



**Summit County, Ohio
Homeless Management Information System**



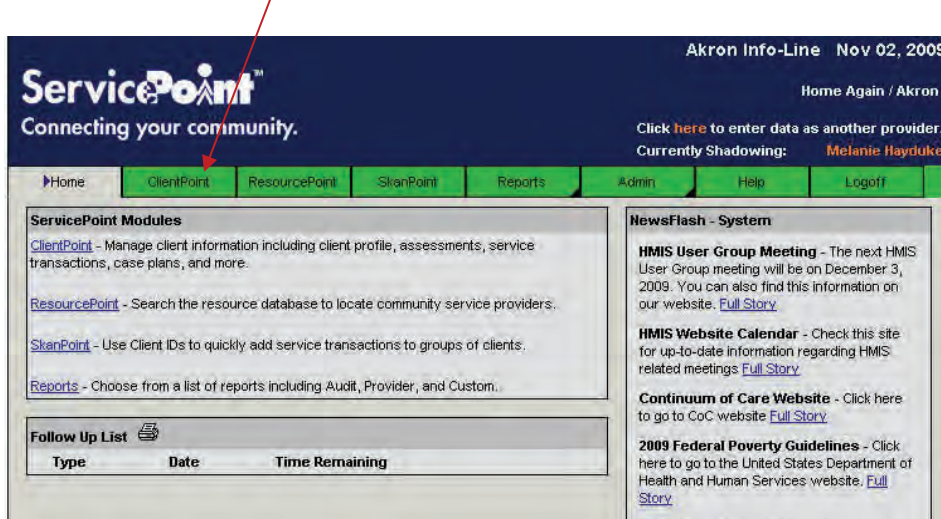
HPRP
HOMELESS PREVENTION AND RAPID RE-HOUSING

CENTRAL INTAKE

HPRP CLIENT INTAKE/ENTRY

After assessing that the client is eligible for the HPRP program you may begin the intake process.

1. Click on the ClientPoint tab.




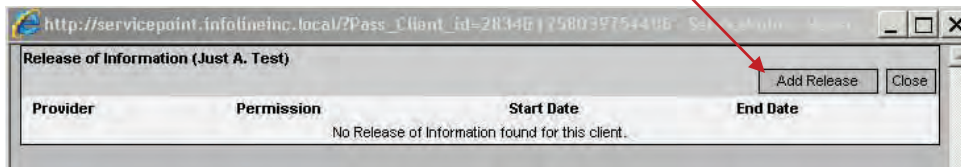
2. Search the data base for possible matches. If the client is already in the system he or she will show up in a list in the Possible Matches section. You can click on the client's name and their profile will display. If the person you are entering is not already in the system, you can add them by clicking the "Add Client with this Information" button. The profile of the record will load and the client ID will display.



3. For clients accompanied by family or household members, click on the link to expand the household information.
4. Click the **Start New Household** button.
5. To add family members, complete all fields in the **Add Additional Clients to Household** section (add family members one at a time), then click **Search For Client**. Once you are sure there is no existing profile for the family member, complete the relationship fields for that family member.
6. Click **Add Client with This Information**.
7. Click **Save & Exit** when all members have been added.

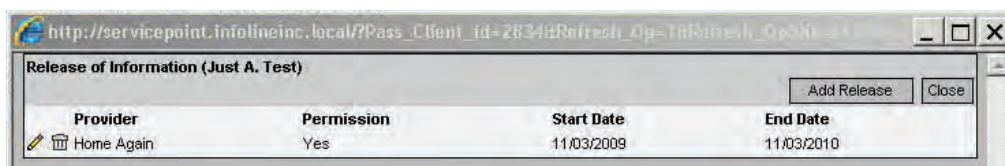
CREATING A ROI (RELEASE OF INFORMATION)

1. Click on the orange **ROI** box to the right of the client ID. 
2. The **Release of Information** window will display. Click the **Add Release** button and the **Release of Info Data** window will display.



3. If the ROI will cover other members of the client's household, click the check boxes next to the client's names in the **Household Members** section.

