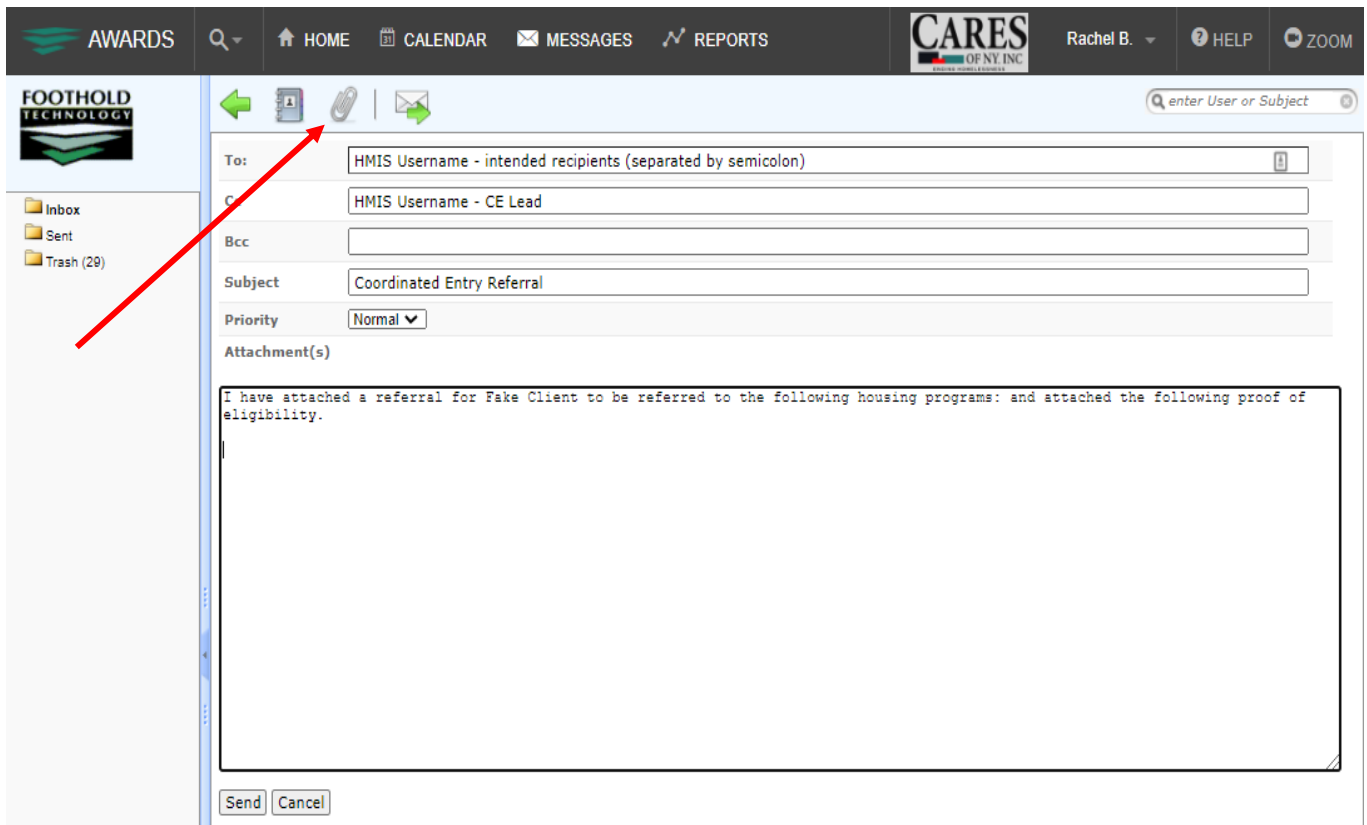


Figure 27 – Messages cont'd

**Coordinated Entry Events:** *Coordinated Entry Event* is a new data element released specific to Coordinated Entry projects in HMIS. This allows the capture of access and referral events, as well as outcomes of those events. To begin this process, follow steps 1-5 as indicated in the image below.

