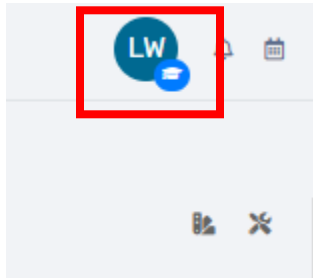


HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Log into HMIS with your username and password. In the upper right corner of the screen, click on your initials.



Next, click the “**Workgroup**” drop-down and select “**2020 Coordinated Entry**” then click the “**Organization**” drop-down and select “**Coordinated Entry Region #**” (*Your CE Region # as the Organization*) **NOTE: Since this tool is being created in the HMIS training environment the Organization selected is “My Fake Organization”.**

A screenshot of the 'Settings' dialog box in HMIS. The dialog has a title bar with 'Settings' and a close button. Under the 'PROFILE' section, there is a placeholder for a profile picture, the name 'Lori Wood', email 'lwood1@ihcda.in.gov', and 'Indiana HMIS Train' with a 'Sign Out' link. Under the 'ACCOUNT SETTINGS' section, there are three dropdown menus: 'Workgroup' (set to '2020 Coordinated Entry'), 'Organization' (set to 'My Fake Organization'), and 'Location' (set to 'My Fake Organization'). A red rectangular box highlights the 'Workgroup' and 'Organization' dropdowns. Below these is a blue 'Apply' button with a red arrow pointing to it from the right.

Select “**Apply**”

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

You are now logged into the 2020 Coordinated Entry Workgroup and your Coordinated Entry Region # Organization in HMIS.

You must be logged into the correct Workgroup and Organization to access Coordinated Entry in HMIS. If the Workgroup OR Organization are incorrect you will be unable to complete CE data entry in the system.

From the Client's Dashboard, select the three dots to the left of the existing CE Enrollment and select **"Update/Annual Assessment"**

Marco's Enrollments

2 results found.

Enrollment Description	Case Members	Project Start Date	Housing Move-In Date	Project Exit Date
Active				
Coordinated Entry				
My Fake Organization Coordinated Entry (R1a)	2	08/06/2024		
▼ Add Household Member				
View Case Members				
Exit the Enrollment				
Edit Enrollment				
Edit Project Entry Workflow				
Review Entry Assessments				
Update/Annual Assessment				
My Fake Organization Coordinated Entry (R1a)	2	06/14/2022		11/28/2022

Marco's Case Manager Assignments

HUD Program Enrollment Screen

Review the information and select "No Changes".

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Assessment For Enrollment (2323) | Marco Polo 8/25/1999 456-78-6542 ClientID 1048322 | HUD Program Enrollment

Enrollment | Pause | Cancel

following factors have been met:

1. Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify - though all documentation may not yet have been gathered)
2. The client has indicated they want to be housed in this project
3. The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time

- For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: My Fake Organization Coordinated Entry (R1a)

Household

Excerpt from the HMIS Data Standards Manual "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manage
<input checked="" type="checkbox"/>	Polo, Marco	Man (Boy, if child)	25	08/06/2024	MM/DD/YYYY	Lori Wood
<input checked="" type="checkbox"/>	Polo, Mika	Man (Boy, if child)	7	08/06/2024	MM/DD/YYYY	Lori Wood

Save | No Changes

Type of Assessment Screen

Select "New During Program Enrollment/Update Assessment"

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

The screenshot displays the CHAT interface for a client named Marco Polo. The top header includes the client's name, date of birth (8/25/1999), phone number (456-78-6542), and ClientID (1048322). The main content area shows a tree view with 'Enrollment' selected, and 'Type of Assessment' highlighted under 'Polo, Marco'. A dialog box titled 'Type of Assessment' is open, showing two options: 'New During Program Enrollment/Update Assessment' and 'New Annual Assessment'. The first option is highlighted with a red box.

Universal Data Assessment

Review the information and make any necessary changes/updates to the record then select **“Save”**

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Assessment For Enrollment (2323) Marco Polo 8/25/1999 456-78-6542 ClientID 1048322

Universal Data Assessment

Complete the information below related to the selected client's housing status and other relevant information. Note: Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data. Changing any project setup data with existing enrollments may affect or break the logic for 3.917. 3.917 may not always show as expected because of changed setup data or missing required data links

Default Client's Last Assessment

Assessment Date: 09/06/2024

Age at Assessment: 25

Assessment Type: During Program Enrollment/Update

Assessor: Lori Wood

Program: My Fake Organization Coordinated Entry (R1a)

Health Insurance

Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

Default Last Insurance Status

Covered by Health Insurance: -- SELECT --

Type	Status	Reason No	Other Co
<input type="checkbox"/> Private	No	-- SELECT --	
<input type="checkbox"/> Private - Employer	No	-- SELECT --	
<input type="checkbox"/> Private - Individual	No	-- SELECT --	

Save

Current Living Situation Assessment

Select the client's "Current Living Situation" from the drop-down menu then select "Save".