4. Select the provider that issued the ROI from the **Provider** picklist.
5. Indicate whether or not the client granted the ROI from the **Release granted?** picklist.
6. Enter the **Start Date** and **End Date** for the ROI in mm/dd/yyyy format.
7. Choose the type of consent from the **Documentation** picklist.
8. Click **Save Release Info**. The Release of Information screen will display with the new ROI.



9. Click **Close** to return to the client profile.

- The HPRP assessment will be visible on the profile page. You will want to complete all questions in red and blue on this assessment for your HPRP clients.

If there is no secondary race listed, enter the primary race again.

Home Again Intake Save Changes

Assessment Date: 11/18/2009 11:48 AM Back Date

GENERAL CLIENT INFORMATION

Date of Application: (mm/dd/yyyy) H G

Date of Birth: 01/02/1979 (mm/dd/yyyy) H G

Date of Birth Type: Full DOB Reported (HUD) H G

Does the client have a phone? - Select - H G

Client Phone/Cell Number: H G

CVM Number: H G

Alternate Contact Information Add

Contact Name	Contact Relationship	Contact Address	Home Phone	Work Phone	Nearest relative?	Start Date	End Date
No Record Sets							

Show Entire List In Window

Primary Race: White (HUD) H G

Secondary Race: White (HUD) H G

Ethnicity: Non-Hispanic/Non-Latino (HUD) H G

Gender: Female H G

Marital Status: - Select - H G

Number in Household: 2 H G

Domestic violence victim/survivor: - Select - H G

Extent of Domestic Violence: - Select - H G

Did you age out of foster care in Summit County? No H G

U.S. Military Veteran? No (HUD) H G

Pregnant? - Select - H G

If Yes, Projected Birth Date: (mm/dd/yyyy) H G

Do you have a disability of long duration? Yes (HUD) H G

Disabilities Add

Disability Type
Vision Impaired

Showing Rows 1-1 of 1 Show Entire List In Window

CURRENT LIVING SITUATION

Type of Prior Living Situation: - Select - H G

Length of Stay (at Prior Residence): One week or less (HUD) H G

Zip Code of Last Permanent Address: 44313 H G

Zip data quality: Full or Partial Zip Code Reported (HUD) H G

Housing Status: Housed and at imminent risk of losing housing (HUD) H G

Client's Address Add

Mailing Address	City	State	County	Start Date	End Date
No Record Sets					

Show Entire List In Window

INCOME INFORMATION

Proof of income? - Select - H G

Income received from any source in past 30 days? Yes (HUD) H G

Monthly Income Add

Last 30 Day Income	Source of Income
No Record Sets	

Show Entire List In Window

Total Monthly Household Income: \$800.00 H G

Non-cash benefit received in past 30 days? No (HUD) H G

Non-Cash Benefits Add

Source of Non-Cash Benefit	Start Date	End Date
TANF Child Care Services (HUD)	10/28/2009	

Showing Rows 1-1 of 1 Show Entire List In Window

Monthly Income Sub Assessment

Non-Cash Benefit Sub Assessment

Continued on next page.

EMPLOYMENT INFORMATION

Are you currently employed? Yes No **H G**

If Currently Employed, Select Tenure Permanent (HUD) Other **H G**

If Employed, Hours Worked Last Week? **H G**

If Unemployed, Looking for Work? Yes No **H G**

If Unemployed, Explain **H G**

EDUCATION

Currently in School or Working on a Degree? Yes No **H G**

If Yes, School Name **H G**

Have you received Vocational Training? Yes No **H G**

Highest Level of Education Attained **H G**

When/Where did you graduate high school? **H G**

Degrees Earned Information

Degree Earned	Start Date	End Date
No Record Sets		

Cell Start Time: **H G**

Cell End Time: **H G**

Notes: **H G**

Client eligibility confirmed by the provider? Yes No **H G**

Home Again Intake

File Attachments

Date Added	Name	Description	Type	Provider
None				

Infractions for Just A. Test

File Attachment section.

DATA ELEMENTS FOR HPRP

HOUSING STATUS

For HPRP you will select either **Literally Homeless**, **Housed and at imminent risk of losing housing** or **Housed and at risk of losing housing**. These are the only three you can use for this funding source.