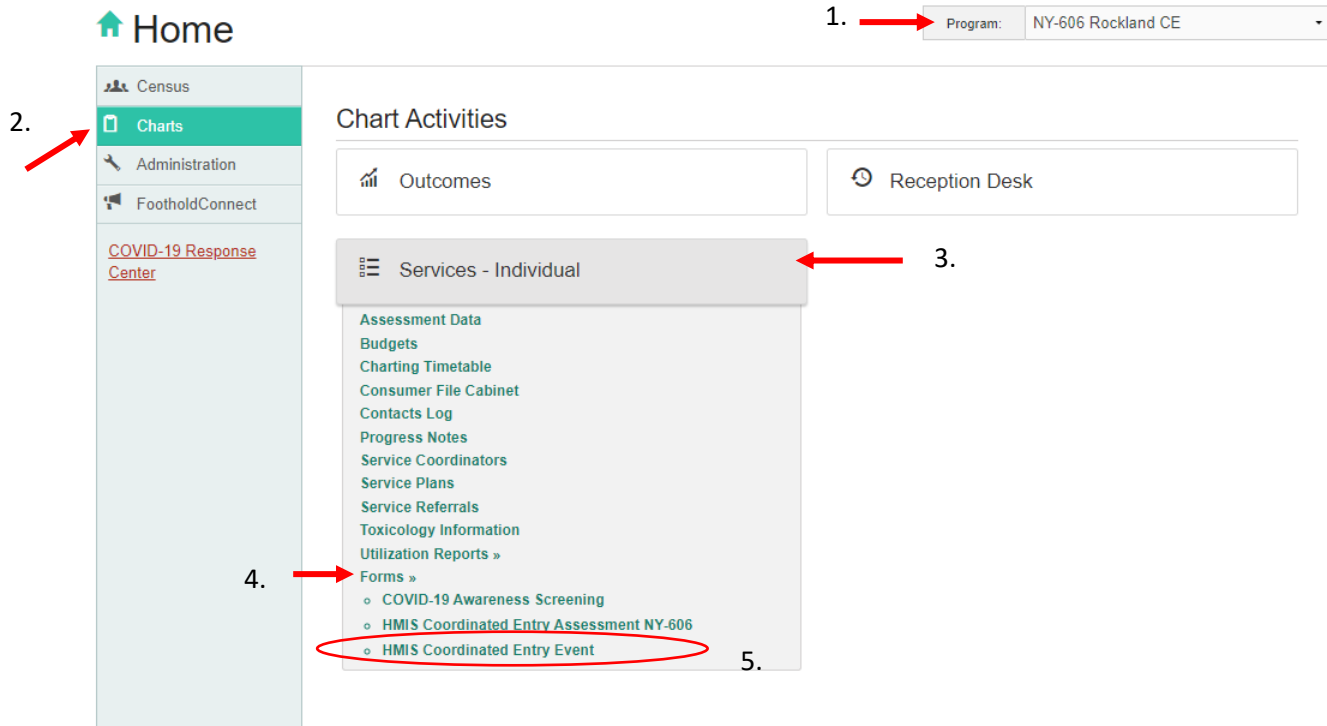


Figure 28 - Events

Once *HMIS Coordinated Entry Event* is selected a new screen will generate where you are able

**NY-606 Rockland CE  
HMIS Coordinated Entry Event Menu**

Consumer	Date Range	
Person, Fake	08/11/2020	11/09/2020
		<input type="checkbox"/> Roster Archives

to select the Client for which the event needs to be recorded. Once you have selected the Client from the *Consumer* drop down menu, select *Continue*.

Figure 29 – Events cont’d

After clicking *Continue* select the red text, *Create New HMIS Coordinated Entry Event* for the intended Client as displayed in *Figure 30*.

NY-606 Rockland CE - HMIS Coordinated Entry Event

Fake Person

Date Entered	Time Entered	Date of Event	Event	If the Event Type is "Problem Solving/Diversion/Rapid Resolution intervention or service" then was the Client housed/re-housed in a safe alternative?
Create New HMIS Coordinated Entry Event for Fake Person				

HMIS Coordinated Entry Event Menu

Figure 30 – Events cont’d

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

Using the data entry fields and drop-down menus enter the intended information and select *save*.

NY-606 Rockland CE  
Fake Person  
HMIS Coordinated Entry Event

\* Indicates required fields.

**\*Date of Event** **\*Event**

If the Event Type is Referral to ES, TH, RRH or PH, then what program were they referred to? (Location of Crisis Housing or Permanent Housing Referral)

**Referral Result** **Date of result**

SAVE

Form Index

Figure 31 – Events cont’d

Once *save* is selected, you have successfully entered a *Coordinated Entry Event*.

**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*. On the *Census* tab choose *Profile* then *Face Sheet* as shown in *Figure 32*.

