

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 <https://cares.footholdtechnology.com>

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

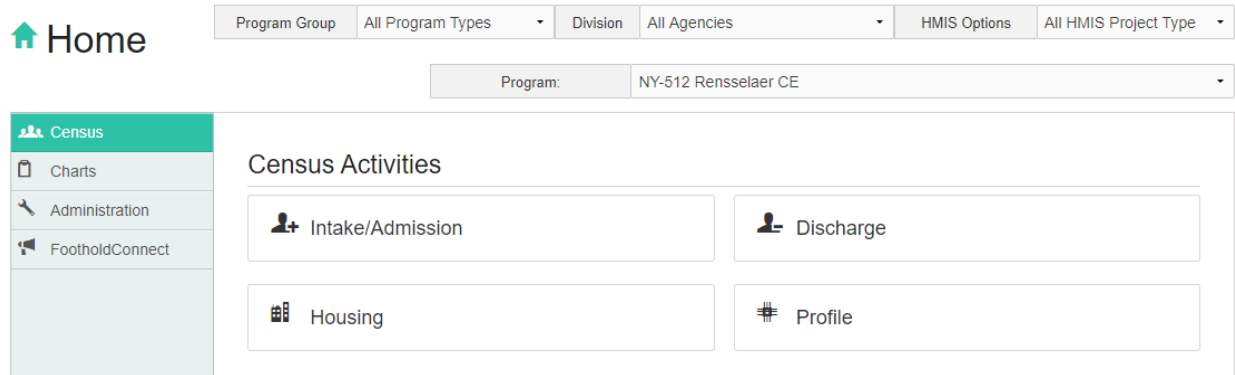
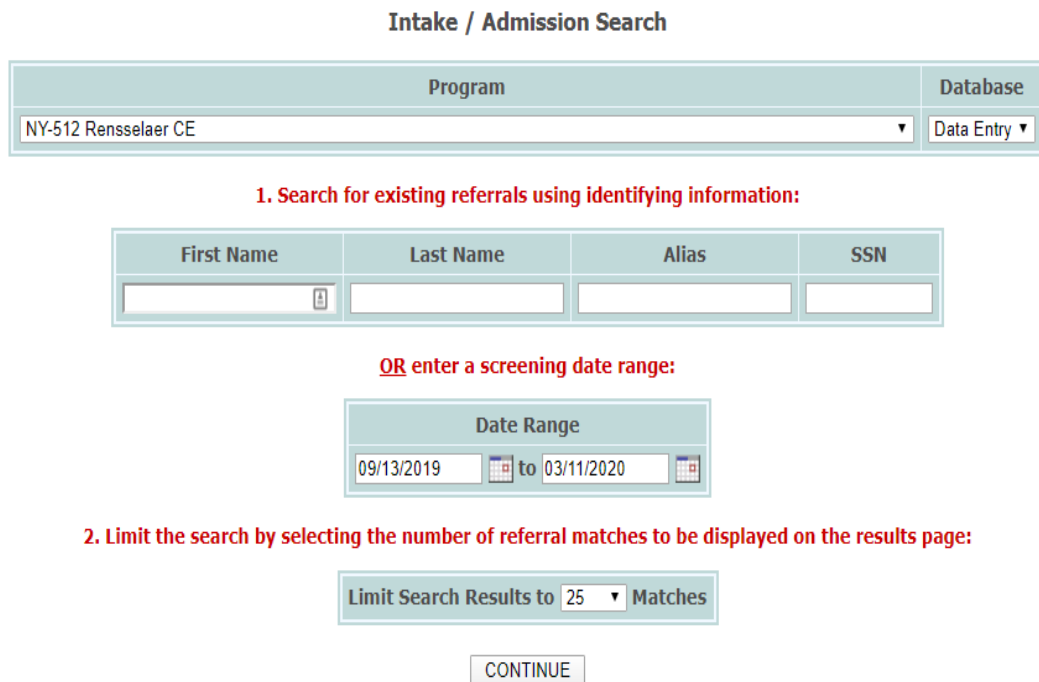


Figure 1



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-512 Rensselaer CE
Intake / Admission Search Results

Referral Source Type: All Sources
Referrals Screened From 10/04/2019 to 04/01/2020
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-512 Rensselaer 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-512 Rensselaer CE
Intake Form: New Applicant

*Intake Date/Project Start Date:		Client Location (Continuum of Care):	
<input type="text"/>		NY-512 - Troy/Rensselaer County CoC ▼	
Primary Worker:			
<input type="text"/>			
Information Sharing Level:			
<input type="text"/>			
Referred By:		To be determined after referral is created	
		<input type="button" value="Update Referral Source"/>	