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Assessment For Enrollment (2323)

Marco Polo 8/23/1999 456-78-6542 ClientID 1048322

Current Living Situation

Record the Clients Current Living Situation information below. If desired record a contact by checking the Record Contact and filling out the information for the contact. Also other services can be recorded.

Information Date: 09/06/2024

Enrollment: 08/06/2024 - My Fake Organization Coordinated Entry (Rta)

Verified by Project: --SELECT--

Current Living Situation Information

Current Living Situation: Place not meant for habitation

Location Detail: --SELECT--

Record Contact:

- HOMELESS SITUATION
 - Place not meant for habitation
 - Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
 - Safe Haven
- INSTITUTIONAL SITUATION
 - Foster care home or foster care group home
 - Hospital or other residential non-psychiatric medical facility
 - Chk, prison or juvenile detention facility
 - Long-term care facility or nursing home
 - Psychiatric hospital or other psychiatric facility
 - Substance abuse treatment facility or drug court
- TRANSITIONAL AND PERMANENT HOUSING SITUATION
 - Residential project or halfway house with no homeless criteria
 - Hotel or motel paid for without emergency shelter voucher
 - Rental by client, with VASH housing subsidy
 - Transitional housing for homeless persons (including homeless youth)
 - Host Home (non-crisis)
 - Staying or living in a friend's room, apartment or house
 - Staying or living in a family member's room, apartment or house

Save

The 5 CHAT assessments now launch within the workflow.

Assessment For Enrollment (2323)

- Enrollment
- Polo, Marco
- Type of Assessment
- During Program Enrollment/Update Assessments
- Current Living Situation
- Introduction and Consent
- Triage / Crisis Needs Assessment
- Contact Information
- Housing Problem Solving
- Complete Housing Needs Assessment?

Complete ALL 5 CHAT assessments as instructed below.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

PHASE 1 – INTRODUCTION AND CONSENT

Read the 8 bullet points and explanation of each to your client as displayed in the screenshot below.

Marco Polo 8/25/1999 ClientID 1048322

Introduction and Consent

- **Purpose of the Assessment:** To explore your current housing situation and identify potential housing and services options that may meet your needs if/when they become available. First, I am going to tell you about how this assessment works and what your participation can look like. Once I've told you about it, you'll have the opportunity to decide whether or not you want to continue.
- **Right to Refuse Responses:** You may choose not to respond to questions on this assessment. We understand that many of the questions we will be asking are personal and some answers may be very private to you, so please pause when you need to. If you choose not to answer a question, you are able to return later to provide the answer when or if you feel comfortable and ready to do so.
- **Start/Stop and Length of Assessment:** This assessment will include multiple conversations to explore your housing situation and potential solutions to homelessness. The amount of time that it takes varies from person to person. You may stop this assessment at any time and pick it back up at a later time with me or another trained staff person.
- **How the assessment works:** Instead of having to go to every agency to find out what you may qualify for, we collect your information and preferences and provide it to housing programs so they can contact you when there is an opening that you have been matched to. I will be asking you about your current living situation so that we can explore potential solutions to your housing challenges. I will need to collect your contact information so that we can get in touch with you in the future, and I will also be asking some questions about your housing history and things that might be making it difficult for you to find and maintain housing. Unfortunately, there is no way to estimate how long it will take for a housing provider to contact you. Housing programs have limited capacity and the coordinated entry selections are made using a prioritization method.
- **No Right/Wrong Responses:** The questions are only designed to help explore housing options you may want to pursue. It's important to answer all questions as accurately as possible because there are some housing resources designed for people who meet certain criteria.
- **Housing Availability:** Openings depend on if programs are currently full or if they have open space, which changes all the time- this is why we don't know exact timeframes. Even if they are full and you are interested, it's worth signing up in case they have openings in the future.
- **Filing a Non-Discrimination Complaint:** If at any time you would like information on filing a complaint because you believe you are being discriminated against, let me know and I can give you information on how to pursue this.
- **"Household" Definition:** Throughout the CE Process, you may hear questions asking about "you or someone in your household." "Household" here means you and the individual(s) you intend to reside with, including any minor children.

