

## How to Guide – Coordinated Entry HMIS Intake Workflow

1. Log in to HMIS using the “2020 Coordinated Entry” *workgroup* and your “Coordinated Entry Region #” as the *organization*.
2. From the “Home” workspace, click on the double arrow icon to the right of the *ClientTrack* logo at the top of the page.

The screenshot shows the ClientTrack login settings form. The 'Workgroup' dropdown is set to '2020 Coordinated Entry' and the 'Organization' dropdown is set to 'Coordinated Entry Region 1a'. The 'Location' dropdown is set to 'CE Region 1a'. A blue button labeled 'Use these settings' is at the bottom. Below the button, it says 'Open ClientTrack using these settings.'

### What's New

#### NHSDC Oct 2019

9/30/2019

Eccovia Solutions is excited to attend the National Human Services Data Consortium (NHSDC) Fall Conference, October 15-17, 2019 in Austin, TX. This year's conference will be focusing on preventing and ending homelessness and impacting community systems of care with data. Conference attendees will hear inspiring examples of communities who have successfully used data to transform [...] The post NHSDC Oct 2019 appeared first on Eccovia Solutions.

#### Florida Coalition for the Homeless

9/30/2019

Eccovia Solutions is proud to support the Florida Coalition for the Homeless 2019 Annual Conference Starting Oct 9th, 2019. The conference brings together national, state and local experts from the fields of homelessness, affordable housing, veteran services, healthcare, mental health, and workforce development to explore current best practices on ending homelessness. CoCs across Florida and [...] The post Florida Coalition for the Homeless appeared first on Eccovia Solutions.

#### Eccovia Solutions Rolls Out PRAPARE SDoH Screening Tool on its Care Coordination Platform

9/16/2019

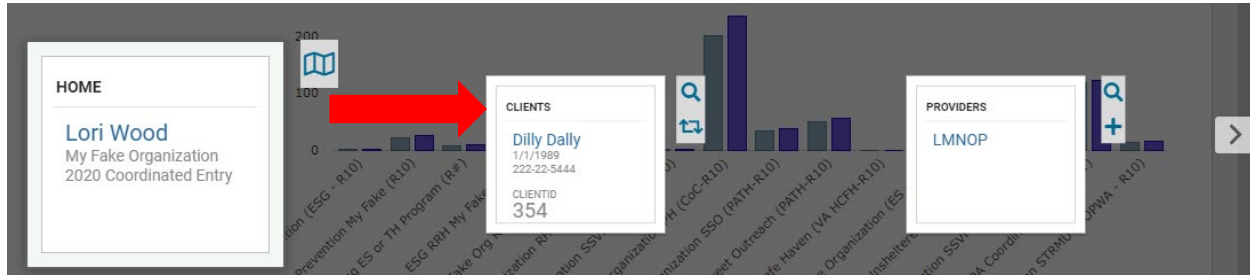
September 16, 2019 09:00 AM Eastern Daylight Time SALT LAKE CITY-(BUSINESS WIRE)-Eccovia Solutions, the leading provider of flexible, cloud-based case management and community care coordination software for health and human services organizations, today announced the infusion of the PRAPARE SDoH (social determinants of health) capability into the ClientTrack platform. The PRAPARE SDoH screening tool incorporates [...] The post Eccovia Solutions Rolls Out PRAPARE SDoH Screening Tool on its Care Coordination Platform appeared first on Eccovia Solutions.

The screenshot shows the ClientTrack Home workspace. On the left is a dark blue navigation menu with items: Home, User Dashboard, Global Administration, Standard Reports, My ClientTrack (with a dropdown arrow), Bulletin Board, Chronic Homeless Status, and Recent. The main content area has a white header with the ClientTrack logo, a search bar with a dropdown menu set to 'All', and a search icon. Below the header, the user profile for 'Lori Wood' is shown, with 'My Fake Organization' and '2020 Coordinated Entry' listed. A double arrow icon is highlighted with a red box. Below the profile, there is a 'Welcome Lori Wood' message and a section for 'My Fake Organization News' with a welcome message. At the bottom, there is a section for 'Current Program Enrollments'.

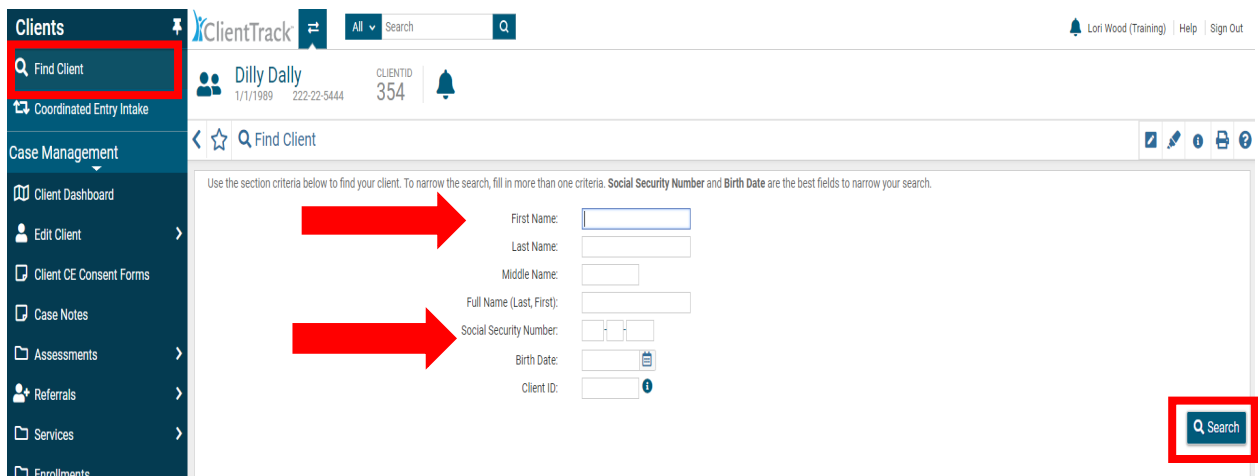
## How to Guide – Coordinated Entry HMIS Intake Workflow