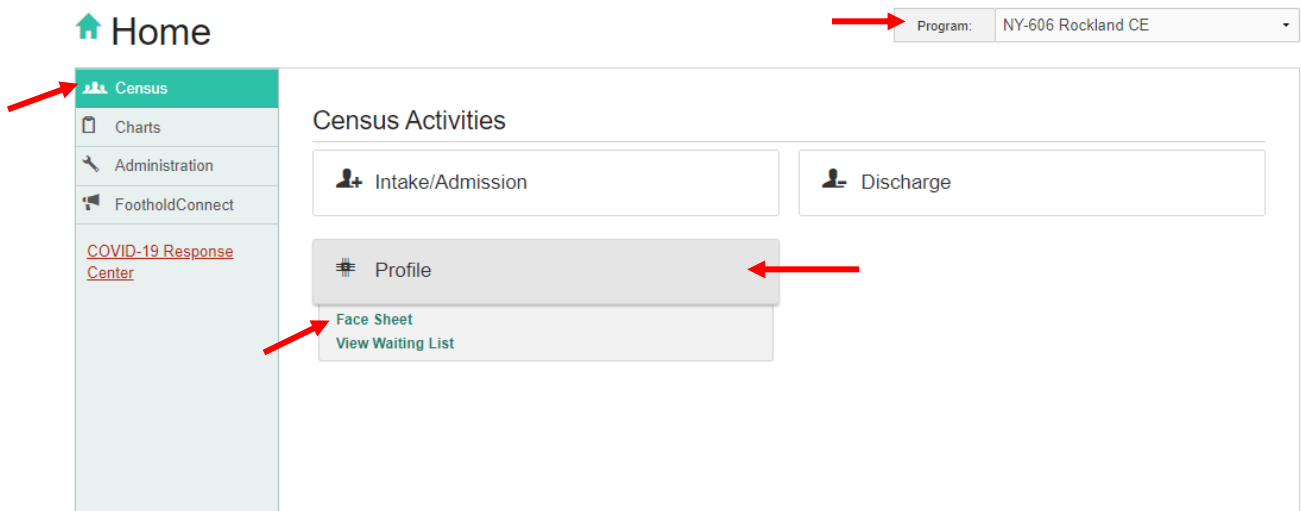


Figure 32 – Updating Current Living Situation

**NY-606 Rockland CE  
Consumer Profile / Face Sheet Update Selection**

Consumer:  ▾

Roster Archives

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**CONTINUE**

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

Figure 33 – Updating Current Living Situation cont'd

**HMIS Info Update History**  
None

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

Update HMIS Info

Figure 34 – 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.

NY-606 Rockland CE  
Update HMIS Info: Fake Person

<b>*Effective Date:</b> 11/5/2020	<b>Annual Update:</b> This client is not yet required to complete an annual update.
<b>Date of Relevant Anniversary:</b> 10/27	<b>*Client Location (Continuum of Care):</b> NY-606 - Rockland County CoC
<b>Current Living Situation</b>	
<b>*Current Living Situation:</b> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<b>Location Details:</b>
<b>Living Situation verified by:</b> DSS Emergency	<b>Is client going to leave their current living situation within 14 days?:</b>

Figure 35 – 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

Figure 36 – Updating Current Living Situation cont'd

After *UPDATE* has been selected the *Face Sheet* will re-populate the screen with updates reflected. This concludes *Updating Current Living Situation*.

**Discharge:** When a person(s) has been accepted into a project as a result of their participation in Coordinated Entry, has updated that they are no longer in need of services for various reasons (i.e., independently resolved homeless episode, incarcerated/hospitalized exceeding the amount of time allotted by HUD to maintain homeless status, or unreachable for the amount time determined by the community), a discharge from Coordinated Entry should occur.

To Discharge from Coordinated Entry in HMIS complete the following steps: select *Census*, *Discharge* and then *Process Discharge*.

