



# **Eastern Pennsylvania Continuum of Care Coordinated Entry System Policies and Procedures Manual**

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# Connect to Home Coordinated Entry System Policies and Procedures

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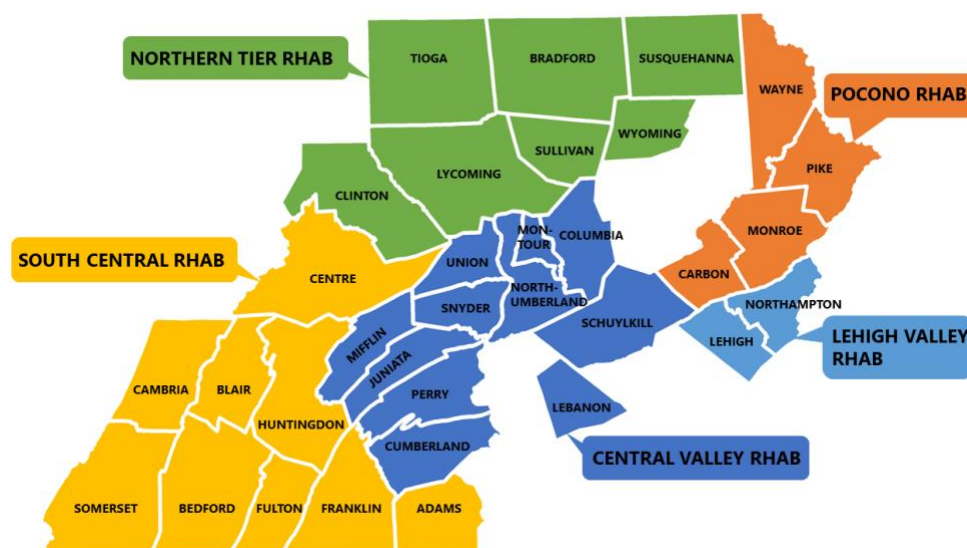
# Connect to Home Coordinated Entry System Policies and Procedures

## Connect to Home Coordinated Entry System Overview The Eastern Pennsylvania Continuum of Care

The mission of the PA-509 Eastern Pennsylvania Continuum of Care is to end homelessness in a thirty-three-county region of Eastern Pennsylvania. CoC membership is free and open to any individual or public, private, or nonprofit organization that is committed to making homelessness rare, brief, and non-recurring. Led by a member-elected Governing Board, the CoC advances its mission by:

1. Promoting effective and efficient community-wide solutions to ending and preventing homelessness for all persons.
2. Securing and administering funding from the U.S. Department of Housing and Community Development's (HUD) Annual Continuum of Care Grant Program.
3. Regularly convening cross-sector partners at both the CoC and regional levels.
4. Gathering, analyzing, and distributing data from an Annual Homeless Point-In-Time Count and the CoC's Homeless Management Information System (HMIS).
5. Establishing and enforcing policies and procedures for CoC-funded housing and service projects; and,
6. Providing training and technical assistance to maximize system performance and outcomes.

The CoC is subdivided into five geographic regions overseen by Regional Homeless Advisory Boards (RHABs) that are responsible for locally identifying needs and operationalizing CoC goals, projects, and policies.



# Connect to Home Coordinated Entry System Policies and Procedures

## Connect to Home: Coordinated Entry System of Eastern PA

The Connect To Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness in the Eastern PA CoC, including the following counties: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming.

Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants (including those administered by the Commonwealth of Pennsylvania) and strongly encouraged for all other housing and service providers to ensure equitable and coordinated access for all.

Leadership and management of the Coordinated Entry System is provided by the following organizations:

**Governance:** Eastern Pennsylvania Continuum of Care (CoC) Governing Board

**Oversight:** Eastern Pennsylvania CoC Coordinated Entry Committee

**HMIS Administration:** Pennsylvania Department of Community & Economic Development

**Technical Assistance Provider:** Capacity for Change, LLC

**HUD CoC Project Grant Recipient:** Housing Alliance of Pennsylvania

**Call Center Operator:** PA 211

**CES Regional Managers:** Central Valley Region - Cumberland County Housing and Redevelopment Authority, Lehigh Valley Region - United Way of Lancaster, Northern Tier Region - Clinton County Housing Authority, Pocono Region - Pocono Mountains United Way, South Central Region - Blair County Community Action Agency

**Domestic Violence Survivor CE Specialist:** Transitions PA

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## Connect to Home Coordinated Entry Services

Connect to Home provides services, including screening, assessment, and referral, to people experiencing or at-risk of homelessness in the Eastern PA CoC region based on their current housing situation.

<b>Current Housing Situation</b>	<b>Screening and Assessment Based on Current Housing Situation</b>	<b>Referral To Housing and Emergency Services Based on Need, Vulnerability, Program Eligibility Criteria, and CoC Prioritization Standards</b>
Household (family or individual) is at risk of becoming homeless based on HUD Category 2, 3, 4 or At-Risk Definitions.	<ul style="list-style-type: none"> <li>→ Pre-Screen to confirm HH is in CoC region.</li> <li>→ Safety Planning (Warm Transfer to 911, DV Hotline, Human Trafficking Hotline, if needed)</li> <li>→ HMIS Household Record Creation/Update</li> <li>→ Homelessness Prevention Screening and Eligibility Tool</li> </ul>	<ul style="list-style-type: none"> <li>→ Referrals to Homelessness Prevention Programs (e.g., ESG, CSBG, HAP, SSVF, etc.)</li> <li>→ Referrals to Emergency Shelter (Imminent Risk HHs)</li> <li>→ Referrals to Food, Legal, Public Benefit Access, and Other Community Services As Needed</li> </ul>
Household (family or individual) is experiencing literal homelessness based on HUD Category 1 and/or 4 Definitions.	<ul style="list-style-type: none"> <li>→ Pre-Screen to confirm HH is in CoC region.</li> <li>→ Safety Planning (Warm Transfer to 911, DV Hotline, Human Trafficking Hotline, if needed)</li> <li>→ HMIS Household Record Creation/Update</li> <li>→ HMIS Triage Assessment</li> <li>→ Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)</li> </ul>	<ul style="list-style-type: none"> <li>→ Placement on the By Name List (BNL) in PA HMIS for Rapid Re-Housing or Permanent Supportive Housing Enrollment</li> <li>→ Referrals to Street Outreach, Emergency Shelter, and/or Transitional Housing as needed</li> <li>→ Referrals to Food, Legal, Public Benefit Access, and Other Community Services As Needed</li> </ul>

## Guiding Principles

# Connect to Home Coordinated Entry System Policies and Procedures

**Connect To Home: Coordinated Entry System of Eastern PA** is guided by the following principles:

- Every person experiencing homelessness should be treated with dignity, respect, and kindness, and have their rights to privacy, confidentiality and safety honored.
- By coordinating entry to housing and services for people experiencing homelessness, more families and individuals can exit from homelessness to permanent housing with stability as quickly, efficiently, and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness, including families, youth, veterans, survivors of domestic violence, people with disabilities, people with mental illness, recent immigrants and people identifying as LGBTQIA.
- Coordinated entry protects the safety and confidentiality of people fleeing/attempting to flee and survivors of domestic violence while simultaneously providing them with access to housing and services.
- Coordinated entry embraces a housing first approach to ending homelessness in which people are housed as quickly as possible without preconditions or service participation requirements.
- People experiencing homelessness are prioritized for appropriate housing and services based on their vulnerability and severity of need using an evidence-based assessment tool rather than on a “first come, first served” basis.
- People experiencing homelessness are not denied access to coordinated entry assessment and referral based on perceived barriers to housing and services such as sobriety, income level, mental health status or other factors.
- Coordinated entry should be aligned with affordable housing, veteran affairs, child welfare, health, mental health, education, legal, judicial, and other public systems to the greatest extent possible allowed by law and policy.
- Coordinated entry is a continually evolving system that requires a commitment to ongoing learning, evaluation, and quality improvement.
- Ongoing coordinated entry planning efforts strive to incorporate diverse stakeholder voices and needs, including those of people with the lived experience of homelessness.
- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local and private funding sources.