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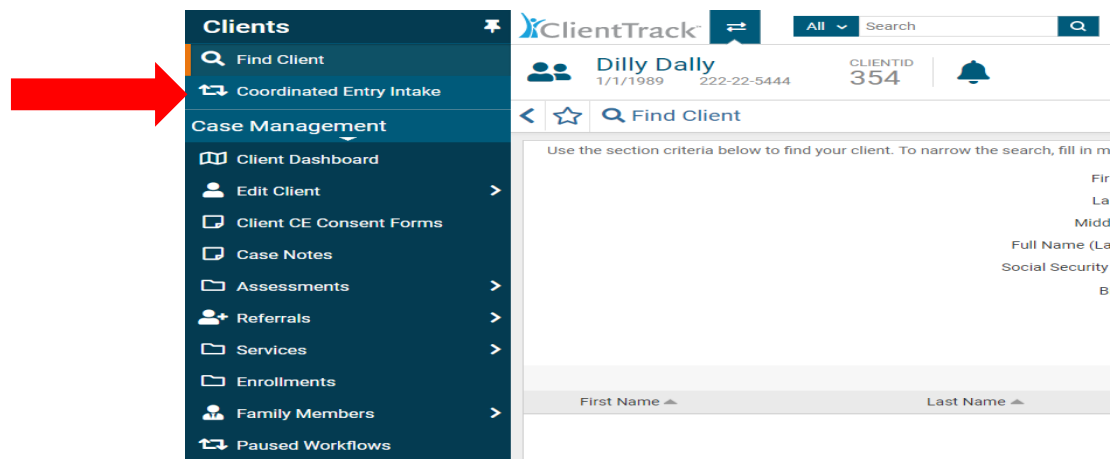
- From the floating “Workspace” menu, click on “Clients”.



- Always complete a “Find Client” search prior to adding a new client record in HMIS. This will alleviate duplicate client records. Click on the “Find Client” feature in the left-hand menu.



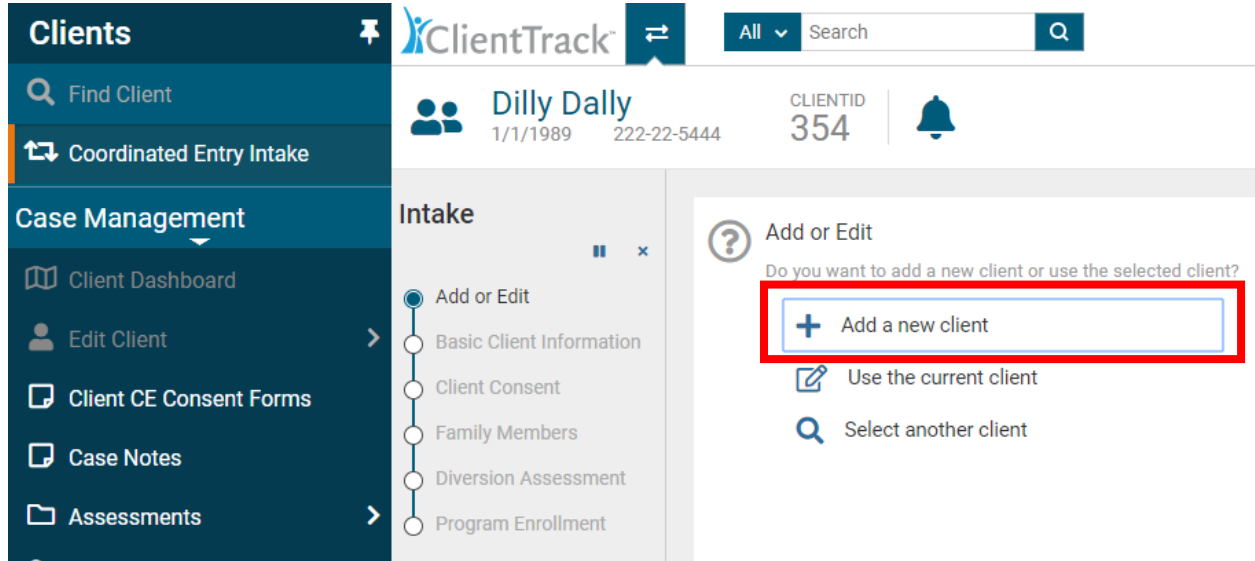
- Complete the search information (you may search by name, social security number, date of birth or client ID#). Next, click “Search”
- If the client has an existing HMIS record, click on the record to open the client’s dashboard.
- If no existing HMIS record is found, click on the “Coordinated Entry Intake” feature in the left-hand menu.