Assessment: *
No Assessment Selected

Assessment Date: * 08/06/2024

1. After hearing about the assessment, is all of this okay and how are you feeling? Are you interested in proceeding? *

- Yes - Proceed to Confidentiality Section.
- No, I'm not interested in the housing resources you described.
- No, I already have a housing plan in place.
- No, I do not feel up to participating in the assessment at this time.
- No (staff observation)


2. In order to sign you up for housing programs that may interest you, we need to ask for your permission to share information with participating housing agencies that manage these programs so they may contact you if there is an opening. All the participating housing agencies have agreed to keep data confidential and secure. Is this okay with you? *

- Yes - STOP: Ensure that all required releases of information are signed and on file.
- No

Save Cancel

Read Item #1 and #2 along with the listed available answers for each question then enter the client's response by selecting the appropriate radio button. -Next, select **SAVE** in the bottom right corner of the screen.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Assessment Date: 08/06/2024 

1. After hearing about the assessment, is all of this okay and how are you feeling? Are you interested in proceeding?

- Yes - Proceed to Confidentiality Section.
- No, I'm not interested in the housing resources you described.
- No, I already have a housing plan in place.
- No, I do not feel up to participating in the assessment at this time.
- No (staff observation)

2. In order to sign you up for housing programs that may interest you, we need to ask for your permission to share information with participating housing agencies that manage these programs so they may contact you if there is an opening. All the participating housing agencies have agreed to keep data confidential and secure. Is this okay with you?

- Yes - STOP: Ensure that all required releases of information are signed and on file.
- No

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

PHASE 2 – TRIAGE/CRISIS NEEDS ASSESSMENT

NOTE: Required data entry fields are indicated by a **RED ***. Click the drop-down for available responses to each data field.—(The *date* fields will default to the *current date*)

- **Assessment Location**
- **Assessment Contact type**
- **What is your household type**
- **Enrollment**

Triage/Crisis Needs Assessment

Assess the clients current situation with the questions below. This data can be used for prioritization of services needed for the client.

Assessment: *
No Assessment Selected

Assessment Date: * 08/06/2024 [calendar icon]

Assessment Location: * -- SELECT -- [dropdown]

Assessment Contact Type: * -- SELECT -- [dropdown]

What is your household type: * -- SELECT -- [dropdown]

Information Date: * 08/06/2024 [calendar icon]

Enrollment: * -- SELECT -- [dropdown]

Current Living Situation Information section – Click the drop--down for available “Current Living Situation” options (*be sure to scroll down to view ALL the available options in the drop-down list*) and select the client’s response.

Current Living Situation Information

Current Living Situation: * -- SELECT -- [dropdown]

Location Detail: [text area]

Record Contact: [text area]

Are you currently leaving or attempting to leave a situation where you feel unsafe or are in a dangerous, traumatic, or life-threatening situation? This could include domestic violence, dating violence, sexual assault, stalking, or being pressured to engage in activities that put me in danger: [text area]

Since this assessment is intended to help you with obtaining housing and not emergency shelter or safety planning, there are a couple of options for you to consider. Which would you prefer right now? [text area]

HOMELESS SITUATION
Place not meant for habitation
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
Safe Haven

INSTITUTIONAL SITUATION
Foster care home or foster care group home
Hospital or other residential non-psychiatric medical facility
Jail, prison or juvenile detention facility
Long-term care facility or nursing home
Psychiatric hospital or other psychiatric facility
Substance abuse treatment facility or detox center

TRANSITIONAL AND PERMANENT HOUSING SITUATION
Residential project or halfway house with no homeless criteria
Hotel or motel paid for without emergency shelter voucher
Rental by client, with VASH housing subsidy
Transitional housing for homeless persons (including homeless youth)
Host Home (non-crisis)
Staying or living in a friend's room, apartment or house
Staying or living in a family member's room, apartment or house

Select “Record Contact”. Click the drop-down for available “Contact Service” options and select “CE-Case Management”.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Current Living Situation Information

Current Living Situation: * Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

Location Detail:

Record Contact:

Contact Service Information

Contact Service: * CE - Case Management

Location: -- SELECT --

Comments:

Read the next question to the client, provide the available answers by clicking the drop-down, then select the client's answer.

“Are you currently leaving or attempting to leave a situation where you feel unsafe or are in a dangerous, traumatic, or life-threatening situation? -This could include domestic violence, dating violence, sexual assault, stalking, or being pressured to engage in activities that put you in danger.” -If the client answers “Yes” the “Lethality Assessment” section will display on the screen.

Are you currently leaving or attempting to leave a situation where you feel unsafe or are in a dangerous, traumatic, or life-threatening situation? This could include domestic violence, dating violence, sexual assault, stalking, or being pressured to engage in activities that put me in danger.:

Since this assessment is intended to help you with obtaining housing and not emergency shelter or safety planning, there are a couple of options for you to consider. Which would you prefer right now?

-- SELECT --

-- SELECT --

Yes

No

Client Doesn't Know

Client prefers not to answer

Data Not Collected

Read through each of the lethality questions, click the drop-down for each answer option and select the client's answers.

NOTE: 5 questions initially display in the Lethality Assessment section. -Based upon the client's answers, additional questions may appear during this phase.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Lethality Assessment

1. Does the person causing you harm ever try to choke, *
strangle, drown you, or cut off your breathing? -- SELECT -- ▾
2. Does the person causing you harm have a firearm or *
easy access to a firearm? -- SELECT -- ▾
3. Has or does the person causing you harm threaten to *
kill you? -- SELECT -- ▾
4. Has the violence become more intense or severe in the *
last three months? -- SELECT -- ▾
5. Has or does anyone make you perform sexual acts *
with them or others when you do not want to? -- SELECT -- ▾

If the client answers “**Yes**” to question 3, an additional question 3a will display. Click the drop-down for each answer option and select the client’s answer.