# Connect to Home Coordinated Entry System Policies and Procedures

## The Benefits of Coordinated Entry

Uncoordinated Entry Systems	Coordinated Entry Systems
<b>For People Experiencing a Housing Crisis or Homelessness</b>	
<ul style="list-style-type: none"> <li>• Geography, transportation, language and/or culture are barriers to access</li> <li>• Navigating the system is difficult</li> <li>• Housing and services are often available on a “first come, first serve” basis</li> <li>• Referrals are often inappropriate</li> <li>• People in crisis often make/complete multiple calls, agency visits and assessments to obtain help</li> <li>• Assessment and referrals are project-centric, designed to meet program requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Promotes easier, fairer, and more equitable access</li> <li>• Streamlines system navigation</li> <li>• Prioritizes housing and services based on vulnerability and severity of need</li> <li>• Increases number of appropriate referrals</li> <li>• Reduces the number of times people must tell their story</li> <li>• Assessment and referrals are person-centric, considering consumer agency and goals, while also being uniformly guided by written CoC standards</li> </ul>
<b>For Service Providers</b>	
<ul style="list-style-type: none"> <li>• Significant amount of time spent on intake and referral (often unfunded)</li> <li>• Unreliable or missing client information</li> <li>• Inconsistent information on availability of housing and services</li> <li>• Lack of a common language and assessment tools among service providers</li> <li>• Inability to demonstrate need for additional investments in housing and services to meet community needs</li> <li>• Out of compliance with federal and state policy and funding requirements</li> </ul>	<ul style="list-style-type: none"> <li>• More time to focus on their mission of ending or preventing homelessness</li> <li>• Better access to client information and history</li> <li>• More complete knowledge of all available housing and services</li> <li>• Common language and assessment score to guide case management and communicate with other service providers</li> <li>• Systemic data to advocate for funding and programs to meet community needs</li> <li>• Alignment with federal and state policy and funding requirements</li> </ul>
<b>For Public and Private Funders</b>	
<ul style="list-style-type: none"> <li>• Hard to know if investments are making a difference</li> <li>• Lack of data to make informed planning, policy, and budget decisions</li> <li>• Funding in silos</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to assess community/collective impact of investments</li> <li>• Data-driven planning, policy, and budget decisions</li> <li>• Funding aligned across sectors and sources</li> </ul>

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## HUD Coordinated Entry Requirements

The 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act consolidated several of HUD's separate homeless assistance programs into a single grant program, the Continuum of Care Program (CoC Program). The CoC Program interim rule requires that CoCs establish and operate a "centralized or coordinated assessment system" and defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals (24 CFR part 578.3).

On January 23, 2017, HUD published Notice CPD-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. The notice established the minimum requirements for Coordinated Entry and required them to be in place in every CoC by January 23, 2018. According to the notice, CoC Coordinated Entry Systems must:

- Cover the entire geographic area claimed by the CoC.
- Be easily accessed by individuals and families seeking housing or services.
- Be well-advertised.
- Include a comprehensive and standardized assessment tool.
- Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
- Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The Eastern PA CoC CES is fully compliant with these requirements.

## Coordinated Entry and Housing First

Coordinated Entry supports a "Housing First" approach to ending homelessness. According to the United States Interagency Council on Homelessness:

"Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown

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that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.”

Coordinated, unified, and streamlined entry into a community’s housing crisis response system is essential to a Housing First approach to ending homelessness. Once a family or individual in crisis is safe and in housing, it is easier for them to concentrate on their stability goals related to education, employment, health, and economic self-sufficiency. Adopting a Housing First approach challenges housing and service providers to lower barriers to program entry and remove conditions attached to securing permanent housing. A Housing First approach ultimately achieves better outcomes at costs equal to or less than traditional approaches to ending homelessness.

According to the National Alliance to End Homelessness:

“A Housing First approach can benefit both homeless families and individuals with any degree of service needs. The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to help end homelessness for a household who became homeless due to a temporary personal or financial crisis and has limited-service needs, only needing help accessing and securing permanent housing. At the same time, Housing First has been found to be particularly effective approach to end homelessness for high need populations, such as chronically homeless individuals.”

**Connect To Home: Coordinated Entry System of Eastern PA** incorporates Housing First into its system design while still providing local communities and organizations with the flexibility to operate a wide variety of housing interventions and homeless services that contribute to the goal of ending and preventing homelessness. Further, the CES is designed to align and connect with other mainstream systems of care, including child welfare, domestic violence, economic self-sufficiency, education, employment and job training, health, legal, mental/behavioral health, and public benefits access, among others. Coordinated Entry is the key to connecting these systems together in a person-centered, trauma-informed way.

### Key Coordinated Entry System Terms and Definitions

**Coordinated entry** is an approach to coordination and management of a crisis response system’s resources that allows users to make consistent decisions from available information to connect people efficiently and effectively to interventions that will rapidly end their homelessness.

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**Crisis response system** denotes all the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless, whereas homeless system refers specifically to the services and housing available only to persons who are literally homeless.

**Emergency services** for a person experiencing homelessness or a housing crisis include, but are not limited to, homelessness prevention, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters, hotel/motel voucher programs, transitional housing and other short-term crisis residential programs.

An **Emergency Shelter** (ES) refers to any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

**Homeless Management Information System** (HMIS) is the database used to confidentially aggregate data on homeless populations. The system allows for a record of client-level information about the characteristics and services needs of homeless persons.

The term **household** is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children).

**Homeless(ness) Prevention** includes financial assistance, rental assistance, and services provided to individuals and families who are at imminent risk, or at risk of homelessness.

**Housing interventions** are permanent housing programs and subsidies, including, Rapid Re-Housing and Permanent Supportive Housing programs, as well as permanent housing subsidy programs such as Housing Choice Vouchers. People in a housing crisis who are accessing or being assessed by coordinated entry are referred to as **people** or **persons**; once they are referred to and enroll in housing or supportive services, they are **program participants** (or consumers).

**HUD** is the United States Department of Housing and Community Development whose mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD oversees the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs that fund housing and services for people experiencing homelessness, including coordinated entry.

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**People who are literally homeless** (HUD Category 1 Homeless Definition) include any individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (24 CFR 578.3).

**People imminently at risk of homelessness** (HUD Category 2 Homeless Definition) include any individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (24 CFR 578.3).

**People who are homeless under other Federal statutes** (HUD Category 3 Homeless Definition) include unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (i) Are defined as homeless under the other listed federal statutes;
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

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**People fleeing domestic abuse or violence** (HUD Category 4 Homeless Definition) include any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24 CFR 578.3).

A person who is **chronically homeless** is an individual who:

- (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; and
- (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3).

**Permanent Supportive Housing (PSH)** is a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH typically targets people who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services. This model has been shown to not only impact housing status, but also result in cost savings to various public service systems, including health care.

**Rapid Re-Housing (RRH)** provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment,

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income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. The core components of Rapid Re-Housing are housing identification, rent and move-in assistance, and rapid re-housing case management and services.

**Transitional Housing** (TH) has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

**Veteran** means a person who served in the active military, naval, or air service.

### Integration of Veterans Service Organizations into CES

In addition to Veterans Affairs Medical Center (VAMC) integration into CoC initiatives, Supportive Services for Veteran Families (SSVF) program guidance expects grantees to be fully engaged with their local CoC possible. Grantees must work in close partnership with their local CoC to establish a community-wide plan to prevent and end homelessness among Veterans. SSVF grantees are expected to engage as active members in each CoC where they are approved to provide assistance. SSVF grantees are expected to formally participate in the planning of local coordinated intake and assessment processes (i.e., "coordinated entry"), which each CoC establishes for itself. This system creates a centralized or coordinated means for all households experiencing homelessness to access homeless assistance services and matches them with the best fit shelter, housing, and relevant services. SSVF grantees are responsible for ensuring that SSVF is formally integrated into this local CoC process and, where necessary, for taking a lead role in developing and implementing such processes for Veterans. This includes situations where a grantee's service area is covered by multiple CoCs, SSVF where providers are responsible for participating in each CoC's coordinated entry system and planning. On October 17, 2017, the U.S. Department of Veterans Affairs (VA) Deputy Under Secretary for Health for Operations and Management released a memo to the VA Network Directors, VA Network Homeless Coordinators, and VA Medical Center (VAMC) staff which issued guidance regarding the roles and responsibilities of the VA medical center homeless programs in each of the local Continuum of Care (CoC) and the CoC's Coordinated Entry Systems (CES). This guidance from the VA to the VA medical centers is meant to support community planning and CES efforts within CoCs by clearly outlining the expectations of VA medical center involvement. In many ways, this guidance codifies what has already been occurring in local communities. Where new partnerships are needed, it provides the opportunity for engagement. Within the guidance, VA recognizes that coordinated entry systems are a critical element in our collective and continued efforts to end Veteran homelessness and homelessness for all populations. Coordinated Entry ensures coordination of community-

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wide services for Veterans experiencing homelessness, system-wide awareness of the availability of housing and services, and easy access to and appropriate prioritization for these resources by Veterans who are in critical need.

## Eastern PA CoC Coordinated Entry Committee

The Eastern PA CoC Coordinated Entry Committee, a standing committee of the CoC, is responsible for CES planning, budgeting, policies and procedures, selection of operational partners, training, evaluation and oversight. The Committee solicits input from service providers, funders, community partners and consumers to ensure its recommendations and decisions are inclusive of diverse voices. The CoC Governing Board, which is elected by the CoC membership, has final approval of all CES policies.

## Coordinated Entry Regional Managers

Coordinated Entry System Regional Managers are dedicated staff members employed and supervised by a public or nonprofit organization operating within each of the five regions that comprise the Eastern PA CoC. The CoC also have a CES Call Center Manager and a CES Domestic Violence Coordinated Entry Specialist. The responsibilities of CES Regional Managers include to:

- Manage the By Name List (BNL) prioritization list for housing
- Interpret and enforce Coordinated Entry policies and procedures
- Facilitate By Name List meetings
- Review and distribute PA HMIS CES reports
- Provide ongoing feedback to the CoC Governing Board and CES Committee
- Serve as liaisons to the HMIS administrator
- Conduct community outreach and education

## Coordinated Entry Specialists

Coordinated Entry Specialists are trained staff members employed by CES partner organizations to deliver uniform coordinated entry intake, assessment and referrals to people experiencing or at imminent risk of homelessness. The major steps in coordinated entry include:

- Triage, Safety Planning and Diversion: Asking basic questions to determine whether the person is fleeing/attempting to flee and survivors of domestic violence, is literally homeless or at imminent risk of homelessness, and, if homeless, whether they could be diverted from entering shelter.