Zip data quality Full or Partial Zip Code Reported (HUD) Other **H G**

Housing Status Literally Homeless (HUD) Other **H G**

Income received from any source in past 30 days? Literally Homeless (HUD) Other **H G**

- Literally Homeless (HUD)
- Housed and at imminent risk of losing housing (HUD)
- Housed and at-risk of losing housing (HUD)
- Stably housed (HUD)
- Don't Know (HUD)
- Refused (HUD)

MONTHLY INCOME SUB ASSESSMENT

If your client has income click **Add** on the Monthly Income Sub Assessment. If the clients income changes while you are working with them, you will want to document the change. If the income increases or decreases you will want to end date your original sub assessment and open up a new sub assessment to record the new income amount. This allows the system to track whether the income has increased or decreased. You do not need to complete income information for children.

Client Name: Test, Just
Client ID: 2834
Monthly Income

Save & Add Another Save & Exit Exit

Assessment Date 11/03/2009 12:12 PM

Last 30 Day Income [] H G

Source of Income - Select - H G

If Other, Please Specify

Receiving Income Source?

Start Date

End Date

Client Name: Test, Just
Client ID: 2834
Monthly Income

Exit

HPRP

- Select -
- Alimony
- Alimony or Other Spousal Support (HUD)
- Annuities
- Child Support (HUD)
- Contributions From Other People
- Dividends (Investments)
- Earned Income (HUD)
- General Assistance (HUD)
- Interest (Bank)
- No Financial Resources (HUD)
- Other (HUD)
- Pension From a Former Job (HUD)
- Pension/Retirement
- Private Disability Insurance (HUD)
- Railroad Retirement
- Rental Income
- Retirement Disability
- Retirement Income From Social Security (HUD)
- Self Employment Wages
- SSDI (HUD)
- SSI (HUD)
- State Disability
- TANF (HUD)
- Unemployment Insurance (HUD)
- Veteran's Disability Payment (HUD)
- Veteran's Pension (HUD)
- WIC
- Worker's Compensation (HUD)

NON-CASH SUB ASSESSMENT

Identifies federal non-cash benefits and has another option to record state and local benefits. If your client is receiving a non-cash benefit you will want to answer **Yes** to the non-cash benefit question and then click **Add** on the sub assessment.

Non-cash benefit received in past 30 days? [] No (HUD) H G

Add Button

Non-Cash Benefits			
Source of Non-Cash Benefit	Start Date	End Date	Add
TANF Child Care Services (HUD)	10/26/2009		

Showing Rows 1-1 of 1

Show Entire List In Window

After clicking on the Add button the following screen will display.

Client Name: Test, Just
Client ID: 2834
Non-Cash Benefits

Save & Add Another Save & Exit Exit

Assessment Date 11/03/2009 12:12 PM

Amount of Non-Cash Benefit H G

Source of Non-Cash Benefit - Select -

If Other, Please Specify

Receiving Benefit? Yes H G

Start Date 11/03/2009 (mm/dd/yyyy) H G

End Date (mm/dd/yyyy) H G

Client Name: Test, Just
Client ID: 2834
Non-Cash Benefits

If the client does not know when they started to receive a benefit you can put the day before they entered the HPRP program.

FILE ATTACHMENTS

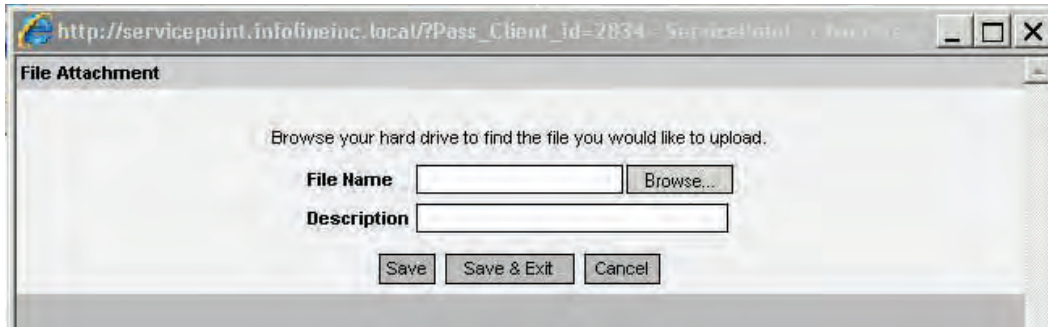
The File attachments section is at the end of the profile page. This section allows you to upload the clients profile and matrix information. This enables the appropriate agencies access to this information. Once the information is scanned and saved to your hard drive, click the **Add New File Attachment** button.