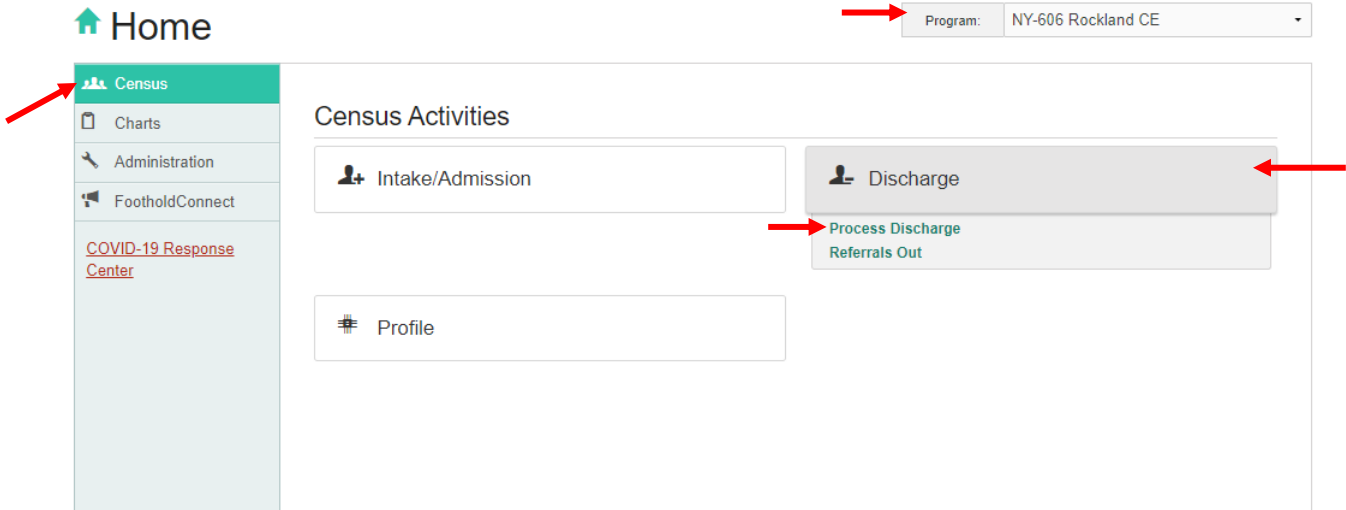


Figure 37 – Processing a Discharge

**NY-606 Rockland CE Consumer Discharge Roster Selection**

Current Program Roster  
 Discharges from  to:

Next, select *Current Program Roster* and *Continue* as shown in Figure 38.

Figure 38 – Processing a Discharge cont'd

Figure 39 shows the *NY-606 Rockland CE Program Discharge Consumer Selection*. Using the drop-down menu select the intended record, starting with household members and ending with the head of household if discharging a family, and then *Continue*.

**NY-606 Rockland CE Program Discharge Consumer Selection**

Consumer:

Figure 39 – Processing a Discharge cont'd

**NY-606 Rockland CE Discharge Information**

Consumer: Fake Person Gender (HMIS): Male Birthdate: 03/01/1970  
 Admission: 10/27/2020 Address: ,  
 Referral Source: Self Referral

\*Discharge Date    
 Reason for Discharge

Verify the information at the top of the discharge is accurate, then enter the *Discharge Date*. *Reason for Discharge* is not a required element but could be helpful for internal tracking of outcomes.

Figure 40 – Processing a Discharge cont'd

Figure 41 requires the verification/updating of information initially entered at intake. If there are no changes verify all information is current/accurate and move on to the next section, starting with *Destination* (Figure 42).

\*Income from Any Source:

Monthly Income At Discharge [Read only: value is determined from income source entries.]  
 \$0.00

**Income Sources**

<input type="checkbox"/> Earned Income (i.e. employment income):	<input type="text"/>	<input type="checkbox"/> Unemployment Insurance:	<input type="text"/>	<input type="checkbox"/> Supplemental Security Income (SSI):	<input type="text"/>
<input type="checkbox"/> Social Security Disability Insurance (SSDI):	<input type="text"/>	<input type="checkbox"/> VA Service-Connected Disability Compensation:	<input type="text"/>	<input type="checkbox"/> VA Non-Service-Connected Disability Pension:	<input type="text"/>
<input type="checkbox"/> Private disability insurance:	<input type="text"/>	<input type="checkbox"/> Worker's compensation:	<input type="text"/>	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF):	<input type="text"/>
<input type="checkbox"/> General Public Assistance:	<input type="text"/>	<input type="checkbox"/> Retirement Income from Social Security:	<input type="text"/>	<input type="checkbox"/> Pension or retirement income from a former job:	<input type="text"/>
<input type="checkbox"/> Child support:	<input type="text"/>	<input type="checkbox"/> Alimony or other spousal support:	<input type="text"/>	<input type="checkbox"/> Other:	<input type="text"/>

\*Non-Cash Benefits from Any Source:

**Non-Cash Benefits**

<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

**Health Insurance**

\*Covered by Health Insurance:

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

\*Disabling Condition:

Figure 41 – Processing a Discharge cont'd

- *Destination* provides a drop-down menu to capture the person’s exit location, or where they are being discharged to. This menu is broken down by Homeless, Institutional and Temporary/Permanent Situations.
- *Housing Assessment Disposition* allows indication of the referral outcome.
- *New Residence County* lists various counties across New York State and should be reflective of the *Destination* location reported by the individual.
- *Outcome Category* is not a required field, but could be used for additional internal tracking if desired.

Figure 42 – Processing a Discharge cont’d

Figure 43 displays optional fields for recording additional information.

Figure 43 – Processing a Discharge cont’d

Figure 44 – Processing a Discharge cont’d

After entering all information and verifying all fields are accurate, select *Apply* to process the discharge.

A confirmation screen will generate displaying the discharge information, select *Home* to exit.



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