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- HMIS Client Record Search/Creation: Creating or updating the person's data and information in the Pennsylvania Homeless Management Information System (PA HMIS).
- Pre-Screen Interview: Obtaining client data sharing consent and asking questions about the person's current housing situation and veteran status.
- VI-SPDAT Assessment: Determining a literally homeless household's vulnerability and prioritization for appropriate housing interventions.
- Referral: Making direct referrals to homeless prevention and emergency services (including Homeless Prevention, Street Outreach, Emergency Shelter and Transitional Housing) and placement on the By Name List in PA HMIS for Rapid Re-Housing and Permanent Supportive Housing interventions.

### **Coordinated Entry Referral Partners**

Coordinated Entry Referral Partners accept appropriate program referrals from the Coordinated Entry System. Coordinated Entry Specialists make direct referrals to homeless prevention and emergency services, including Emergency Shelter and Transitional Housing (both of the latter through HMIS). Rapid Re-Housing and Permanent Supportive Housing providers obtain their referrals from the By Name List in HMIS. The By Name List has special protocols for veterans, people fleeing/attempting to flee and survivors of domestic violence, and people who do not consent to share their information in HMIS, to ensure they are connected to appropriate housing and services.

### **Coordinated Entry Consultant**

The Coordinated Entry Consultant reports to the CoC Governing Board and is responsible for Coordinated Entry System policy, procedure, and PA HMIS workflow design, planning, updates, training, reporting, partner recruitment, marketing, communications, and support for the CE Committee, CE Regional Managers, and CE Specialists.

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## Responsibilities of all Coordinated Entry System Partner Organizations

**Connect To Home: Coordinated Entry System of Eastern PA** partner organizations share the following responsibilities as agreed to upon signing the Connect to Home CES Partnership Agreement (see Appendix A):

- Comply with all CES processes, policies and procedures detailed in the Eastern PA CoC Coordinated Entry System Policies and Procedures, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.
- Comply with all PA HMIS privacy, security and data sharing processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk for homelessness understand how the CES system works.
- Make appropriate staff available for regular CES trainings and meetings.
- Distribute CES marketing and outreach materials.
- Maintain accurate and up-to-date agency and program information, including program eligibility requirements, in PA HMIS and the PA 211 database. (This information should be provided to the CES Call Center Manager and/or the appropriate CES Regional Manager).
- Comply with a non-discrimination policy which states that no discrimination of any person or group of persons on account of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age.

# Connect to Home Coordinated Entry System Policies and Procedures

## Coordinated Entry Written Standards (excerpted from the Eastern CoC Written Standards 11.16.20)

The Connect to Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization, referral to emergency services, and enrollment into permanent housing from the By Name List (BNL) in PA HMIS. CES is accessible through a toll-free Call Center operated by PA 211, which provides a 24/7 live voice as well as a texting option and dedicated language translation and Deaf/Hard of Hearing services. In addition, CES Access Sites are operated by a wide variety of providers that deliver face-to-face screening and referral. A list of current CES Access Site locations, hours of operation, policies and marketing materials are available online here:

<https://pennsylvaniacoc.org/balance-stateeastern-pa-coc/connect-home-coordinated-entry-system-eastern-pa>.

Five dedicated Coordinated Entry Regional Managers, a 211 Call Center Manager, and a Domestic Violence Coordinated Entry Specialist oversee implementation of CES across the CoC's regions (RHABs).

Call Center and Access Site Coordinated Entry Specialists (Specialists) provide uniform services for people experiencing homelessness or a housing crisis:

- Triage and Safety Planning to assure the person is eligible for Eastern PA CoC services and not in immediate danger. If the person is in immediate danger, they will be connected to 911, Domestic Violence (DV) Hotline, Human Trafficking hotline, etc.
- PA HMIS record creation/update.
- Pre-Screen Interview to determine HUD Category of homelessness (1, 2, 3, 4 or At Risk) and identify appropriate intake process (Prevention or Literal Homeless).
- Prevention Intake, including problem-solving diversion conversations, for Category 2, 3 or At Risk, leading to direct referral to appropriate Homeless Prevention and community services (e.g., food pantries, health clinics, legal aid, etc.); and,
- Literally Homeless Intake, including use of VI-SPDAT Screening Tool and placement on the BNL for TH-RRH, RRH or PSH, in addition to use of Diversion Tool and, if necessary, direct referral to Emergency Shelter or Transitional Housing for Category 1 and 4.

### Eligibility

HUD Categories 1, 2, 3, 4 and At-Risk.

# Connect to Home Coordinated Entry System Policies and Procedures

## Minimum Standards

All Coordinated Entry providers must comply with the full Eastern PA CoC Written Standards. The current version of the Written Standards is available online here: <https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20Written%20Standards%20Revised%2011.16.20.pdf>.

1. Specialists connect people in danger to appropriate police, fire, rescue, DV, child welfare, Human Trafficking, and other emergency response services.
2. Specialists provide or connect participants to language translation and/or deaf and hard of hearing services if needed.
3. Specialists refer veterans to the nearest SSVF provider.
4. Specialists obtain written or verbal permission from participants to enter and share their data in PA HMIS.
5. If a participant is a Domestic Violence Survivor, the Specialist will ask if they prefer to be entered into PA HMIS anonymously to protect the confidentiality. If a non-DV Survivor requests anonymity, the CE Specialist will honor that request. Any participant enrolled in PA HMIS anonymously will have a numeric ID to navigate the homeless system and a confidential password that the participant creates themselves.
6. Specialists practice diversion and related problem-solving strategies to help participants avoid entering Emergency Shelter.
7. Specialists use the Pre-Screen Interview questions in PA HMIS to determine whether a participant qualifies for HP, ES, TH, TH-RRH, RRH or PSH.
8. Specialists provide direct referral information to participants who meet the Category 2, 3 and At-Risk categories to HP, SO and community services.
9. Specialists conduct the appropriate version of the VI-SPDAT Screening Tool (VI-SPDAT) and ask additional CoC screening questions related to existence of a mental health diagnosis and Chronic Homeless status in PA HMIS only on the Head of Household (the person who is presenting to Coordinated Entry as Category 1 or 4 and who would sign the lease if enrolled in an RRH or PSH housing program):
  - VI-SPDAT for Single Adults – Use this version with adults aged 25 or older with no children in the household, regardless of whether they are presenting as a single- person household or as the head of a household with one or more family members (e.g., spouses, partners, and/or adult children);
  - VI-SPDAT for Families – Use this version with households with at least one child under the age of 18, even if the Head of Household is aged 18 – 24: or,
  - TAY-VI-SPDAT – Use this version with transition age youth (age 18 – 24) and unaccompanied minors, regardless of whether they are presenting as a single person household or as the head of a household with one or more family

## Connect to Home Coordinated Entry System Policies and Procedures

members (e.g., spouses or partners) unless the youth Head of Household also has a child aged 0 – 18 (in which case, use the VI-SPDAT for Families).

10. Specialists allow, with the participant's express verbal permission, Mental Health or Domestic Violence Case Managers to participate in the intake and assessment process, but all questions must be answered by the participant, not the Case Manager.
11. Specialists add information about all other household members (e.g., spouses, partners, adult children, children aged 18 – 24) to the Head of Household's PA HMIS client record in accordance with the HUD Equal Access Rule definition of family.
12. Specialists place participants who meet the Category 1 and 4 definitions of homelessness on the By Name List (BNL) in PA HMIS depending on their VI-SPDAT score.
13. Specialists inform all participants that CES is not a guarantee of housing or services.
14. HP, SO, ES and TH providers accept referrals from CES.
15. TH-RRH, RRH and PSH providers enroll all eligible CES participants into their housing programs from the By Name List and will only enroll other households in units restricted for use by other County or Municipal contracts.
16. TH-RRH, RRH and PSH providers update participant PA HMIS BNL records when they engage, enroll, or move participants into housing, including the addition of detailed notes in the PA HMIS client record. They should also send an email to their CES Regional Manager informing them when the household has been housed.
17. Regional Managers monitor the BNL daily to help ensure participants are enrolled in housing programs by priority (based on VI-SPDAT score), length of time waiting for enrollment, and in accordance with program eligibility guidelines.
18. Regional Managers facilitate regular By Name List (BNL) meetings with housing providers and other community partners to case conference the highest priority participants currently on the BNL in their region.
19. Regional Managers and Coordinated Entry Specialists distribute CES marketing materials throughout their community with an emphasis on 1) populations in need that would otherwise not know about Coordinated Entry and 2) places where people experiencing homelessness (e.g., encampments, day centers, etc.) or housing instability (e.g., food pantries, soup kitchens, public assistance offices, etc.) often gather.