Lethality Assessment

1. Does the person causing you harm ever try to choke, *
strangle, drown you, or cut off your breathing? Yes ▾
2. Does the person causing you harm have a firearm or *
easy access to a firearm? Yes ▾
3. Has or does the person causing you harm threaten to *
kill you? Yes ▾
- 3a. Do you believe that the person will follow through on *
this threat? -- SELECT -- ▾

If the client answers “**Yes**” to question 5, an additional question, 5a will display. Click the drop-down for each answer option and select the client’s answer.

5. Has or does anyone make you perform sexual acts *
with them or others when you do not want to? Yes ▾
- 5a. Has it resulted in pregnancy? * -- SELECT -- ▾

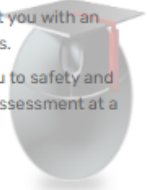
HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Please move slowly through the Lethality Assessment and remaining section as the questions may trigger current/past trauma for the client. *-Active listening, empathy, patience, and checking with the client to ask if they need to take a break are helpful when talking about current/past trauma.*

Since this assessment is intended to help you with obtaining housing and not emergency shelter or safety planning, there are a couple of options for you to consider. Which would you prefer right now?

We can continue with the assessment. Then, once we finish, I can connect you with an organization that provides advocacy resources to help address your needs.

If your situation feels more urgent, we can pause now, and I can direct you to safety and advocacy resources immediately. In this case, we can continue with the assessment at a later time if necessary.

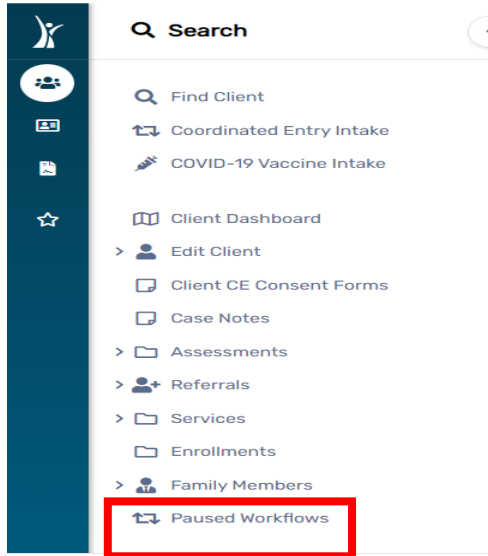


If the client is actively fleeing a dangerous situation and is not comfortable continuing the CHAT, please **SAVE** the assessment by selecting **SAVE** in the bottom right corner of the screen then **Pause** the intake workflow.

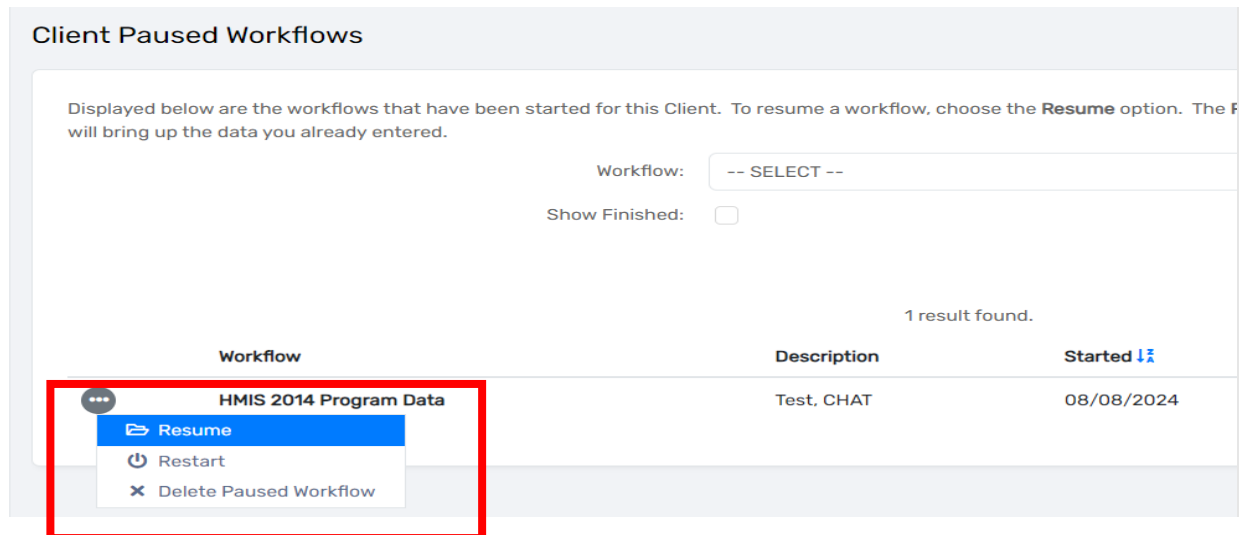
Ask the client if they would like to be immediately connected/referred to the victim services provider in your area for safety planning and additional survivor resources. This could include safety planning, assistance with filing a Protective Order, obtaining shelter in a DV project, filing a police report, or other DV related assistance/support.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

The CHAT and CE Intake Workflow can be completed later once the client is safe and ready to move forward with the CE intake completion. -To resume the CE Intake workflow, go to the client's dashboard screen and select **“Paused Workflows”** in the left-hand menu.