* Indicates Required Fields

*First Name:	Middle Name:	*Last Name:	Suffix:
<input type="text"/>	<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"/> 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

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

- *Phone* – this field allows for ease of contact when attempting to reach Clients regarding updating assessments, gathering additional information or sharing updates with housing availability.
- *Prior Living Situation* – captures where a client slept **last night**. This plays into the overall determination of chronic homeless status when paired with the other fields that feed into this auto-calculation. If when answering this question, you select a homeless situation from the drop down menu it will alter the screen to additionally capture approximate date homelessness started, number of times the Client has been homeless (as defined by HUD) and total number of months the Client has been homeless (see Figure 6). **Please note, Chronically Homeless status cannot be calculated until current living situation and disabling condition status are established.*
- *Current Living Situation* – captures where a Client will sleep **tonight**.

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

Figure 5 - intake form cont'd

Prior Living Situation	
*Type of Residence:	*Length of Stay in Prior Living Situation:
<input type="text" value="Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter"/>	<input type="text"/>
*Approximate date homelessness started:	
<input type="text"/>	
*(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:	*Total number of months homeless on the street, in ES, or SH in the past three years:
<input type="text"/>	<input type="text"/>
Chronically Homeless (Auto-Calculated):	
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"/> 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 [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 5 - 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: <input type="text" value=""/>	MEDICARE: <input type="text" value=""/>
State Children's Health Insurance Program: <input type="text" value=""/>	Veteran's Administration (VA) Medical Services: <input type="text" value=""/>
Employer-Provided Health Insurance: <input type="text" value=""/>	Health Insurance obtained through COBRA: <input type="text" value=""/>
Private Pay Health Insurance: <input type="text" value=""/>	State Health Insurance for Adults: <input type="text" value=""/>
Indian Health Services: <input type="text" value=""/>	Other: <input type="text" value=""/>

Figure 6 - intake form cont'd

The special needs section, *Figure 9*, calculates disabling condition status based on the responses to the red asterisked elements combined with the follow up responses. For the fields developmental disability and HIV/AIDS it is recognized that these conditions are indefinite therefore there is no follow up response. For the others, disabling condition will only be calculated as *yes* if *yes* is selected from the drop down menu for both the special need and the follow up question (OR if income is indicated from SSI/SSDI in the *Income from Any Sources* section).

Special Needs	
*Physical Disability:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:
<input type="text"/>	<input type="text"/>
*Developmental Disability:	
<input type="text"/>	
*Chronic Health Condition:	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:
<input type="text"/>	<input type="text"/>
*HIV/AIDS:	
<input type="text"/>	
*Mental Health Problem:	(If client has a mental health problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
<input type="text"/>	<input type="text"/>
*Substance Abuse:	(If client has a substance abuse problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
<input type="text"/>	<input type="text"/>
*Disabling Condition:	
<input type="text"/>	

Figure 7 - intake form cont'd

Figure 10 captures Domestic Violence history and *Household Program Enrollment*. If a person indicates experiencing domestic violence, the date the information was collected is entered in *Information Date* and follow up questions will appear. *(If a person reports experiencing domestic violence, pause and offer connectivity to domestic violence services. If a person chooses to continue with the mainstream Coordinated Entry Process proceed).*

The Household Program Enrollment section will display additional household members as they are entered and connected to the Client's record.

Domestic Violence	
*Information Date:	*Domestic Violence Victim/Survivor:
<input type="text"/>	<input type="text"/>

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:	Household Size (Calculated):
To be determined	To be determined
Number of Adults:	Number of Admitted Adults:
To be determined	To be determined
Number of Children (Calculated):	Number of Admitted Children:
To be determined	To be determined
Household Program Enrollment:	
First Name	Last Name
Birthdate	Gender
Move In	Move Out

Figure 8 - intake form cont'd

Complete the remaining questions below *Household Program Enrollment*. When all information is entered you will select *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:](#)

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 9 - intake form cont'd

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

Figure 12

At times, the database will ask to confirm the name, 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 in Figure 13 below.

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**

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

Figure 13

**NY-512 Rensselaer CE
Household Composition
Fake Person**

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

Fake Person is currently not in a household.

- Create a new Household
- Join an existing Household

CONTINUE

Figure 14

**NY-512 Rensselaer CE
Household Composition
Global Household ID: 311996
Fake Person**

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

Would you like to add another member to this household?