### VI-SPDAT Score By Name List Placement Guidelines

The VI-SPDAT is intended to help Coordinated Entry Specialists and Referral Partners determine whether the recommended housing intervention for a family or individual is Joint Transitional Housing - Rapid Re-Housing, Rapid Re-Housing or Permanent Supportive Housing. TH-RRH and RRH providers may enroll eligible program participants who score for a different housing intervention but should always prioritize the most vulnerable households who will succeed in

# Connect to Home Coordinated Entry System Policies and Procedures

their program. The VI-SPDAT score may also be a valuable tool for Emergency Shelter and Transitional Housing Case Managers receiving direct referrals from CES to guide program-level prioritization and enrollment.

If a housing Case Manager has a question about whether to enroll a participant in their program based on their VI-SPDAT score or BNL placement, they should contact their CES Regional Manager for guidance.

## Performance Benchmarks

CES will be evaluated using HMIS data on an annual basis by the CoC Coordinated Entry and Data Committees. Results will be published on the CoC website, after they have been reviewed by the CES Committee. The CES Committee has selected the following as key outcomes for CES:

1. Reduction in the length of time homeless (system and project level).
2. Reduction in the number of persons experiencing first-time homelessness (system and project level).
3. Increase in percentage of placements into permanent housing (system and project level).

The CES Call Center and Access Site performance standards include:

1. Percent of participants were satisfied with CE as measured by Customer Satisfaction question asked at the end of intake and entered in PA HMIS.
2. Percent of complete (all questions answered unless participant refuses) PA HMIS Coordinated Entry Intake Pre-Screen Interviews and VI-SPDATs.

# Connect to Home Coordinated Entry System Policies and Procedures

## Coordinated Entry Policies

### Consumer Grievance Policy

A consumer with a grievance about their experience with a Coordinated Entry Specialist may present their grievance in writing to the appropriate CES Regional Manager (or the CES Committee Chair in a region that does not have a staffed CES Regional Manager). The person has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information so the CES Regional Manager (or CES Committee Chair) can contact him/her to discuss the issues.

A consumer with a grievance about their experience with a Coordinated Entry System Referral Partner organization or representative of that organization should follow that organization's grievance procedure. Neither the CoC nor CES have the authority or responsibility to address client grievances with any housing or emergency service program(s) they are enrolled in as a participant.

### Definition of Family Policy

The Eastern PA CoC Coordinated Entry System complies with the HUD's Equal Access Rule as applied to CoC and ESG funded programs. Under this definition, family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

According to HUD:

"What this means is that any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. Further, a recipient or subrecipient receiving funds under the ESG or CoC Programs cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity."

# Connect to Home Coordinated Entry System Policies and Procedures

## Denial of Service Policy

If a housing or emergency service provider wishes to deny a person enrollment into their program (either from a direct referral or from the By Name List), the rationale for denial must include at least one of the following criteria:

- Person does not meet the program's eligibility criteria
- Person cannot be reached after three attempts over the course of five days
- Person is not following through with the referral process after initial contact
- Referral Partner does not have the capacity or expertise to meet the person's disability needs and a service partnership is not currently available
- A conflict of interest between the person and the Referral Partner

If the Referral Partner denies the referral, the person will receive a new referral for emergency services or will remain on the By Name List (since they are not removed until after enrollment in a Rapid Re-Housing or Permanent Supportive Housing program).

## Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking, and/or Human Trafficking

The Eastern PA CoC has developed this Emergency Transfer Plan so that participants in homeless assistance projects who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking can be safe and have stable housing.

In accordance with the Violence Against Women Act (VAWA),<sup>1</sup> Eastern PA CoC homeless assistance programs providing housing or rental assistance must allow participants who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking to request an emergency transfer from the participant's current unit to another unit. This requirement applies to programs receiving Continuum of Care (CoC) funding, as well as DCED Emergency Solutions Grant (ESG) funding, in accordance with DCED policies and requirements.



# Connect to Home Coordinated Entry System Policies and Procedures

The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>2</sup> Homeless assistance providers will work with **Connect to Home**, the Eastern PA CoC's Coordinated Entry System to enact an emergency transfer through resources beyond those available within the providers own organization.

This plan identifies participants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to participants on safety and security. This plan is based on a model emergency transfer plan published by HUD, which is the Federal agency that oversees VAWA compliance of CoC/ESG-funded programs.

The current version of the complete Emergency Transfer Plan Policy is available online here:  
<https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20-%20VAWA%20Emergency%20Transfer%20Plan%20Policy.pdf>.

## Housing First Policy

Like all CoC Program-funded projects, Connect to Home operational partner organizations are required to operate projects using a housing first approach.

The current version of the complete Housing First Policy is available online here:  
<https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern-PA-CoC-Housing-First-Policy-Final-approved-by-Board-12-19-16.pdf>.

## Inclusion and Nondiscrimination Policy

The Eastern PA CoC's Inclusion and Nondiscrimination Policy promotes programming that provide the highest quality of services, without bias, and are delivered in an equitable, trauma-informed manner.

**NON-DISCRIMINATION:** Each provider must have a zero-tolerance policy prohibiting *intentional* discrimination regarding staff, clients, and the public based on actual or perceived race, ethnicity, color, sex, sexual orientation, gender identity and expression, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, ensuring that all participants are afforded equal opportunities. In instances where the discrimination was an *unintentional* first offense, the CoC supports using the isolated instance as a teachable moment, both for personal and organizational growth.

# Connect to Home Coordinated Entry System Policies and Procedures

**INCLUSION:** Providers must not only have a policy against discrimination, they must also take positive, concrete steps toward inclusion. To this end, providers must have inclusionary policies related to general programming, housing and facilities (as applicable), and language (paperwork, names, and pronouns). The CoC recognizes that individuals have the right to be called by their chosen name and referred to by the gender pronoun that they designate and that matches their gender identity as they know themselves to be.

**EQUAL ACCESS:** Programs must affirmatively provide equal access to their housing and supportive services in a nondiscriminatory manner that ensures that all persons are afforded equal opportunities. The CoC acknowledges that additional services/support may be needed in order to provide equal access to housing opportunities. For example, some populations may need additional assistance locating housing and executing a lease.

The current version of the complete Inclusion and Nondiscrimination Policy is available online here:  
<https://pennsylvaniacoc.org/sites/default/files/attachments/2020-12/Eastern%20PA%20CoC%20Non-Discrimination%20Policy%20APPROVED%2010.14.20.pdf>.

## Referral Zone Policy

CES is intended to connect people experiencing or at imminent risk of homelessness to housing and emergency services regardless of their residency status or current location within the CoC's thirty-three county service region. However, there are two types of geographic limitations that restrict the ability of certain providers to enroll people in programs that they would otherwise be prioritized and eligible for:

1. Rapid Re-Housing programs restricted by funding source(s) to serve residents of a specific county.
2. Transportation barriers for people experiencing homelessness to access programs for which they are eligible.

Note that ESG and some other funding sources may restrict programs to deliver service in their county, as opposed to serving only residents of their county. Note also that programs partially funded by a source that has residency requirements should only restrict access to the portion of the program funded by that source.

Regarding transportation barriers, CES Operational and Referral Partners should make every effort to provide people with access to transportation if funding allows.

## **Connect to Home Coordinated Entry System Policies and Procedures**

The CoC recognizes that in some cases, CES Referral Partners will need to restrict enrollment of people on the Community Queue based on geographic limitations. The Community Queue has a Referral Zone filter for this purpose. CES Referral Zones are subdivisions of the CoC defined by their proximity to each other. If need be, providers may filter the CQ by Referral Zone to identify people on the prioritization list in or near their county. See Appendix B: Eastern PA CoC CES Referral Zone Map.

# Connect to Home Coordinated Entry System Policies and Procedures

## Coordinated Entry Procedures

Coordinated Entry Managers, Specialists, and Referral Partners should use the following procedures for Coordinated Entry Intake, Assessment, Prioritization, and Referral.

The most recent version of these procedures, as well as the most current version of the Coordinated Entry Referral Partner Matrix, are online here: [https://drive.google.com/drive/folders/1oxXPaBvw\\_F7kX3ORJSKerbnfbsUjKrYT](https://drive.google.com/drive/folders/1oxXPaBvw_F7kX3ORJSKerbnfbsUjKrYT).

In addition, the Eastern PA CoC Coordinated Entry Consultant hosts virtual office hours twice monthly, virtual brown bag lunches monthly, manages a subscription-based email list, and hosts a Coordinated Entry Slack Channel. The CE Consultant is also responsible for Coordinated Entry System reporting and data analysis.

To receive up-to-date information, subscribe to the email list, and/or request CE data reports on Connect to Home, please email the Coordinated Entry Consultant at [jason@capacityforchange.com](mailto:jason@capacityforchange.com).

# Connect to Home Coordinated Entry System Policies and Procedures

## Coordinated Entry Scripts Quick Reference Guide

### WHAT YOU CAN DO FOR THE CLIENT (brief overview and timing)

"What I am able to do for you today is go through a survey/brief screening to determine if there are any services that we can refer you to. This process may take anywhere from (prescreening 10-15mins) (SPDAT 30-45mins). I will need to ask some personal questions including your date of birth and social security number. Do you have this time to speak with me?"