Next, click the 3 dots to the left of the paused workflow and select **“Resume”**



The intake workflow will resume where you originally paused the workflow.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Phase 3 – Contact Information

This assessment is in the form of a case note template. -Read each of the 9 questions in this assessment to the client. -Position your cursor inside the text box and click at the end of each question to add the client's answer.

Upon completion of the 9 questions, select SAVE in the bottom right corner.


Contact Information

Assessment Active

Assessment Date: 08/06/2024

Template: Option not in the list

Client Name: Test, CHAT

1. What is your preferred method of communication? Phone call, text, email, etc.?
2. List your working phone number(s) or a family member/friend's number(s) we could call or text to reach you: 
3. List any email address(es) you regularly check:
4. What shelter(s) or street outreach programs do you currently stay with or work with? *(Note to assessor staff: Share names/examples of local outreach workers or teams if participant is unsure.)*
5. Do you have any case managers or people you trust at community organizations that we could contact if we are having trouble reaching you?
6. Do you have an address where you currently receive mail? If so, what is that address?
7. Where do you spend most of your time during the day? For example, do you go to agencies, shelters, camps, or other places in the community?
8. Where do you spend most of your time during the night and weekend? For example, do you go to agencies, shelters, camps, or other places in the community?
9. Are there any other ways to contact you that we haven't discussed yet? Perhaps you want me to call your therapist, counselor, or workplace if I can't reach you.

Save

Phase 4 – Housing Problem Solving

The Housing Problem Solving assessment is a conversational tool to assist you and the client in identifying current and past client strengths and support systems. -This phase provides the opportunity to explore possible alternative housing solutions with the client.

Move through the 8 questions/talking points in the “**Explore the Situation**” section of this assessment. This assessment is in the form of a case note template. -Read each of the 8 questions in this assessment to the client. -Position your cursor inside the text box and click at the end of each question to add the client's answer.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT


Housing Problem Solving

Assessment Date: 08/06/2024 Assessment Active

Template: Option not in the list


Client Name: Test, CHAT

Explore the Situation

1. Is this the first time you've reached out for housing assistance? If you have reached out in the past, how long ago was it? 
2. Tell me any background of where you've been staying and how that's been going.
3. If you're currently sleeping in an unsheltered situation (outside or in a car, tent, abandoned building, etc.), when was your most recent indoor living situation? How long did you stay there?
4. Where do you think you will sleep tonight if we cannot offer you shelter?
5. Do you ever feel unwelcome or unsafe where you've been trying to stay?
6. Do you have access to a vehicle?
7. Do you have any income? What type? (e.g., benefits, job, under the table work)
8. Do you have access to all the important documentation you might need for a housing opportunity? This could include a photo ID, birth certificate, social security card, etc.

Next, scroll down the page and complete the **“Brainstorm Possible Solutions”** section. -Move through the 7 questions/talking points in the section. -This portion of the assessment is also in the form of a case note template. -Read each of the 7 talking points to the client. Position your cursor inside the text box and click at the end of each question/talking point to add the client's answer.

Brainstorm Possible Solutions

1. Is there anyone that may want to know you are seeking shelter tonight or may want to know you need help? If so, who would that be? 
2. Do you have family, friends, or anyone else who might let you stay with them, even temporarily?
3. Tell me about past places you've stayed that have been positive. Why were they positive?
4. Tell me about any resources you have that help you navigate difficult situations.
5. What resources do you have when looking for housing?
6. What support would you need to stay somewhere else or make a housing option work?
7. Have you tried to find safe places to stay or to obtain housing in the past? If so, what worked for you? How has your situation changed since then?

Next, complete the **“Next Steps”** section at the bottom of this page. -Read the 4 options to the client. Select the client's response by clicking on the appropriate radio button then select **SAVE** in the bottom right corner.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Next Steps:

- The participant wants to complete the remaining phases of the Coordinated Entry assessment.
- The participant can be diverted to mainstream resources or self-resolve. No more phases of this assessment will be completed, and he/she/they will not be placed on the prioritization list. EXIT?
- The participant prefers not to complete the remaining phases of the Coordinated Entry assessment. RESULT? Exit from CE?
- The assessor was unable to contact the participant to learn his/her/their preference. RESULT? Exit from CE?