- Yes
- No

CONTINUE

Figure 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-512 Rensselaer CE
Household Search
Global Household ID: 311996
Fake Person**

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

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

First Name	Last Name
Nota	Person

Limit Search Results to 25 Matches

CONTINUE

Figure 16

NY-512 Rensselaer CE
Household Search Results
Global Household ID: 311996
Fake Person

Search Criteria	
First Name:	Nota
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"/>	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

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*.

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-512 Rensselaer CE
Household Composition
Global Household ID: 311996
Fake Person

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

Would you like to add another member to this household?

Yes No

CONTINUE

Admit Nota Person?

Would you like to admit Nota Person into this program?

Figure 18

NY-512 Rensselaer CE
Household Composition - Admissions
Global Household ID: 311996
Fake Person

	<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Relation to Primary Client</u>
✓	Nota	Person	01/18/2017	
✓	Fake	Person	03/01/1970	Self

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*.

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.

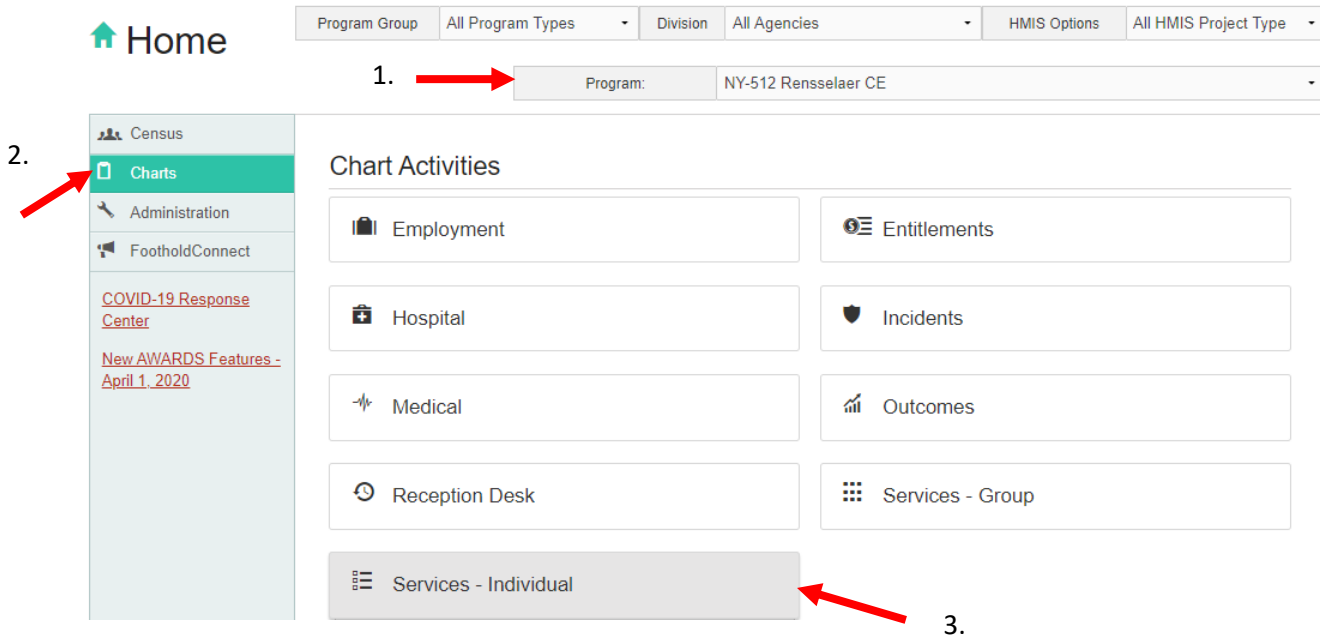


Figure 20

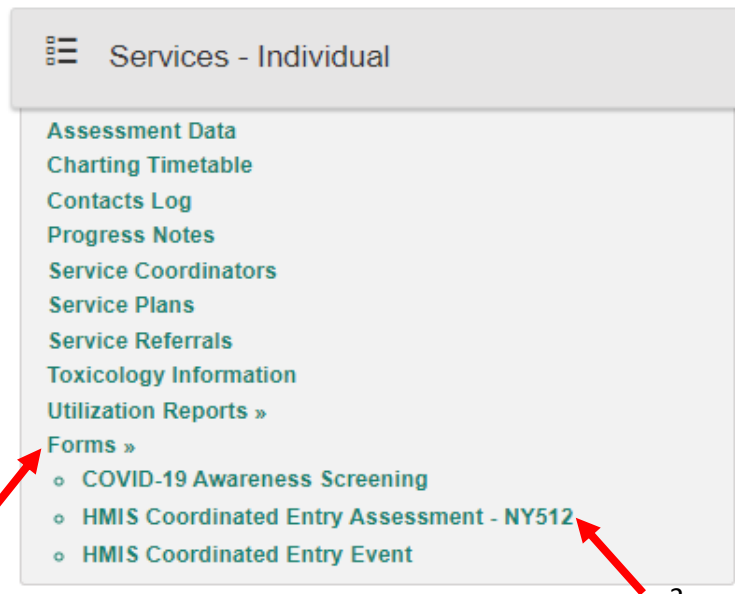


Figure 21

After completing the steps above, a drop-down menu will be available as shown in *Figure 21* allowing you to select *Forms* and then *HMIS Coordinated Entry Assessment – NY-512*. This will bring you to the next screen, *HMIS Coordinated Entry Assessment – NY-512 Menu*, as shown below in *Figure 22*.

**NY-512 Rensselaer CE
HMIS Coordinated Entry Assessment - NY512 Menu**

Consumer	Date Range		
Person, Fake	01/03/2020	04/02/2020	<input type="checkbox"/> Roster Archives
<input type="button" value="CONTINUE"/>			

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

Figure 22

After selecting *Continue*, Figure 23 will display on the next screen. To move forward, select the red highlighted link *Create New HMIS Coordinated Entry Assessment – NY512 for* (in this case) *Fake Person*.

NY-512 Rensselaer CE - HMIS Coordinated Entry Assessment - NY512

Fake Person

Date Entered	Time Entered	Date of Assessment	Assessment Location	Assessment Type
Create New HMIS Coordinated Entry Assessment - NY512 for Fake Person				
<input type="button" value="HMIS Coordinated Entry Assessment - NY512 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-512 Rensselaer CE
Fake Person
HMIS Coordinated Entry Assessment - NY512

* Indicates required fields.

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

Figure 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-512 Rensselaer CE
Fake Person
Rensselaer Coordinated Entry Assessment - NY-512

Applicant Identifying and Contact information					
<i>Staff Completing Assessment</i>			<i>Agency Name</i>		
<input type="text"/>			<input type="text"/>		
<i>Staff Member's Email</i>		<i>Phone #</i>	<i>Fax #</i>	<i>Date</i>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
1. First Name		Last Name		Please indicate if	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Head of Household <input type="checkbox"/> Single Individual	
2. Address		Please indicate if this address is		City	State
<input type="text"/>		<input type="radio"/> Current <input type="radio"/> Former		<input type="text"/>	<input type="text"/>