File Attachments

Date Added	Name	Description	Type	Provider
		None.		

Add New File Attachment

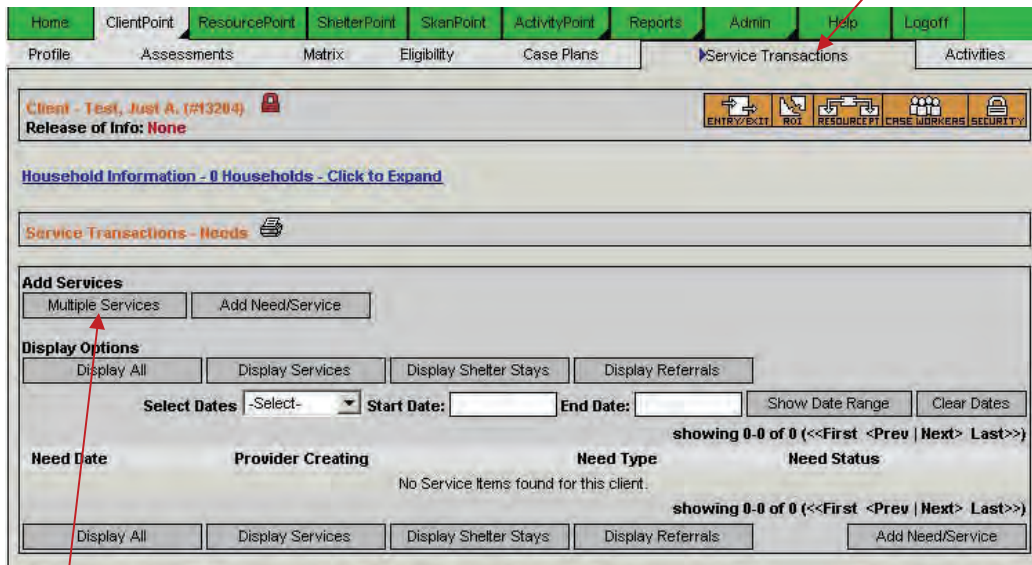
The following screen will display. You will want to click on the **browse** button, which will open up your drives to select the correct document. Once you click on the document you wish to upload it will fill in the **File Name**. You can put a **Description** that will accompany the file in the display box on the profile screen. Click **Save & Exit**.



On the profile page the information will be display with a link to the uploaded document. You can upload any information that you wish that pertains to a client's file.

SERVICE TRANSACTIONS

As part of the intake, you must enter a service transaction for Case Management. Click on the **Service Transactions** tab and the following screen will display.



1. Click on the **Multiple Services** button and the screen on the next page will display.

2. Click the box next to the **Household Members** if applicable.

Client - Test, Just A. (#2834)
Release of Info: Ends 11/03/2010

Services
Add Another Cancel All Clear All Save And Exit Exit

Household members
To include household members in these services, click on the box beside each name. Note: Only members from the same household may be selected.

Household #1 Members:
 test, another
 *Test, not a.

Multiple Services
Warning: Be sure to select the correct provider before entering data in the Service List below. If you change the Provider, the page will refresh to make adjustments for the new provider's Service List defaults. Any data that is currently in the Service List will be removed and will need to be reentered.

Provider Home Again (#91)

Service List
of Services Service -Select-
Start Date 11/19/2009 11 : 30 AM End Date : :
HPRP Housing Relocation & Stabilization Service Provided -Select-
HPRP Financial Assistance Type -Select-
Source 1 -Select- Cost of Service 1
Source 2 -Select- Cost of Service 2
of Units Unit Type -Select- Cost of Unit
Status Identified
Cancel Clear

Services
Add Another Cancel All Clear All Save And Exit Exit

3. The **# of Services**, **Start Date** and **End Date** will automatically be filled in.
4. Choose **Case Management** from the Housing Relocation & Stabilization Service Provided picklist.
5. Choose **Completed** from the Status picklist.
6. Click **Save and Exit**.