### 211 ONLY: NAVIGATE - COC DATA FORM - WHO IS IN YOUR HOUSEHOLD?

"Is it just yourself or are there any other household members needing services with you?"

### CONSENT TO SHARE IN HMIS

"Do I have your permission to enter your information in our secured data system and share it with other homeless and/or homeless prevention service providers?"

### DISABLING CONDITION QUESTION (to be read during general and public DV intakes)

"Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?"

### DISABLING CONDITION QUESTION (to be read during anonymous DV intakes)

"The following question you may choose to refuse to answer if you feel that it is potentially identifying: "Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?"

### DOMESTIC VIOLENCE ANONYMOUS VERSUS PUBLIC INTAKE EXPLANATION

"Because you have mentioned that you have experienced domestic violence, I can go through an intake with you and enter your information in our secure data system anonymously—only identified by a number (which I will provide to you) and a passcode that only you will remember. Or, I can enter your information non-anonymously where you would be identified by your name. You may choose which method you prefer, but please know that accessing services is the same no matter how you are entered in the system."

### DOMESTIC VIOLENCE PASSCODE INFORMATION

"You have chosen to have your information into our secure data system anonymously, we must ask that you now choose a passcode. This passcode will be used to identify you as services reach out. You may choose any alphanumeric passcode as long as it has not been chosen by someone else, and it is not related to your name. What passcode would you like to be identified by?"

### DOMESTIC VIOLENCE (if participant refused DV Hotline warm transfer)

"I would like to provide you with a number to call for help with developing a plan to keep you safe while you find secure housing. This agency is skilled in working with women/men experiencing domestic abuse and they are there 24/7. I encourage you to keep the number and call it at a time that works for you. Would you allow me to provide you with that contact number?"

### VETERAN QUESTION (all intakes)

# Connect to Home Coordinated Entry System Policies and Procedures

"Have you or any other household member served on active duty in the United States military, including the Army, Navy, Air Force, Marine Corps, Coast Guard, Reserves, or National Guard?"

## **VETERAN SAFETY QUESTION (to be read during anonymous DV intakes)**

In HMIS for DV Anon intakes, please ask the following: "While I have already asked you about military service, the response could be potentially identifying, in our intake system, would you like me to include your response, or mark that you refused for privacy purposes?"

## **VI-SPDAT/FULL INTAKE EXPLANATION (please read prior to fielding the VI-SPDAT)**

"I have a brief survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a yes or a no, some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The more honestly you answer these questions, the better we can figure out how to assist you. The information collected goes into the Eastern Pennsylvania secure data system. If you do not understand a question, let me know, I would be happy to clarify. If it seems to me that you don't understand a question, I will do my best to explain it to you without you needing to ask for clarification."

## **REFERRAL COUNTIES**

"May I ask what counties you are looking to be housed in?"

## **DOMESTIC VIOLENCE SURVIVOR SERVICES (asking if prefers shelter referrals, prevention, or both read after)**

Thank you for your patience and answering all of these questions, at this point I can look for possible referrals for shelter, or rental assistance, or both if you would like. Do you have a preference?"

## **CLOSING - RECEIVED REFERRALS ONLY, NO VI-SPDAT/BNL**

"Thank you, this completes the screening process. We have referred you to the emergency shelter providers in your area who will be contacting you as resources become available (Intake Specialist may provide name of the shelter only). If your housing situation changes in the meantime, please contact us or go to your nearest Coordinated Entry Access site. (Intake Specialist must give Access Site location). Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."

## **CLOSING - NO REFERRALS AVAILABLE, NO VI-SPDAT/BNL**

"Thank you, this completes the screening process. I'm sorry that I was unable to make a referral for you today. You are welcome to check back periodically or go to your nearest Coordinated Entry Access site (Intake Specialist MUST give Access Site location) to see if services have opened up for referral or to be fully assessed if you enter a shelter or were unsuccessful in finding somewhere to stay tonight. Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."

## **CLOSING – RECEIVED SPDAT/BNL PLACEMENT AND REFERRALS**

"Thank you, this completes the screening process. We have referred you to the emergency shelter providers in your area who will be contacting you as resources become available (Intake Specialist may provide name of the shelter only). Your name and contact information have also been placed on a prioritized list for other housing services. If your housing situation changes in the meantime, please contact us or go to your nearest Coordinated Entry Access site. (Intake Specialist must give Access Site location). Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."

# Connect to Home Coordinated Entry System Policies and Procedures

## CLOSING – RECEIVED SPDAT/BNL PLACEMENT, NO REFERRALS

"Thank you, this completes the screening process. I'm sorry that I am unable to make a referral for you today. **You are welcome to check back periodically to see if any providers are available at a later date.** Your name and contact information have been placed on a prioritized list for other housing services. If your housing situation changes in the meantime (or if you want to see if shelter referrals are possible at a later date), please contact us or go to your nearest Coordinated Entry Access site. (Intake Specialist must give Access Site location). Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."

## PREVENTION/DIVERSION

- **DIVERSION – AT RISK OF HOMELESSNESS**

"Have you considered reaching out to your personal resources, including your friends, family, or place of worship? Often, during times of crisis, our personal support networks can be of assistance, if we simply ask."

- **DIVERSION – HOMELESS**

"Do you have any friends or family members that you can stay with? Unfortunately, in many communities it can take a bit of time to access a shelter. Often, during times of crisis, our personal support networks can be of assistance, if we simply ask."

- **OPENING SCRIPT - PREVENTION**

"I have a brief screening that I would like to complete with you. While I will attempt to refer you homeless prevention services, there is no guarantee that this system will prevent you from entering homelessness. In order to go through this referral process, I will need to ask some questions that are personal in nature, but you may skip or refuse any question. The information collected goes in to the Eastern Pennsylvania secure data system."

- **CLOSING SCRIPT – PREVENTION (REFERRALS AVAILABLE)**

"Thank you, this completes the screening process. I have referred you to homeless prevention programs which are trying to help a few households prevent homelessness. There is no timeline that I can provide you as to when you will be contacted, therefore, if your situation changes and you find yourself needing a homeless shelter, please call back to 211 for a homeless intake. Additionally, often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."

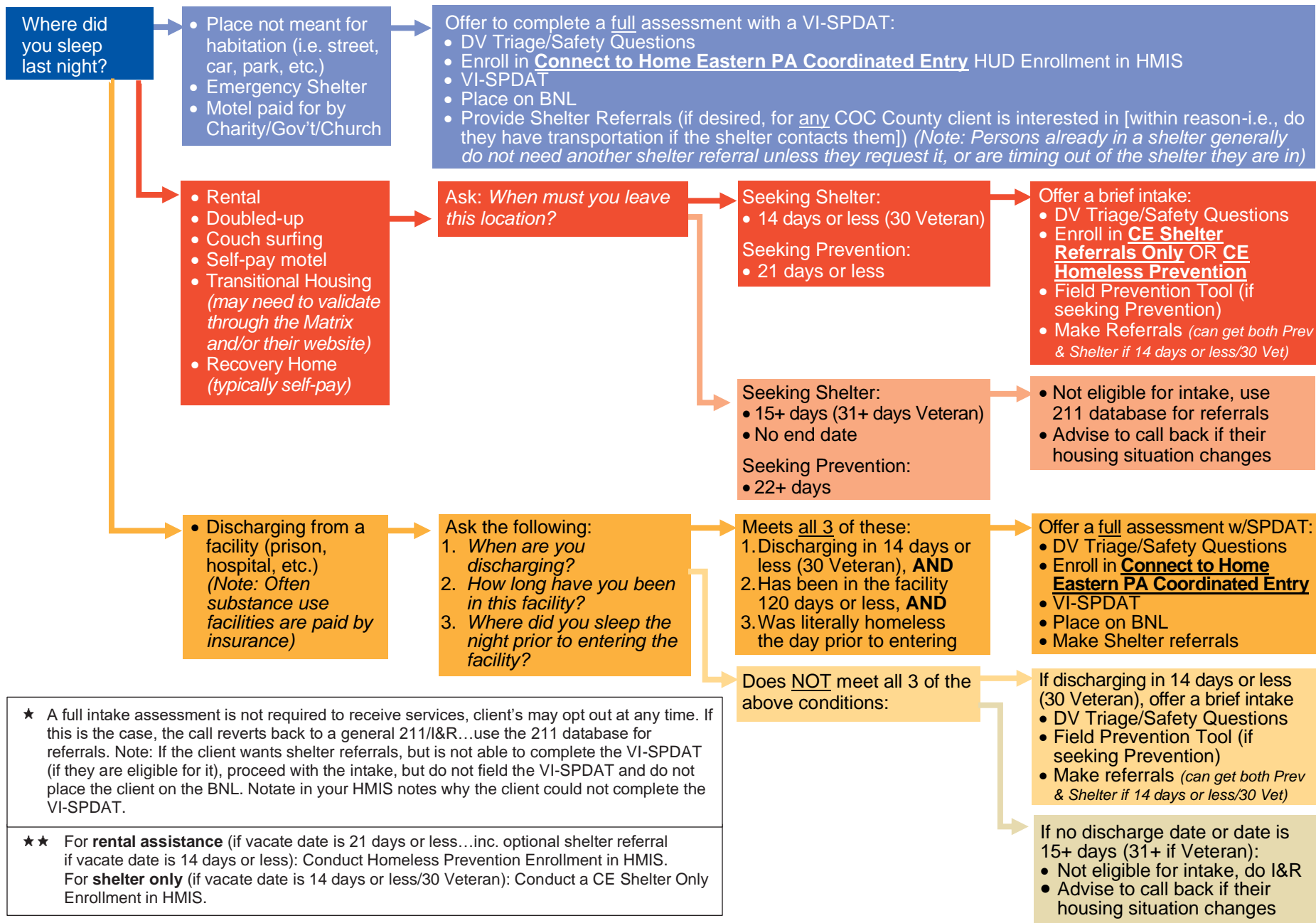
- **FRANKLIN COUNTY – PREVENTION**

"At this time all referrals that can be made on your behalf, have been completed. Someone from that agency will contact you directly to schedule an appointment for services."