Save

NOTE: If the client selects option 2, 3, or 4 in the “Next Steps” section, you will select SAVE in the bottom right corner of the screen. -On the next screen you will see “Complete Housing Needs Assessment” – select NO for the clients who chose option 2, 3, or 4 on the previous assessment. -You will need to exit the client from the CE enrollment upon finishing the CE intake workflow.

Complete Housing Needs Assessment?
Complete Housing Needs Assessment?

Yes

No

After selecting “NO” for “Complete Housing Needs Assessment” for those clients who select option 2, 3, or 4 on the “Housing Problem Solving” assessment “Next Steps” section – click the “Finish” button to finish the intake workflow.

Immediately EXIT the client from the CE enrollment by following the normal steps to exit an enrollment.

If the client selected option 1 on the “Housing Problem Solving” assessment “Next Steps” section, select **SAVE** in the bottom right corner

Next Steps:

- The participant wants to complete the remaining phases of the Coordinated Entry assessment.
- The participant can be diverted to mainstream resources or self-resolve. No more phases of this assessment will be completed, and he/she/they will not be placed on the prioritization list. EXIT?
- The participant prefers not to complete the remaining phases of the Coordinated Entry assessment. RESULT? Exit from CE?
- The assessor was unable to contact the participant to learn his/her/their preference. RESULT? Exit from CE?

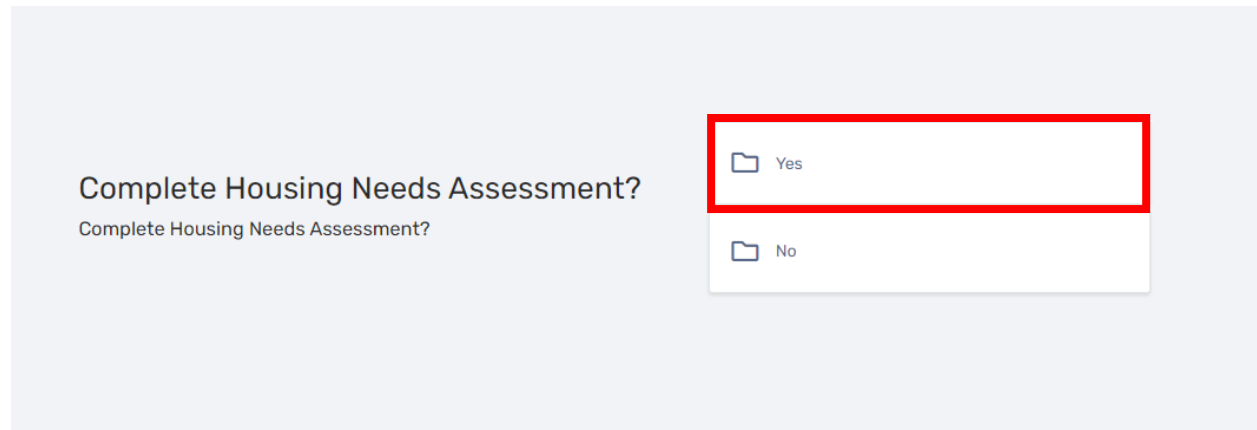
Save

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Phase 5 – Complete Housing Needs Assessment

NOTE: The Housing Needs Assessment is the scored portion of the CHAT

If the client selected option 1 on the “**Housing Problem Solving**” assessment, select “**Yes**” to complete the Housing Needs Assessment.



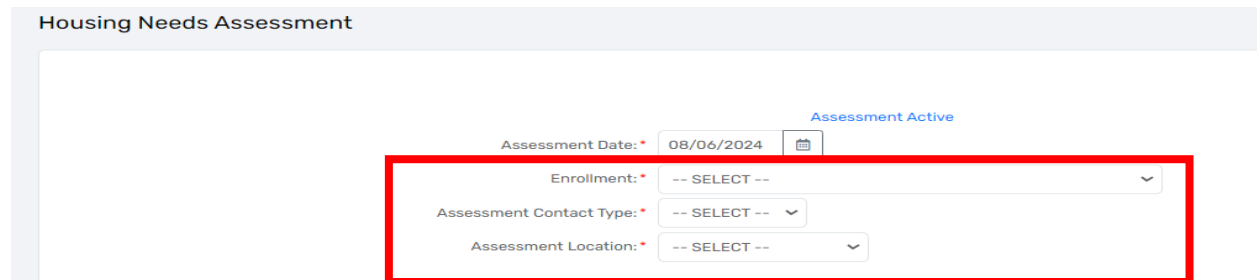
Complete Housing Needs Assessment?
Complete Housing Needs Assessment?