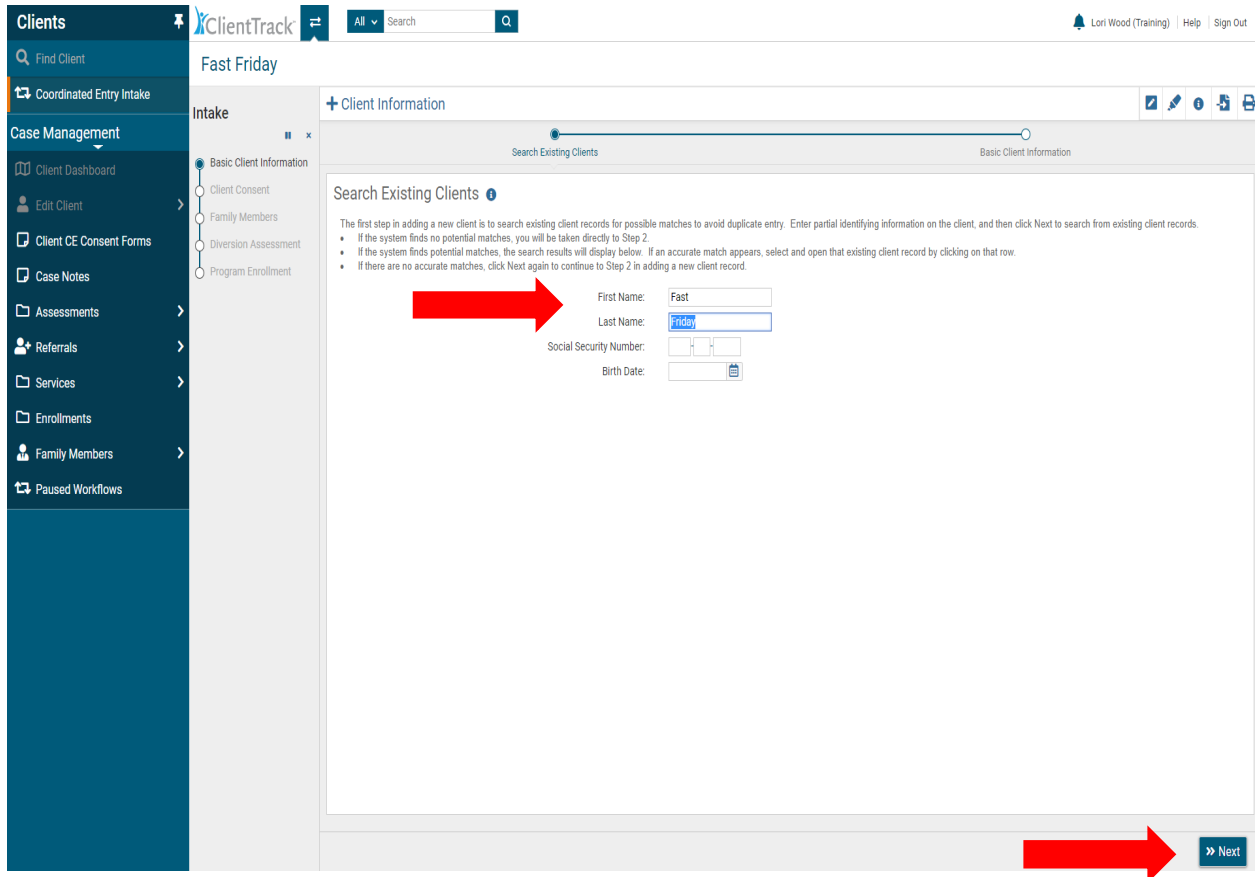
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8. Click on “Add a new client”.



9. The system will perform a search for the client. Type in the First and Last Name of the new client, then click the “Next” button.



# How to Guide – Coordinated Entry HMIS Intake Workflow

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## 10. Basic Client Information Assessment: Complete all fields marked with a red asterisk \*.

Next, click the “Finish” button.

The screenshot shows the 'Basic Client Information' section of the ClientTrack intake form. The form is titled 'Basic Client Information' and includes a search bar for existing clients. The instructions state: 'Complete the client's identifying information. Name and social security number have associated data quality fields. Data quality fields are used to indicate the reason full information wasn't collected. Name and social security number data quality fields allow users to indicate when a client doesn't know or refuses to provide information. If the required data is collected then ClientTrack automatically records that full data quality was met.'

Fields marked with a red asterisk (\*) include:

- First Name: \* (Value: Fast)
- Last Name: \* (Value: Friday)
- Name Quality: \* (Value: Full name reported)
- Social Security Number: \* (Value: [redacted])
- SSN Quality: \* (Radio button selected: Client doesn't know)
- Client Age: \* (Radio button selected: Approximate or Partial DOB Reported)
- Date of Birth Quality: \* (Radio button selected: Client doesn't know)
- Ethnicity: \* (Dropdown menu open)
- Race: \* (Dropdown menu open)
- Gender: \* (Dropdown menu open)
- Veteran Status: \* (Dropdown menu open)

The screenshot shows the 'Contact Information' and 'Family Information' sections of the ClientTrack intake form. The 'Contact Information' section includes fields for Address, Address 2, City, State, Zip Code, County, Email, Home Phone, Work Phone, and Msg Phone. The 'Family Information' section includes a search field for Family and a dropdown for Relationship to Head of Household (Value: Self).

Fields marked with a red asterisk (\*) include:

- Client Age: \* (Radio button selected: Approximate or Partial DOB Reported)
- Date of Birth Quality: \* (Radio button selected: Client doesn't know)
- Ethnicity: \* (Dropdown menu open)
- Race: \* (Dropdown menu open)
- Gender: \* (Dropdown menu open)
- Veteran Status: \* (Dropdown menu open)

At the bottom right of the form, there is a 'Finish' button highlighted with a red box, and a 'Previous' button to its left.