Phone Number	Additional Contact Number	If case worker/family/etc., please list name/relationship		Email	3. Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text" value="03/01/1970"/>
4. Social Security Number			5. Ethnicity		
<input type="text" value="321-54-9876"/>			Non-Hispanic/Non-Latino		
6. Gender		7. Race		8. Can you easily provide personal identification, if required?	
<input type="text" value="Male"/>		<input type="text" value="White"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				If yes, Please describe type(s) of identification:	
				<input type="text"/>	
<input type="button" value="SAVE"/>					

HMIS Coordinated Entry Assessment - NY512

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.

After selecting *Update History of Homelessness*, Figure 26 will display on the screen to follow. This section is a combination of information prepopulated from the admission record and community specific questions. When all information is confirmed/entered, select *Save* and move onto the remaining sections of the assessment.

History of Homelessness	
10. Current Living Situation <small>Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)</small>	
11. Do you have documentation of current housing/homeless/shelter status	If Yes, what type
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
12. Have you (and/or your household) been homeless for 12 months or more continuously?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined to Answer	
13. On what date did you first become homeless?	...
03/01/2016	<input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer
14. In the past three years, how many times have you (and/or those within your household) been housed and then homeless again?	15. In the past three years, what is the total length of time you (and/or your household) have lived on the streets or in shelters?
<input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined	<input type="checkbox"/> 1 month - This is the first time <input type="checkbox"/> 2-5 months <input type="checkbox"/> 6-11 months <input type="checkbox"/> 12-17 months <input type="checkbox"/> 18-23 months <input type="checkbox"/> 24 months or longer <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
16. From the following choices below, please select factors contributing to your homelessness (select all that apply)	
<input type="checkbox"/> Released from Medical in-patient <input type="checkbox"/> Released from behavioral health in-patient/ behavioral health facility <input type="checkbox"/> Released from prison/jail <input type="checkbox"/> Relocated from another area <input type="checkbox"/> Evicted from own residence <input type="checkbox"/> Asked to leave a shared residence (e.g. living in a home of a friend or family member) <input type="checkbox"/> Fleeing domestic violence <input type="checkbox"/> Working in sex industry <input type="checkbox"/> Disaster/Code closed residence <input type="checkbox"/> Stranded traveler <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Other	
17. Can you provide the address of your last residence / Place you lived long enough to receive mail (other than the emergency shelter)?	
<input type="checkbox"/> If same as page 1 check here	
Zip Code	County
12222	<input type="text"/>
Previous Street Address	How long ago?
<input type="text"/>	<input type="text"/>
18. How many times if any, in the past have you had to move due to eviction?	...
<input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined

SAVE

HMIS Coordinated Entry Assessment - NY512

Figure 26

Figure 27 displays Household Composition information. (This does not replace the requirement of completing an intake for each household member). Once all available information is entered, select *Save* and move on to the remaining sections.

NY-512 Rensselaer CE
Fake Person
Rensselaer Coordinated Entry Assessment - NY-512

Household Composition
19. Household Composition

Name	Income Source	Amount	Frequency	Age	Does household member have a long-term disabling condition?
False Person		<input type="text"/>	<input type="text"/>	50	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes- More than one condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined

20a. Do you and/or anyone in your household receive the following non-cash benefits

- SNAP (Food Stamps)
- TANF child care service
- Other TANF funded service
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- TANF transportation service
- Other

20b. Do you and/or anyone in your household receive the following health insurance

- MEDICAID health insurance program
- MEDICARE
- State Children's Health Insurance Program
- Veteran's Administration Medical Services
- Employer-provided health insurance
- Health insurance obtained through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Indian Health Services
- Other

HMS Coordinated Entry Assessment - NY512

Figure 27

The Criminal Justice and Protective Services tab is displayed in Figure 28. After entering all applicable information, select *Save* and move on to the remaining parts of the assessment.

Criminal Justice & Protective Services

21. Have you or a member of your household been convicted of any of the following?
 None Arson Assault Sales of illegal drugs Weapons possession Sexual offense Don't Know Declined to Answer

22. Are you, or a member of your household, currently on Probation or Parole?
 Yes No Don't Know Declined to answer

If yes, are there any restrictions? (briefly explain here)

23. Do you, or does a member of your household currently have an active case with Child Protective Services?
 Yes No Don't Know Declined

Figure 28

The *Health Information* section captures specific health needs. This does not replace the *Special Needs* section of the intake. Once all information is entered, select *Save* and move on.

Health Information		
24. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	If yes, due date: <input type="text"/>	25. Do you know your HIV/AIDS status? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
26. Special accommodations needed in a housing placement		
Mobility Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined	Briefly describe <input type="text"/>	
Medication Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined	Briefly describe <input type="text"/>	
Wheelchair Accessibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined	Briefly describe <input type="text"/>	
Personal Care Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined	Briefly describe <input type="text"/>	
Deaf/Hard of Hearing Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined	Briefly describe <input type="text"/>	
Blind/Visual Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined	Briefly describe <input type="text"/>	
Limited / No English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined	Briefly describe <input type="text"/>	

SAVE

HMIS Coordinated Entry Assessment - NY512

Figure 29

Figure 30 displays the section of the *Assessment* specific to Rapid Rehousing services being sought.

Housing Assessment for RRH Eligible Clients		
27a. If Seeking Rapid Rehousing: Do you have any private housing options in place or in progress? <input type="text"/>	27b. If Yes: Is housing option located in Rensselaer County? <input type="text"/>	27c. If Yes: Is the rent affordable to you on an ongoing basis (after the short term financial assistance ends) Please explain <input type="text"/>
27d. Are you seeking furniture to make an apartment habitable? <input type="text"/>	Additional space for detail, if needed: <input type="text"/>	
Eligibility Factor for Rapid Rehousing		
In order to be eligible for CoC funded Programs clients must answer YES to the following to question:		Is the individual or family is currently homeless? (See Question 10) For RRH, homeless situations may be any of the following: sleeping in a place not meant for human habitation (e.g. living on the streets, abandoned buildings); living in an emergency shelter, safe haven; in a Transitional Housing project and was literally homeless at entry; or exiting an institutional setting after 90 days or less and was literally homeless at entry Please attach documentation to the end of this application <input type="text"/>

SAVE

HMIS Coordinated Entry Assessment - NY512

Figure 30

Figure 31 shows *Housing Preferences*. Select all that apply, *Save* and move on to the next part of the assessment. (Selection of a project does not alert the project of a referral being sent).