Yes

No

Select the appropriate choice from each drop-down menu for the following:

- **Enrollment**
- **Assessment Contact Type (Phone, Virtual, or In Person)**
- **Assessment Location**



Housing Needs Assessment

Assessment Date: * 08/06/2024 Assessment Active

Enrollment: * -- SELECT --

Assessment Contact Type: * -- SELECT --

Assessment Location: * -- SELECT --

Question 1: *Where has your household slept most often during the last two weeks?*

Provide the 4 answer options to the client. Select the appropriate radio button to record the client’s selection.

Question 2: *Please select the option that best describes your household’s experience of homelessness.*

Provide the 4 answer options to the client. Select the appropriate radio button to record the client’s selection.

HOW TO GUIDE CHAT (COLLABORATIVE HOUSING ASSESSMENT TOOL) COMPLETING A 90 DAY REASSESSMENT

Question 3: *Have you or someone in your household ever been enrolled in a housing program for people who are unhoused?*

Provide the 3 answer options to the client. -Select the appropriate radio button to record the client's selection.

Question 4: *Do you or someone in your household have any past or current involvement with the criminal justice system that could impact your housing or make it difficult to rent a place to live? SELECT ALL THAT APPLY*

Provide the 6 answer options to the client **(Be sure to scroll down through the answer options as all options are not immediately visible on the screen)**
Select the appropriate radio buttons to record the client's selections.

Question 5: *Have you or someone in your household ever stayed or lived somewhere where your/their name was on the lease, or had a mortgage in your/their name?*

Provide the 2 answer options to the client. -Select the appropriate radio button to record the client's selection.

Question 6: *Have you or someone in your household been evicted (by court order) from a housing unit in the last three years?*

Provide the 5 answer options to the client. -Select the appropriate radio button to record the client's selection.

Question 7: *Do you or someone in your household owe any money to a prior landlord and/or a utility company?*

Provide the 3 answer options to the client. Select the appropriate radio button to record the client's selection. -If the client answers "YES", enter the amount if known, in the text box.

Question 8: *Do you or someone in your household have income? -It could be earned income from a job, benefits from government like SSI, food stamps, WIC, or other types of income like child support or a regular gift from someone.*

Provide the 2 answer options to the client. -Select the appropriate radio button to record the client's selection. -If the client answers "YES", enter the description and any additional information in the text box.

Question 9: *Many people who are experiencing housing instability meet their needs in different ways, and we want to explore whether there are any ways we*

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can help you meet your needs in a way that is safer. -Do any of the situations below currently apply to you or someone in your household? -As a reminder, you have the right to say that you do not want to answer any of these questions.

- a. Provide services/work for someone who provides me food, shelter, hygiene items, or safety, but don't receive money for that work*
- b. Have panhandled for money in order to buy what is needed*
- c. A significant other/partner/family member or other person is meeting my basic needs in a way that doesn't feel safe to me*
- d. Have exchanged sex for basic needs such as food, shelter, hygiene items, or safety*
- e. Currently struggling to meet basic needs*

Provide the 3 answer options to the client. -Select the appropriate radio button to record the client's selection.

Question 10: *Do any of the following descriptions apply to you or your household? SELECT ALL THAT APPLY*

Provide the 6 answer options to the client **(Be sure to scroll down through the answer options as all options are not immediately visible on the screen)**
Select the appropriate radio buttons to record the client's selections.

Question 11: **(For Heads of Households age 24 and younger only)** *Have you or someone in your household been involved with either the child welfare system or the juvenile justice system?*

Provide the 5 answer options to the client. Select the appropriate radio button to record the client's selection.

Question 12: *In the past 12 months, how many times have you or someone in your household visited the hospital due to their own health needs?*

Provide the 3 answer options to the client. -Select the appropriate radio button to record the client's selection.

Question 13: *Do any of the following descriptions currently apply to you or someone in your household? -SELECT ALL THAT APPLY*

Provide the 4 answer options to the client. Select the appropriate radio buttons to record the client's selections. **(Be sure to scroll down through the answer options as all options are not immediately visible on the screen)**

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Question 14: *Mental Health & Substance Use: Do any of these descriptions apply to you or someone in your household? -When we say mental health, we are referring to conditions such as depression, anxiety, PTSD, schizophrenia, bipolar, or other mental health related challenges. -SELECT ALL THAT APPLY*

Provide the 5 answers options to the client. Select the appropriate radio buttons to record the client's selections.

The client's score will appear in the Total Score field at the bottom of the page.