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11. Please make sure the client reads the **“Client Consent”** *before* they sign the form. The client will choose one of the three available options in the **“Client Informed Consent”** section of the form. Next, the client will sign the form in the **“Client Signature”** box using the computer mouse or signature pad (*provided by the HMIS team upon request and subject to availability of stock*).
12. Complete the **“Client Name”** and **“Date”** field. Next, you will sign the form in the **“Case Manager Signature”** box. Complete the **“Case Manager Name”** and **“Date”** field. Next, click the **“Save”** button.

**ClientTrack** | All | Search | Lori Wood (Training) | Help | Sign Out

**Fast Friday** | CLIENTID: 3336

### Intake + Client Consent

**HMIS Client Consent**

Purpose of this form: This Agency uses the Homeless Information Management System (“HMIS”). HMIS is a database and case management system that collects and maintains information on the characteristics and service needs of clients. The system collects and stores client-level data that can be utilized to generate unduplicated and aggregate reports for the U.S Department of Housing and Urban Development (“HUD”) that can be analyzed to determine the use and effectiveness of the services being provided by Agency. When you request or receive services, we may collect and share your Protected Personal Information (“PPPI”) including data on your household such as:

- \*First name and last names, dates of birth, Social Security Numbers, gender, ethnicity, race, veteran status, prior residence, contact information and program status.
- \*Your service needs, income, government benefits, education, employment, destination, disability, general health, as well as pregnancy, HIV/AIDS, behavioral health, mental health, legal and history of domestic violence, dating violence, sexual assault, and stalking.

How will my PPI be used?  
Your data will be entered into the HMIS to generate reports that can be analyzed to determine the use and effectiveness of the services being provided by the Agency. The ways in which this Agency may use or disclose your information are discussed in our Notice of Privacy Practices, which is posted in this Agency near the intake stations (or comparable location) for review by clients.

How will my PPI be protected?  
\*We are required to protect the privacy of your PPI by complying with the privacy practices described in our Privacy Policy.  
\*Your information is protected by passwords and encryption technology. Each Agency and user must sign an agreement to maintain the security and confidentiality of your information. Any person or Agency that uses the HMIS and violates the terms of the agreement may lose its access rights and may be subject to other negative consequences.

How will my PPI be shared and disclosed?  
The PPI we collect can be shared and disclosed under the following circumstances:  
\* Shared with other HMIS service providers.  
\* To provide or coordinate services to you and your household.  
\* For HMIS administrative purposes.  
\* When required by law or for law enforcement purposes or to prevent a serious threat to health or safety.  
\* Reports to HUD, audits and management functions.

I UNDERSTAND THAT:  
\* The Agency may not refuse or decline certain services to me if I refuse or am unable to provide information; however, some information may be required by the applicable program to determine eligibility for housing or services, to assess needed services, or to fulfill reporting requirements. Therefore, I am not required to sign this consent. I may request a copy of this consent.  
\* This consent permits any HMIS service provider to add or update my information in the HMIS database, without asking me to sign another consent form.  
\* This consent expires in three (3) years. I have the right to revoke this consent at any time in writing. PPI that I previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided me with direct service.  
\* This Agency has posted a Notice of Privacy Practices, and I may request a paper copy of the Notice from this Agency. I acknowledge that I have been given an opportunity to read and/or request a copy of the Notice and that I have read the Notice. The Notice describes ways in which my personal information may be used and disclosed. Every effort will be made to ensure the proper use and security of my information.

**ClientTrack** | All | Search | Lori Wood (Training) | Help | Sign Out

**the menu when inactive Jay** | CLIENTID: 3336

### Intake + Client Consent

this Agency. I acknowledge that I have been given an opportunity to read and/or request a copy of the Notice and that I have read the Notice. The Notice describes ways in which my personal information may be used and disclosed. Every effort will be made to ensure the proper use and security of my information.

#### Client Informed Consent

I agree that this Agency and its employees and agents can enter all of my information into the HMIS and share my PPI with other HMIS Service Providers

I will provide my information to the Agency but I do not agree to allow the agency to enter any of my information into the HMIS or share my PPI with other HMIS service providers

I do not agree to provide any information to this Agency and I understand that I may not be able to receive certain services from this Agency if my eligibility to receive these services cannot be verified

By Signing this form:

Client Signature:

Client Name:

Date:

Case Manager Signature:

Case Manager Name:

Date:

#### Restriction Options

Restriction:  Restrict to Organization  Restrict to MOU/InfoRelease

**Save**

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13. **Family Members Assessment:** If no changes are needed, click the **“Save and Close”** button. To add family members, complete the data fields for each family member. Click the **“Check Box”** to the left of the added family member’s name(s) then click the **“Save and Close”** button.

The screenshot shows the ClientTrack interface for the 'Family Members' section. The page title is 'Family Members' and it shows 1 result found. The table below is highlighted with a red box:

<input type="checkbox"/>	First Name	Middle Name	Last Name	Suffix	Name Quality	Birth Date	Age	Birth Date Quality	Gender
<input checked="" type="checkbox"/>	Fast		Friday		Full name reported	01/01/1990	29	Full DOB Reported	Male
<input type="checkbox"/>					-SELECT-		N/A	-SELECT-	-SELECT-

At the bottom right of the page, the 'Save & Close' button is highlighted with a red box.

14. The **“Diversion Assessment”** is a tool to assist with the **“Creative Conversation”** (Diversion) process with the client as you work together to identify possible alternative housing options. Complete the **“Region”** field, then move through the **“Housing Crisis”** fields to capture information pertaining to the client’s current housing crisis.