Click the

Select the appropriate needs from the list.

Include household members if appropriate.

Click Next (Questionnaire) to continue.

Client - Test, Just A. (#2834)
Release of Info: Ends 11/03/2010

Client Eligibility

Next (Questionnaire)

Need / Diagnosis

To search for eligibility for a specific need or set of up to 5 needs, select the needs from the list below and click the > button to move them into the list of needs to search for. You can also add needs to the search list by using the "lookup" link.

Select Needs From Quicklist or [lookup](#)

- Moving Expense Assistance
- Rental Deposit Assistance
- Rent Payment Assistance
- Utility Bill Payment Assistance
- Homeless Motel Vouchers
- Utility Deposit Assistance
- Case/Care Management

Needs To Search For

Buttons: Add >, Add All >>, < Remove, << Remove All

Eligibility by Provider

Show results for: [-Select-] Show only ServicePoint providers:

Family Eligibility [Manage Households](#)

To include household members in this eligibility search, check the box beside each name. To search for this client as a single, do not choose any family members.

Note: Only members from the same household may be selected.

Household #1 Members:

- test, another
- *Test, not a.

Client Eligibility

Next (Questionnaire)

The questions on this screen should be already be completed. If they are not

The screenshot shows a web application interface with a navigation menu at the top containing: Home, ClientPoint, ResourcePoint, SkanPoint, Reports, Admin, Help, and Logout. Below the navigation menu are sub-tabs: Profile, Assessments, Matrix, Eligibility, Case Plans, Service Transactions, and Referrals. The main content area is titled "Client - Test, Just A. (#2834)" and includes a "Release of Info: Ends 11/03/2010" notice. The primary section is "Client Eligibility" with the sub-heading "Needs: Rental Deposit Assistance" and "Providers:". Below this are several form fields: "Unborn Infant" (checkbox), "Over 25 and prepares meals separately" (checkbox), "Age: 30", "Did you age out of foster care in Summit County?" (dropdown menu with "No" selected), "Date of Birth" (calendar icon, "01/02/1979 (mm/dd/yyyy) H G"), "Number in Household" (input field with "2" and "H G"), "Housing Status" (dropdown menu with "Housed and at imminent risk of losing housing (HUD)" selected and "H G"), "Current Warrant Issued?" (dropdown menu with "- Select -" and "H G"), and "Convicted Sex Offender?" (dropdown menu with "- Select -" and "H G"). A "Monthly Income" section contains a table with columns "Last 30 Day Income" and "Source of Income", showing "No Record Sets" and a "Show Entire List In Window" link. Below the table is a "Total Monthly Household Income:" field with a value of "\$800.00" and "H G". At the bottom of the form are "Back" and "Next (Display Results)" buttons.

Click Next (Display Results) to continue.

Eligibility Results

Eligibility Search Results
[\(refine your results or do a new search below\)](#)

showing 1-1 of 1 (<<First <Prev | Next> Last>>)

Name	Info	City	State	Match Ranking	Match Details	Needs Matched
Homeless Prevention (Salvation Army) (92)	show info	Akron	Ohio	100%	show details	Rental Deposit Assistance

showing 1-1 of 1 (<<First <Prev | Next> Last>>)

Referral Data (Just A. Test)

Referral Date: | | |

Referral Follow Up

Referral Projected Follow Up Date:

Check this box to notify ServicePoint Providers by Email.

Refer To

Rental Deposit Assistance

Provider #	City	State	Match Ranking	Match Details	Needs Matched
Provider #1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Just A. Test	clear
Provider #2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Just A. Test	clear
Provider #3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Just A. Test	clear
Provider #4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Just A. Test	clear
Provider #5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Just A. Test	clear

Enter Search Criteria

[All](#) | [A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#) | [All](#)

Search Term:

City: State:

County/Parish: Area:

ZIP: Diagnostic/Service Code:

Type:

ServicePoint users only?

Only highlighted service codes are included as a filter in the search.

Client Eligibility

Needs: Rental Deposit Assistance

Providers:

Date of the referral.