# Coordinated Entry Intake – Flow Chart (County Eviction Moratorium In Effect)

## LITERALLY HOMELESS (CATEGORY 1) • AT-RISK OF HOMELESSNESS (CATEGORY 2 OR 3)

This flow chart is only relevant to those whom have **NOT** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence

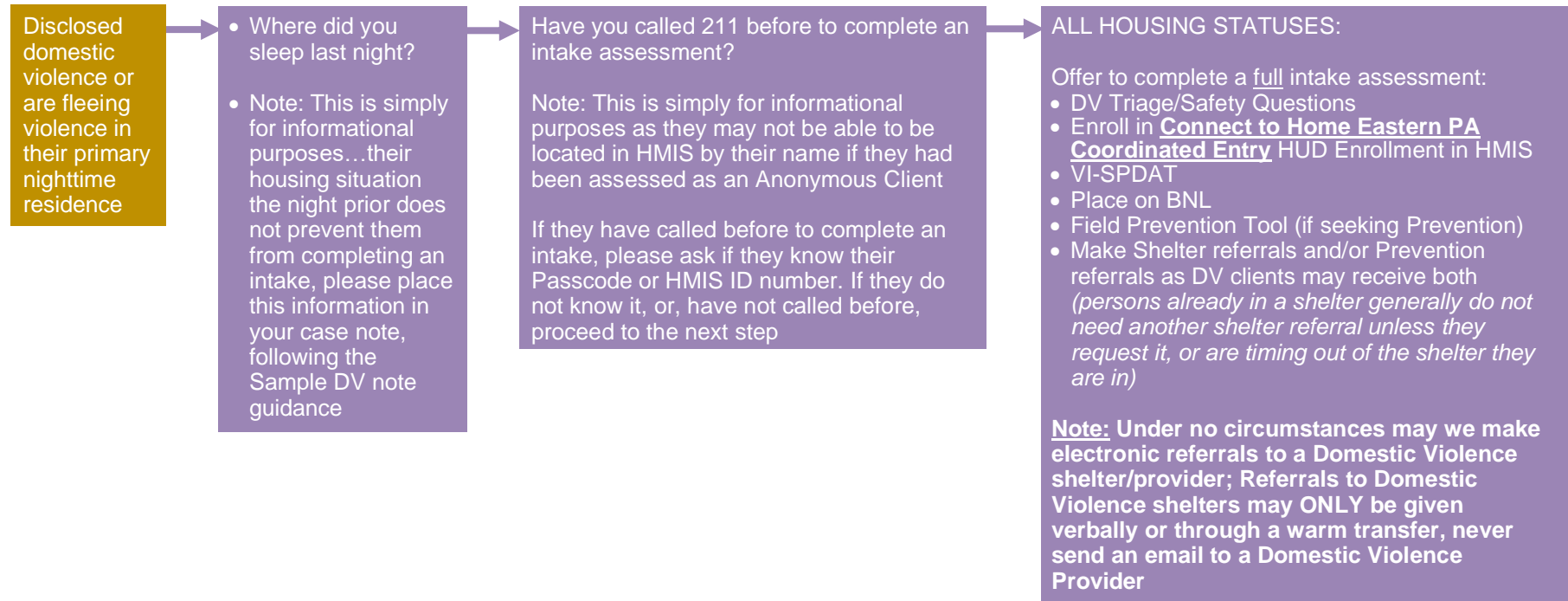




# Connect to Home Coordinated Entry System Policies and Procedures

## COORDINATED ENTRY INTAKE – FLOW CHART (IF EVICTION MORATORIUM) DOMESTIC VIOLENCE SURVIVORS AND OTHERS FLEEING VIOLENCE IN THEIR NIGHTTIME RESIDENCE

*This flow chart is only relevant to those whom **HAVE** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence*



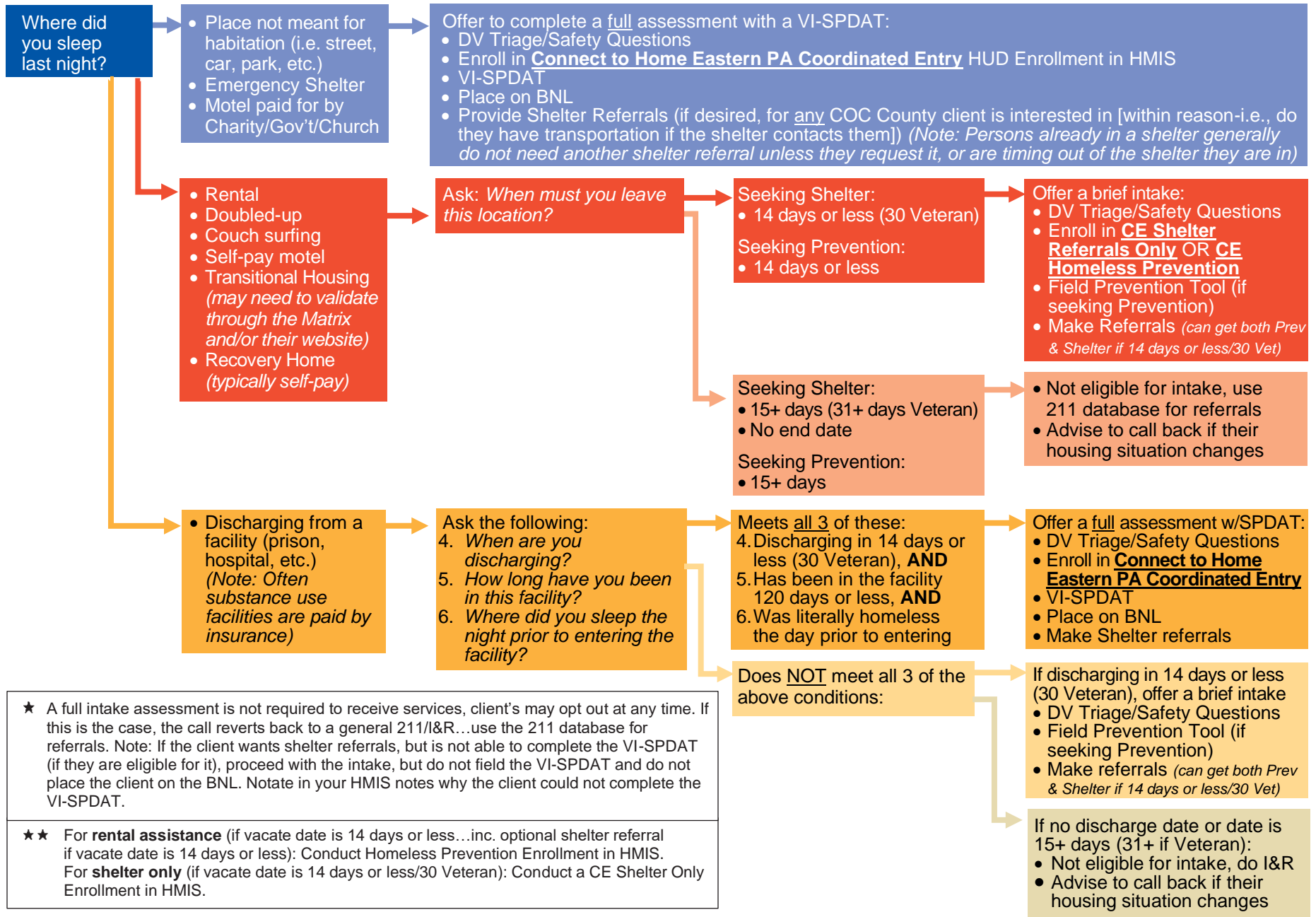
★ In order to receive services, a full intake assessment is not required, client's may opt out of our intake at any time. if this is the case, the call reverts back to a general 211/Information and Referral call...simply use the 211 database for referrals. Please keep in mind that if the client wants shelter referrals, but does not want to complete the VI-SPDAT (if they are eligible for it—sometimes they may not have the time to complete it), proceed with the intake through HMIS, but do not field the VI-SPDAT and do not place the client on the BNL.

# Connect to Home Coordinated Entry System Policies and Procedures

## Coordinated Entry Intake – Flow Chart (No County Eviction Moratorium In Effect)

LITERALLY HOMELESS (CATEGORY 1) • AT-RISK OF HOMELESSNESS (CATEGORY 2 OR 3)

This flow chart is only relevant to those whom have **NOT** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence.