15. Complete the **“Housing Crisis”** section.

The screenshot shows the ClientTrack interface for the 'Diversion Assessment' section. The page title is 'Diversion Assessment' and it shows the 'Housing Crisis' section. The 'Assessment Date' is 03/27/2020 and the 'Region' is 1. The 'Housing Crisis' section is highlighted with a red box. Red arrows point to the 'Assessment Date' field and the 'Region' dropdown. The 'Housing Crisis' section contains the following fields:

What brought on your current housing crisis? (Select all that apply)

Problem with Landlord:	No
Rental or Utility Arrears:	Yes
Eviction:	Yes
Foreclosure:	No
Condemned Property:	No
Unable to Pay Rent:	Yes
Overcrowding:	No

## How to Guide – Coordinated Entry HMIS Intake Workflow

Revised: 3/2020

16. **PLEASE NOTE:** The “DV and Lethality” section is new to the CE Intake Workflow. If the client answers “Yes” to the question: “Are you homeless due to fleeing or attempting to flee domestic violence, sexual assault, stalking or other dangerous or life-threatening conditions related to violence against you or your family?”, the system will display the additional field: “Approximate date homelessness began” (Please complete the date).
17. Next, please complete the three “Lethality Questions” by selecting “Yes” or “No” for each question. The system will automatically calculate the “Lethality Score” for the DV survivor and display the “Lethality Score” on the Prioritization List.
18. By adding these additional DV questions, CE Lead Agencies will be able to quickly identify DV survivors by the “Lethality Score” displayed on the Prioritization List
19. When domestic violence survivors are being assessed, please provide the client with a copy of the Safety Plan located in the Coordinated Entry Policies and Procedure manual. Next, reach out to the nearest DV Provider if the client needs immediate shelter, and offer the client a referral to the DV Provider for DV housing and supportive services.

ClientTrack Clients All Search Q Lori Wood (Training) Help Sign Out

Indiana HMIS Train day CLIENTID 3336 1/1/1990 444-88-9999

Intake + Diversion Assessment

DV and Lethality

Are you homeless due to fleeing or attempting to flee domestic violence, sexual assault, stalking or other dangerous or life threatening conditions related to violence against you or your family? Yes

Approximate Date Homelessness Began: 03/24/2020

Has your partner ever used a weapon against you or your children or threatened you or your children with a weapon?

Do you believe your partner is capable of killing you or your children?

Has your partner threatened to kill you or your children?

Lethality Score: 3

20. Complete the “Diversion Questions”. If the client is diverted, the workflow will end. If the client is **NOT** diverted, the Intake workflow will continue.

21. Click the “Save” button to continue.

ClientTrack Clients All Search Q Lori Wood (Training) Help Sign Out

Fast Friday CLIENTID 3336 1/1/1990 444-88-9999

Intake Pause the workflow Diversion Assessment

Diversion Questions

Are you safe in your current living condition? -- SELECT --

Is there anyone else you could stay with temporarily if you were able to receive case management, transportation and/or limited financial assistance?: -- SELECT --

Diversion

Are you diverting client? Divert Client? -- SELECT --

Save Skip

## How to Guide – Coordinated Entry HMIS Intake Workflow

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22. **HUD Program Enrollment Assessment:** Click on the drop-down arrow in the “**Project**” data field and choose the project. Next, click the check box to the left of each family member’s name you wish to enroll in the program. Next, click the “**Save**” button.

The screenshot shows the HUD Program Enrollment form. The client is 'Fast Friday' (CLIENTID 3336). The form includes instructions for selecting a project and defining household members. A table lists household members:

Name	Gender	Age	Project Start Date	Case Manager	Relationship to Head of Household
OROSE, DUA	Female				--SELECT--
Friday, Fast	Male	30	03/27/2020	Lori Wood	Self

A red arrow points to the 'Project' dropdown menu, which is set to 'My Fake IHCD Coordinated Entry (R1)'. A red box highlights the 'Save' button in the bottom right corner.

23. **Universal Data Assessment:** Complete all fields marked with a red asterisk \*.

The screenshot shows the Universal Data Assessment form. The client is 'Fast Friday' (CLIENTID 3336). The form includes a note about the assessment data and a section for the assessment details:

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: \* 03/30/2020

Age at Assessment: 30

Assessment Type: \* Entry

Assessor: \* Lori Wood

Program: My Fake IHCD Coordinated Entry (R1)

Disabling Condition: \* Yes



## How to Guide – Coordinated Entry HMIS Intake Workflow

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- **Assessment Date** – Date the assessment was completed with the client (field will auto-fill with today's date).
- **Assessment Type** – Defaulted and cannot be changed during the workflow. If you notice that you're completing the incorrect assessment, contact the HMIS Help Desk where you will be assisted.
- **Assessor** – Case manager completing the assessment and who will automatically be assigned to all case members.
- **Program** – Displays the name of the Program in which client is enrolled
- **Disabling Condition** – Enter the client's answer (Yes, No, Client Doesn't Know, Client Refused, Data Not Collected)

### Client Location

Select or enter the CoC code assigned to the geographic area where the head of household is staying at the time of project entry. Client location will be defaulted to the program's CoC within a workflow.

Client Location: \* IN-502 - Indiana Balance of State ▼



- **Client Location** – Defaulted information that is set up with your program in the system. If this information is missing when completing an assessment, please contact the HMIS Help Desk.

### Living Situation

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.