Applicant's Housing Preference(s)
<input type="checkbox"/> Catholic Charities - St Peter's SRO Residence (single adults) <input type="checkbox"/> Unity House CHAP scattered-site apartments (single adults or families) <input type="checkbox"/> Joseph's house Lansing Inn or Hill Street Inn studio apartments (chronically homeless single adults) <input type="checkbox"/> Joseph's House Bethune Family Apartment Program (scattered-site for families) <input type="checkbox"/> YWCA - Family scattered-site and site-based program (female household) <input type="checkbox"/> St. Paul's Center - Lee Dyer Family Housing Program (scattered-site for families) <input type="checkbox"/> No housing preference given <input type="checkbox"/> Other

SAVE

Figure 31

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 39*.

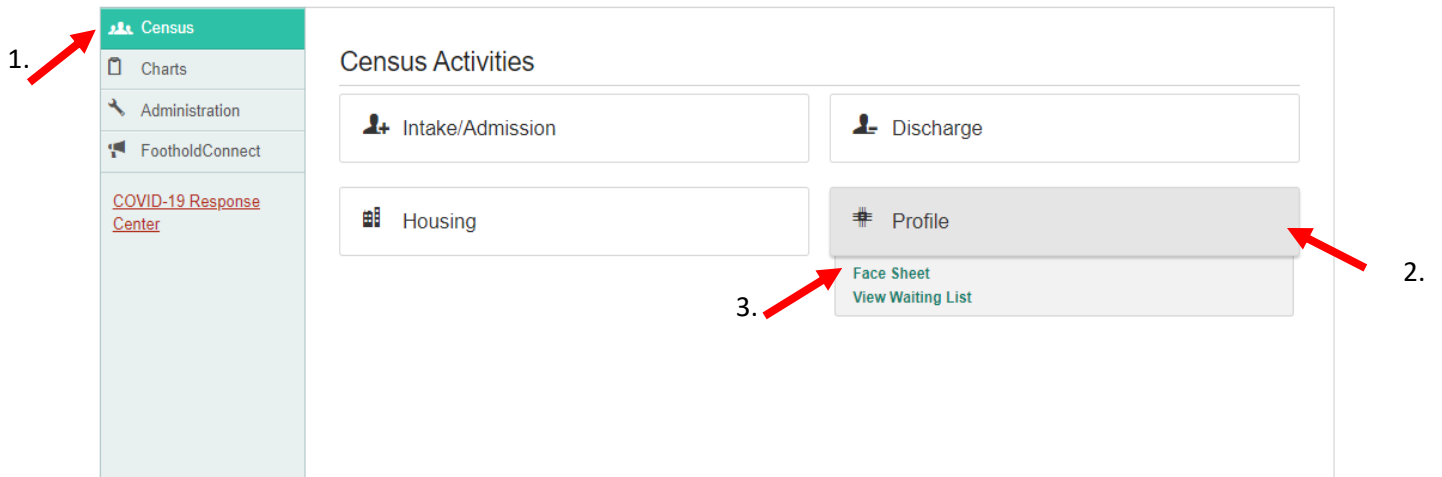


Figure 34

NY-512 Rensselaer CE Consumer Profile / Face Sheet Update Selection

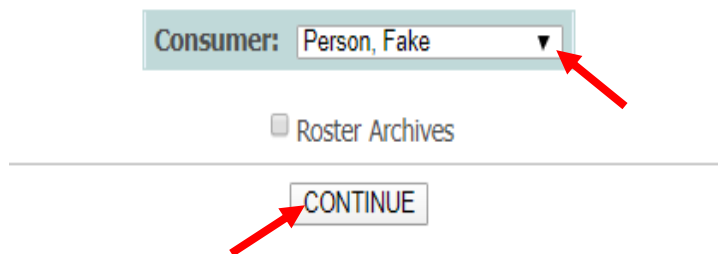


Figure 35

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

HMIS Info Update History
None

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

Update HMIS Info

Figure 36

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:** [Date Picker]

Annual Update: [Field]

Date of Relevant Anniversary: 03/11

***Client Location (Continuum of Care):** NY-512 - Troy/Rensselaer 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

3. **Living Situation verified by:** JH Emergency Shelter

4. **Location Details:** [Field] (optional)

Figure 37

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 38

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



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