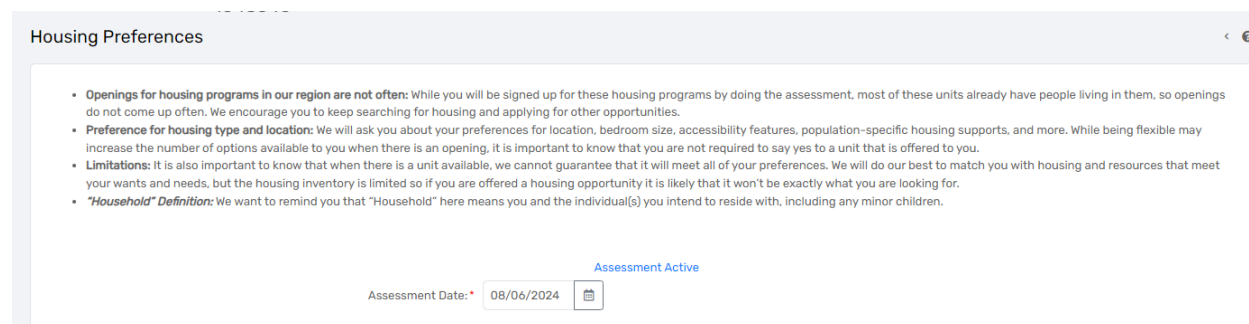


The screenshot shows a user interface for an assessment tool. On the left, there is a field labeled 'Total Score: 21' which is highlighted with a red rectangular box. To the right of this field is a large, light-colored circular graphic. Below these elements is a horizontal bar containing two buttons: 'Save' (with a checkmark icon) and 'No Changes' (with a checkmark icon). The 'Save' button is also highlighted with a red rectangular box.

Next, select **SAVE** in the bottom right corner of the screen.

Phase 5 – Housing Preferences

Read the 4 bullet points and explanations to the client.



The screenshot displays the 'Housing Preferences' section of the assessment tool. At the top, the title 'Housing Preferences' is visible. Below the title, there are four bullet points providing information about housing programs, preferences, limitations, and household definitions. At the bottom of the section, there is a date field labeled 'Assessment Date:' with the value '08/06/2024' and a calendar icon. To the right of the date field, the text 'Assessment Active' is displayed in blue.

Collect and enter the client's responses to the 6 questions in their respective text boxes. -This is meant to be conversational and intended to assist housing providers with the client's housing preferences/needs. -Once the fields are completed, select **SAVE**.

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Housing Preferences

1. Do you or anyone in your household have any specific unit or accessibility needs such as a wheelchair ramp, elevator, or first-floor only, no first floor etc.? If so, please describe:

::

2. Is there anything that will impact where you or anyone in your household can or cannot live? If so, please tell us so that we can consider them if you are matched to a housing resource. Examples might include: custody-related restrictions, a protective order, the inability to live near a school/elderly home, wanting to live in specific towns or counties or to avoid certain towns or counties:

::

3. We are going to walk through a list of statements that will help us to match you to the housing type that best meets your wants and needs if an opportunity opens up. Please tell us which apply to you or someone in your household:


:: I have served in the military or armed forces. (NOTE: If yes, refer to SSVF/VA once assessment is complete.)
 I am less than 25 years old and interested in youth-dedicated (18-24 years old) housing opportunities. (This is only applicable to individuals or groups that do not include people over the age of 25.)
 I am interested in housing designed for people with HIV or AIDS.

4. How many adults are in your household (including yourself)?

5. How many children are in your household?

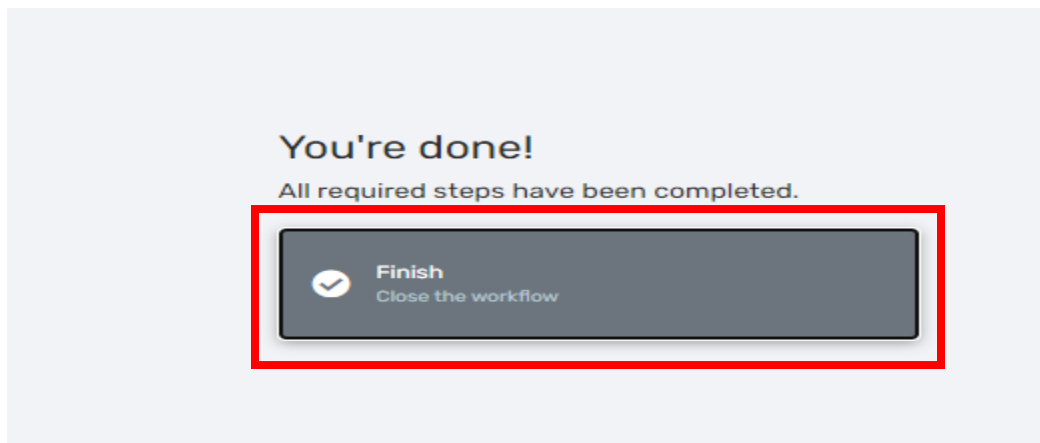
6. How many bedrooms are necessary for your household? (The standard recommendation is that adults that are partners share a bedroom and that children of opposite sex over the age of 5 have separate bedrooms):

7. If your need for bedrooms is different from the standard recommendation, please explain:



Save

Select **“Finish”** at the end of the workflow to update the client’s record.



Please email the HMISHelpDesk@ihcda.IN.gov with any questions.