Prior Living Situation: \* Place not meant for habitation ▼

Length of stay in the prior living situation: \* 90 days or more, but less than one year ▼

Approximate date homelessness started: \* 12/09/2019  

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: \* Four or more times ▼

Total number of months homeless on the street, in ES, or SH in the past three years: \* More than 12 months ▼

Restriction: \*  Restrict to Organization   Restrict to MOU/InfoRelease

 Save

- **Prior Living Situation** – Identify where the client was staying on **the night before** the client is enrolled in your program. The built-in logic will prompt you for more data depending on the selection made for this question. Those additional data elements are the following:
  - **Length of stay in prior living situation**

## How to Guide – Coordinated Entry HMIS Intake Workflow

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- **Approximate date homelessness started**
- **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 -**  
Data in this section is used along with disabling condition to determine whether a client is chronically homeless. *HUD strongly encourages HMIS users to just ask the client for the information and record the client's answer. Attempting to tie each individual response with definitions or documentation requirement is not the attempt of this question.*


### 24. Triage Assessment: *Please Note: The Triage Assessment is a new assessment implemented with the 2020 HUD Coordinated Entry Data Standards*

**+ HMIS Triage Assessment**

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


Assessment Active

Assessment Date: \* 03/30/2020 

Assessment Location: \* My Fake Organization ▼ 

Assessment Contact Type: \* In Person ▼

What is your household type: \* Household without children ▼

Information Date: \* 03/30/2020 

Enrollment: \* 03/30/2020 - My Fake IHCDCA Coordinated Entry (R1) ▼

Verified by Project: My Fake IHCDCA Coordinated Entry (R1) ▼


Current Living Situation Information

- Complete the **“Assessment Location”**
- Complete the **“Assessment Contact Type”**: Select the answer from the drop-down box

Current Living Situation Information

Current Living Situation: \* Place not meant for habitation ▼

Location Detail:

Record Contact:  

## How to Guide – Coordinated Entry HMIS Intake Workflow

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- Complete **“Current Living Situation”**: Select the answer from the drop-down box
- **You MUST check the “Record Contact” checkbox** (This field is **REQUIRED**, and we are working on adding the **red asterisk \*** as the required field indicator)
- Select the **“Contact Service”** from the drop-down box then click **“Save”**

### Contact Service Information

Contact Service: \* CE - Case Management

Location: My Fake Organization

Comments:

Restriction: \*  Restrict to Organization  Restrict to MOU/InfoRelease

Save Skip

25. **Barriers Assessment:** All barriers must indicate a **“Yes”** or **“No”** in the **“Barrier Present”** column. The shortcut process is to click on the small check box to the left of the **“Barrier”** column heading. This will populate all barriers as **“No”** in the **“Barrier Present”** column. If the client discloses one or more barriers, click on the drop-down box in the **“Barrier Present”** column which corresponds to the client disclosed barrier and choose **“Yes”**. You must also indicate if the barrier is an **“Indefinite Condition”** by choosing **“Yes”** or **“No”** in the **“Condition is Indefinite”** column. When finished, click the **“Save and Close”** button.

Barriers

Assessment Active

Identified Date: \* 03/30/2020

Screen: HMIS Barriers

Disabling Condition: Yes

<input type="checkbox"/>	Barrier	Barrier present?*	Condition is Indefinite	Explanation	Restriction	Previous Barrier Details
<input checked="" type="checkbox"/>	Alcohol Abuse	No			Restrict to Organization	Previous Barrier
<input checked="" type="checkbox"/>	Developmental Disability	No			Restrict to Organization	Previous Barrier
<input checked="" type="checkbox"/>	Drug Abuse	Yes	Yes		Restrict to Organization	Previous Barrier
<input checked="" type="checkbox"/>	HIV/AIDS	No			Restrict to Organization	Previous Barrier
<input checked="" type="checkbox"/>	Mental Health	No			Restrict to Organization	Previous Barrier
<input checked="" type="checkbox"/>	Physical Disability	No			Restrict to Organization	Previous Barrier
<input checked="" type="checkbox"/>	Chronic Health Condition	No			Restrict to Organization	Previous Barrier

Save Save & Close

## How to Guide – Coordinated Entry HMIS Intake Workflow

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### 26. Income Assessment: Complete the “Income from Any Source” and “Non-Cash Benefits from Any Source” fields.

Indicate below the client's sources of monthly income, non-cash benefits and expenses.

The following instructions are quoted from the HMIS Data Manual:

- When a client has income, but does not know the exact amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income amount should be estimated.
- Income received by or on behalf of a minor child should be recorded as part of household income under the Head of Household, unless the federal funder in the HMIS Program Specific Manual instructs otherwise. Income should be recorded at the client-level for heads of household and adult household members. Projects may choose to collect this information for all household members including minor children, as long as this does not interfere with accurate reporting per funder requirements. Projects collecting data through client interviews should ask clients whether they receive income from each of the sources listed rather than asking them to state the sources of income they receive.
- Income data should be recorded only for sources of income that are current as of the information date (i.e. have not been specifically terminated). As an example, if a client's employment has been terminated and the client has not yet secured additional employment, the response for Earned Income would be "No." As a further example, if a client's most recent paycheck was 2 weeks ago from a job in which the client was working full time for \$15.00/hour, but the client is currently working 20 hours per week for \$12.00 an hour, record the income from the job the client has at the time data are collected (i.e. 20 hours at \$12.00 an hour).

Default Last Assessment

Assessment Active

Assessment Date: 12/13/2019

Income from Any Source: - SELECT -

Non-Cash Benefits from Any Source: - SELECT -

Expenses: - SELECT -

Restriction:  Restrict to Organization  Restrict to MOU/infoRelease

Save and Close Skip

### 27. A source of income must be identified if the client discloses “Yes” in the “Income from Any Source” and/or the “Non-Cash Benefits from Any Source” field.