★ A full intake assessment is not required to receive services, client's may opt out at any time. If this is the case, the call reverts back to a general 211/I&R...use the 211 database for referrals. Note: If the client wants shelter referrals, but is not able to complete the VI-SPDAT (if they are eligible for it), proceed with the intake, but do not field the VI-SPDAT and do not place the client on the BNL. Notate in your HMIS notes why the client could not complete the VI-SPDAT.

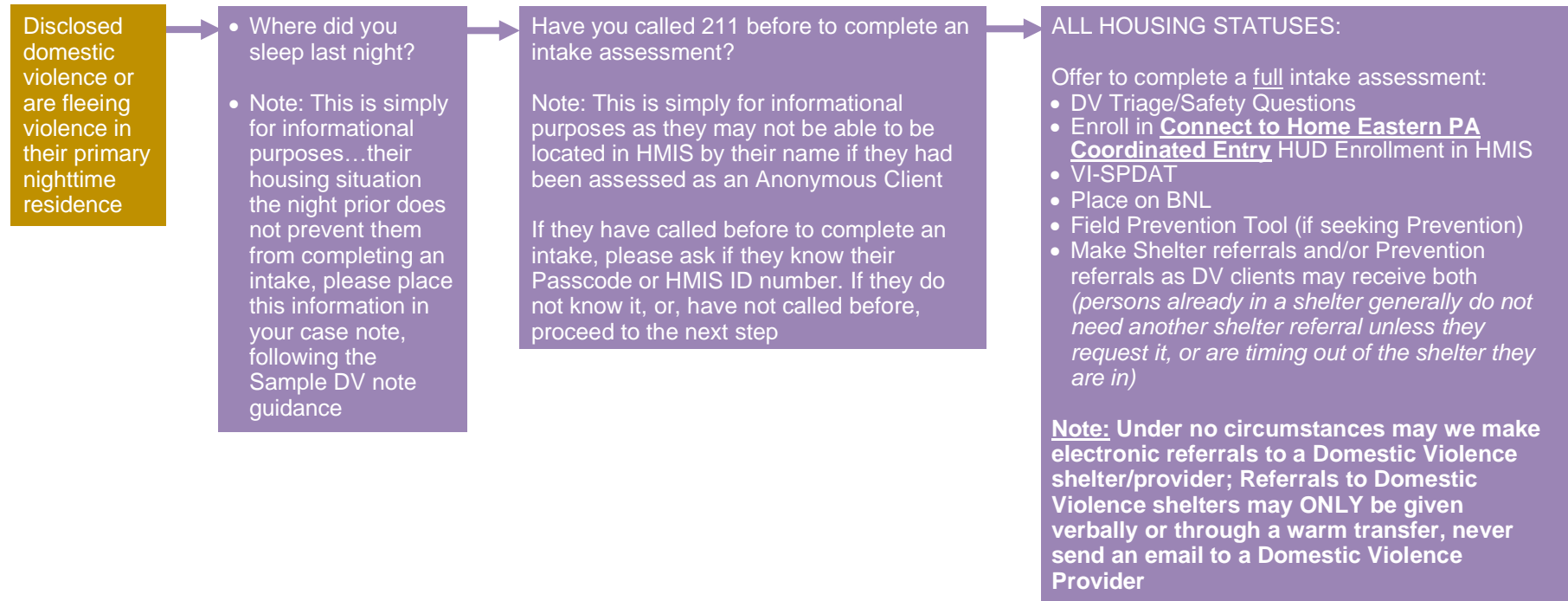
★★ For **rental assistance** (if vacate date is 14 days or less...inc. optional shelter referral if vacate date is 14 days or less): Conduct Homeless Prevention Enrollment in HMIS. For **shelter only** (if vacate date is 14 days or less/30 Veteran): Conduct a CE Shelter Only Enrollment in HMIS.

# Connect to Home Coordinated Entry System Policies and Procedures

## COORDINATED ENTRY INTAKE – FLOW CHART (IF NO MORATORIUM)

### DOMESTIC VIOLENCE SURVIVORS AND OTHERS FLEEING VIOLENCE IN THEIR NIGHTTIME RESIDENCE

*This flow chart is only relevant to those whom **HAVE** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence*

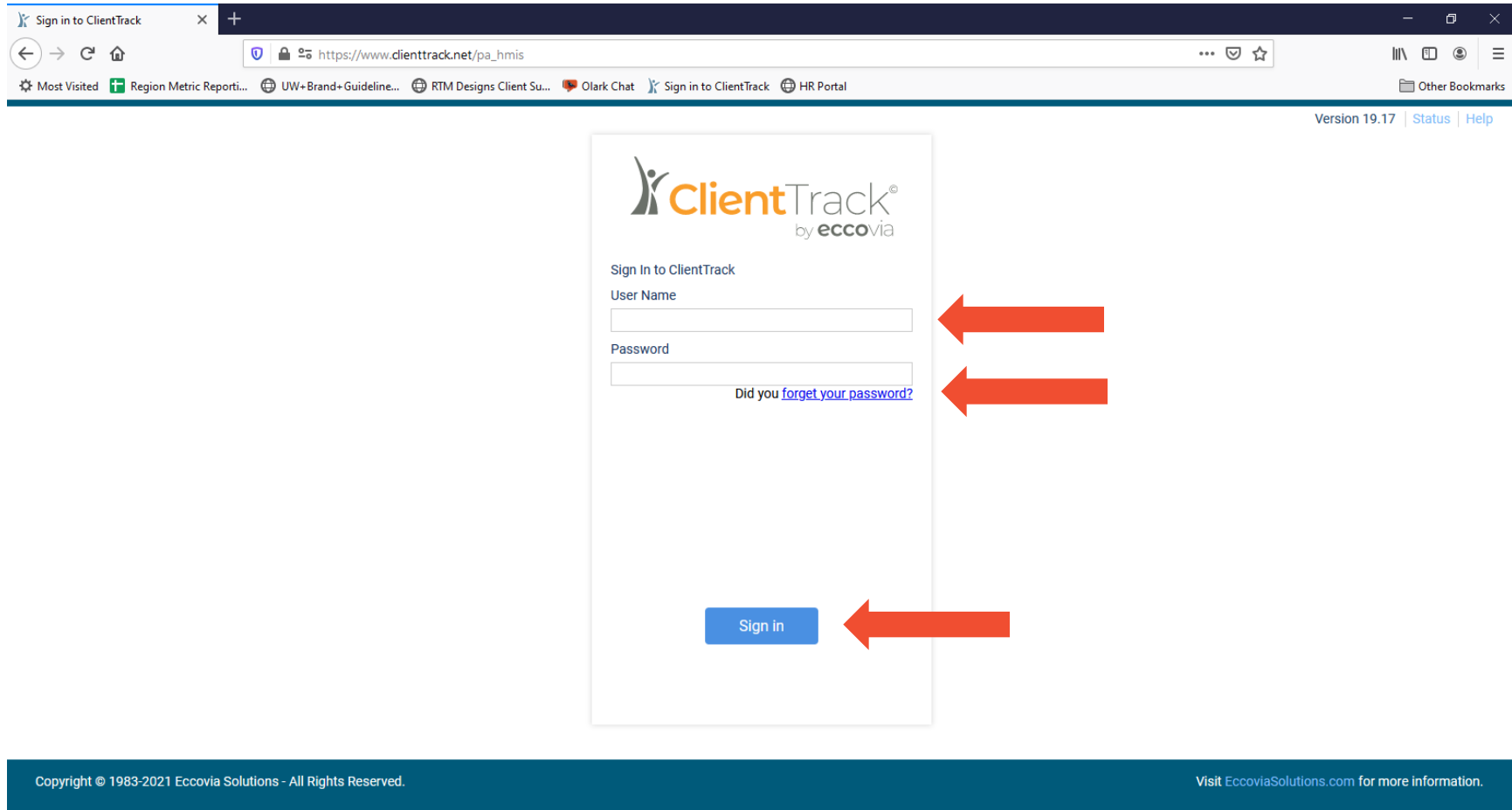


★ In order to receive services, a full intake assessment is not required, client's may opt out of our intake at any time. if this is the case, the call reverts back to a general 211/Information and Referral call...simply use the 211 database for referrals. Please keep in mind that if the client wants shelter referrals, but does not want to complete the VI-SPDAT (if they are eligible for it—sometimes they may not have the time to complete it), proceed with the intake through HMIS, but do not field the VI-SPDAT and do not place the client on the BNL.