Fast Friday 1/1/1990 444-88-9999 CLIENTID 3336

Intake + Income and Sources, Non-Cash Benefits

Assessment Date: 12/13/2019

Income from Any Source: Yes

Non-Cash Benefits from Any Source: Yes

Expenses: - SELECT -

Income

Type	Description	Monthly Amount	Restriction
<input type="checkbox"/>	Earned Income		Restrict to MOU/infoRelease
<input type="checkbox"/>	Self Employment		Restrict to MOU/infoRelease
<input type="checkbox"/>	Worker's Compensation		Restrict to MOU/infoRelease
<input type="checkbox"/>	Unemployment Insurance		Restrict to MOU/infoRelease
<input type="checkbox"/>	Other Pension		Restrict to MOU/infoRelease
<input type="checkbox"/>	Supplemental Security Income		Restrict to MOU/infoRelease
<input checked="" type="checkbox"/>	Social Security Disability Income	\$800.00	Restrict to MOU/infoRelease
<input type="checkbox"/>	Retirement (Social Security)		Restrict to MOU/infoRelease
<input type="checkbox"/>	Veteran's Pension		Restrict to MOU/infoRelease
<input type="checkbox"/>	Veteran's Disability Payment		Restrict to MOU/infoRelease
<input type="checkbox"/>	TANF		Restrict to MOU/infoRelease
<input type="checkbox"/>	Child Support		Restrict to MOU/infoRelease
<input type="checkbox"/>	Other Income		Restrict to MOU/infoRelease

Count/Total Monthly Income: 1 \$800.00

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28. Next, click on the “Save and Close” button.

Type	Description	Monthly Amount	Restriction
<input checked="" type="checkbox"/>	Food Stamps/Money for food on benefits card	\$195.00	Restrict to MOU/InfoRelease
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children		Restrict to MOU/InfoRelease
<input type="checkbox"/>	TANF Child Care Services		Restrict to MOU/InfoRelease
<input type="checkbox"/>	TANF Transportation Services		Restrict to MOU/InfoRelease
<input type="checkbox"/>	Other TANF-funded Services		Restrict to MOU/InfoRelease
<input type="checkbox"/>	Other Source		Restrict to MOU/InfoRelease

Count/Total Monthly Income: 1 \$195.00

Restriction:  Restrict to Organization  Restrict to MOU/InfoRelease

[Save and Close](#) [Skip](#)

29. **Health Insurance Assessment** – Complete the required information pertaining to the client’s insurance status. If a client’s health insurance status has changed, change the status of the type of insurance to “No” and then add an end date. Then you can change the Health Insurance status to “No” and click the “Save” button to continue.

30. **VI-SPDAT Assessment:** The system will ask – “Which SPDAT would you like to complete?”

31. Click on **VI-SPDAT** for Single Adults and Adult HoH’s with children.

32. Click on **Tay-VI-SPDAT** for Single adults age 16 – 24 only

ClientTrack

Indiana HMIS Train iday 1/1/1990 444-88-9999

CLIENTID 3336

Intake

- Basic Client Information
- Client Consent
- Family Members
- Diversion Assessment
- Program Enrollment
- Fast Friday
- Assessment
- Barriers / Special Needs
- Income
- Which SPDAT would you like to complete
- Referrals

Which SPDAT would you like to complete

Which SPDAT would you like to complete

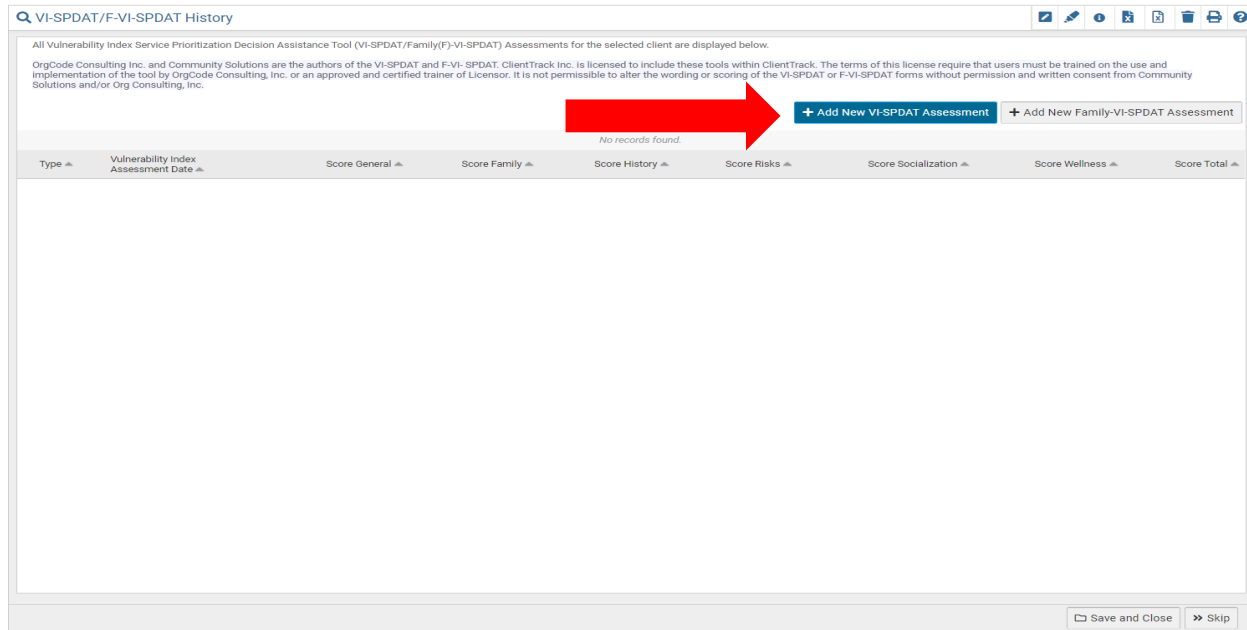
VI-SPDAT

TAY-VI-SPDAT (Single adults 16-24 only)

33. For our client, “Fast Friday” the “VI-SPDAT” was chosen.

## How to Guide – Coordinated Entry HMIS Intake Workflow

Revised: 3/2020



**34. VI-SPDAT/F-VI-SPDAT History screen:** Click “Add New VI-SPDAT Assessment” for single clients. Click “Add New Family-VI-SPDAT Assessment” for families.

**35. Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT) Assessment:** Complete the data fields in the “Administration” and “Basic Information” section. Mark the appropriate check box for the question “Has Consented to Participate”, “Yes” or “No”.

Administration

Assessment: \*  
No Assessment Selected

ClientID: 3336

Interviewer Name: Lori Wood

Agency:  Team  Staff  Volunteer

Date/Time: \* 03/30/2020 02:36 PM

Interview Location: Agency

Basic Information

Name: Friday, Fast

Nickname:

In what language do you feel best able to express yourself? English

Soc Sec No: 44-81-9999

Age at Assessment: 0

Birthdate: 01/01/1990

Has Consented to Participate?  Yes  No

# How to Guide – Coordinated Entry HMIS Intake Workflow

Revised: 3/2020

36. The tool will automatically calculate the client’s vulnerability score as each of the answers to each question are completed. When finished, click the “Save” button, then click the “Save and Close” button.

+ Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. SCORE: 0

A. History of Housing & Homelessness

1. Where do you sleep most frequently? (check one):  Shelter  Transitional Housing  Safe Haven  Outdoors  Other (specify)  Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER," "TRANSITIONAL HOUSING" OR "SAFE HAVEN," THEN SCORE 1. SCORE: 0

2. How long has it been since you lived in permanent stable housing? # of Years: 0 # of Months: 0  Refused

3. In the last three years, how many times have you been homeless? 0  Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. SCORE: 0

B. Risks

4. In the past six months, how many times have you ...

a) Received health care at an emergency department/room?   Refused

b) Taken an ambulance to the hospital?   Refused

c) Been hospitalized as an inpatient?   Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   Refused

+ Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. SCORE: 0

5. Have you been attacked or beaten up since becoming homeless?  Yes  No  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. SCORE: 0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  Yes  No  Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. SCORE: 0

8. Does anybody force or trick you to do things that you do not want to do?  Yes  No  Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. SCORE: 0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  Yes  No  Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Yes  No  Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE: 0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Yes  No  Refused

# How to Guide – Coordinated Entry HMIS Intake Workflow

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+ Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.** SCORE: 0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Yes  No  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.** SCORE: 0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  Yes  No  Refused

**IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.** SCORE: 0

**D. Wellness**

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Yes  No  Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Yes  No  Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  Yes  No  Client refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Yes  No  Refused

19. When you are sick or not feeling well, do you avoid getting help?  Yes  No  Refused

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?  Yes  No  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** SCORE: 0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  Yes  No  Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Yes  No  Refused

+ Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.** SCORE: 0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?  Yes  No  Refused

b) A past head injury?  Yes  No  Refused

c) A learning disability, developmental disability, or other impairment?  Yes  No  Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  Yes  No  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.** SCORE: 0

**IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRIMORBIDITY.** SCORE: 0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  Yes  No  Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  Yes  No  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.** SCORE: 0

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?  Yes  No  Refused

+ Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)

All assessment for permanent supportive housing/mousing first

**D. WELLNESS** SCORE: 5

**Grand Total** SCORE: 12

**Follow-Up Questions**

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

When?  Mornings  Afternoon  Evening  Night

Is there a phone number and/or email where someone can get in touch with you or leave a message?

Phone:

Email:

Photo Permission:  Yes  No  Refused

Restriction:  Restrict to Organization  Restrict to MOU/InfoRelease

**Save** Cancel



## How to Guide – Coordinated Entry HMIS Intake Workflow Revised: 3/2020

The screenshot shows the ClientTrack interface for client "Fast Friday" (CLIENTID 3336). The "Intake" workflow is active, and the "VI-SPDAT/F-VI-SPDAT History" table is displayed. The table contains one row of data:

Type	Vulnerability Index Assessment Date	Score General	Score Family	Score History	Score Risks	Score Socialization	Score Wellness	Score Total
Single Adults	12/13/2019 11:25AM	0	2	4	3	5	14	

At the bottom right of the table area, a "Save and Close" button is highlighted with a red box. A "Skip" button is also visible to its right.

**37. Quick Referrals:** If you are not making a referral at this time, this page can be skipped by clicking on the **“Skip”** button.

**38.** If making a referral currently, complete the **“Enrollment”**, **“Service”** and **“Refer to Provider”** fields, then click on the **“Save and Close”** button.

**39.** To complete the Intake workflow, Click the **“Finish”** button.

The screenshot shows the ClientTrack interface with the "Intake" workflow completed. A message states: "You're done! All required steps have been completed." A "Finish" button, labeled "Close the workflow", is highlighted with a red box.

You have successfully completed the Coordinated Entry Intake workflow. Please contact the [HMIShelpdesk@ihcda.in.gov](mailto:HMIShelpdesk@ihcda.in.gov) if you have questions or would like additional assistance.