# Connect to Home Coordinated Entry System Policies and Procedures

## Coordinated Entry Intake for Literally Homeless Households (HUD Categories 1 & Cat 4 DV/Public)

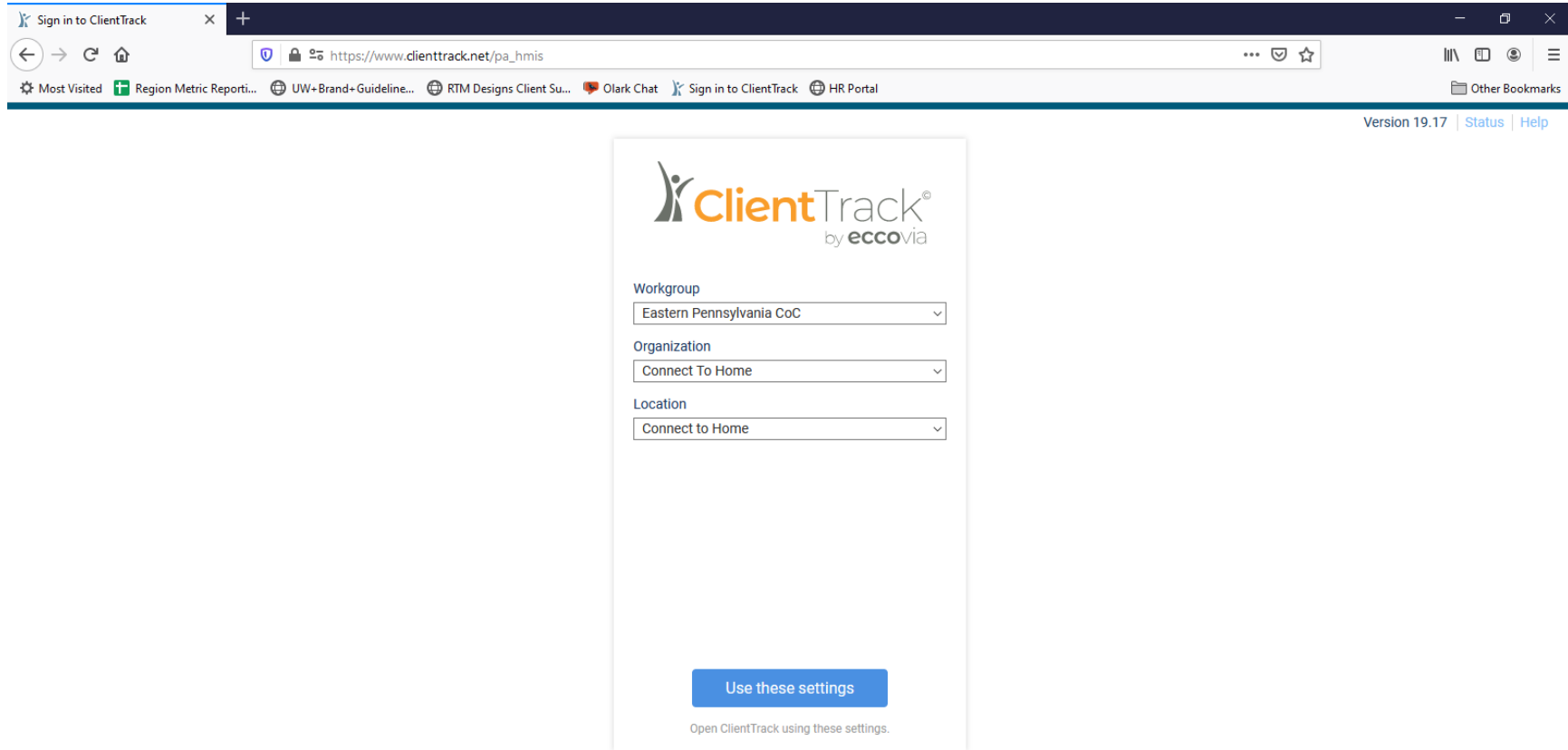
1. Log-in with your Username and Password, click Sign-In



The screenshot shows a web browser window with the URL [https://www.clienttrack.net/pa\\_hmis](https://www.clienttrack.net/pa_hmis). The page features the ClientTrack logo (by eccovia) and a sign-in form. The form includes a "User Name" field, a "Password" field, and a "Sign in" button. A link for "Did you forget your password?" is also present. Three red arrows point to the User Name field, the Password field, and the Sign in button. The footer contains the text: "Copyright © 1983-2021 Eccovia Solutions - All Rights Reserved." and "Visit [EccoviaSolutions.com](https://www.EccoviaSolutions.com) for more information."

# Connect to Home Coordinated Entry System Policies and Procedures

2. Be sure to be logged in to, then click Use these settings:
- Workgroup: Eastern Pennsylvania COC
  - Organization: Connect To Home
  - Location: Connect To Home



The screenshot shows a web browser window with the URL [https://www.clienttrack.net/pa\\_hmis](https://www.clienttrack.net/pa_hmis). The page displays the ClientTrack logo (by eccovia) and a settings form. The form has three dropdown menus: 'Workgroup' set to 'Eastern Pennsylvania CoC', 'Organization' set to 'Connect To Home', and 'Location' set to 'Connect to Home'. Below the form is a blue button labeled 'Use these settings' and a link that says 'Open ClientTrack using these settings.' The browser's address bar and bookmarks are visible at the top, and the page version 'Version 19.17' is noted in the top right corner.

# Connect to Home Coordinated Entry System Policies and Procedures

3. While on the Home screen, click to Double Arrows to switch to a different Workspace

Home

ClientTrack

Patricia Espinosa-Vargas (Training) | Help | Sign Out

Welcome Patricia Espinosa-Vargas

My Fake Organization (PA601) News

Welcome to ClientTrack. Your administrator can set news items here.

Current Program Enrollments (Last 12 months)

ProgramName	Cases	Clients
My Fake Org HOPWA Permanent Housing (PH-601)	1	2
My Fake Organization Coordinated Entry SSO (601)	43	55
My Fake Organization ESG RRH (RRH-601)	13	19
My Fake Organization ESG Street Outreach (SO-601)	3	3
My Fake Organization HOPWA HI (601)	1	2
My Fake Organization HOPWA STRMU (Prev-601)	2	2

3:05 PM 5/12/2020

# Connect to Home Coordinated Entry System Policies and Procedures

4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)

The screenshot shows the ClientTrack web application interface. The user is Patricia Espinosa-Vargas, logged in as a training user. The main content area displays a table of "Current Program Enrollments" with columns for ProgramName, Clients, and another Clients column. A search bar is visible at the top right. A red arrow points to the "CLIENTS" section on the right side of the interface, which shows a client named "Strawberry Shor..." with a CLIENTID of 119. The interface also includes a navigation menu on the left and a Windows taskbar at the bottom.

ProgramName	Clients	Clients
My Fake Org HOPWA Permanent	1	2
My Fake Organization Coordinated Entry SSO (601)	43	55
My Fake Organization ESG RRH (RRH-601)	13	19
My Fake Organization ESG Street Outreach (SO-601)	3	3
My Fake Organization HOPWA HI (601)	1	2
My Fake Organization HOPWA STRMU (Prev-601)	2	2

# Connect to Home Coordinated Entry System Policies and Procedures

5. While at the Client Dashboard screen, click Find Client

The screenshot shows the ClientTrack web application interface. The browser address bar displays 'usw.clienttrack.net/19/MainPage.aspx?Inline=true'. The top navigation bar includes the 'ClientTrack' logo, a search bar with 'All' and 'Search' options, and user information for 'Patricia Espinosa-Vargas (Training)'. The left sidebar contains a 'Clients' menu with options: Dashboard, Find Client (highlighted with a red arrow), Intake, COVID-19 Intake, Profile, Edit Client, Alias History, Address History, Case Managers, Case Notes, Client Files, Client Photo, and Information Release. The main content area shows the 'Strawberry Shortcake's Dashboard' for client 'Strawberry Shortcake' (CLIENTID 119, 9/7/1978, Female). Below this, there is a section for 'Strawberry Shortcake's Information' with fields for Name (Shortcake, Strawberry), Birth Date (9/7/1978 12:00:00 AM), Gender (Female), Ethnicity (Non-Hispanic/Latino), and Race (White). At the bottom, there are sections for 'Strawberry's Enrollments' and 'Strawberry's Services', both showing '1 result found.' and a table with columns for Enrollment Description, Active Household, Household, Project Start Date, Project Exit, Days, Exit Destination, Last Accessed, Date, and Service.



# Connect to Home Coordinated Entry System Policies and Procedures

6. Search for the client by the first 3 letters of their First and Last names
- If no results, please clear the letters of their name and search by their Social Security Number
  - If still no results, clear their Social Security Number and search by their Date of Birth

This screenshot shows the 'Find Client' search form. The client information at the top is Strawberry Shortcake, 9/7/1978, Female, CLIENTID 119. The search criteria are: First Name: Fre, Last Name: Fj, Middle Name: (empty), Full Name (Last, First): (empty), Social Security Number: (empty), Birth Date: (empty), Scan Client ID: (empty). A red arrow labeled '5' points to the Last Name field. A red arrow points down to the Search button.

This screenshot shows the 'Find Client' search form with all fields empty. A red arrow labeled '5a' points to the Social Security Number field. A red arrow points down to the Search button.

This screenshot shows the 'Find Client' search form with the Birth Date field populated with 09/07/1978. A red arrow labeled '5b' points to the Birth Date field. A red arrow points down to the Search button.

# Connect to Home Coordinated Entry System Policies and Procedures

7. If the client is NOT the system, click Cancel to return to the Dashboard
- **Note: If the client is already in the system**, click their name to load their profile, view their case notes and active enrollments to ensure that they are not currently on the By Name List (unless they are Category 4/DV which may be referred to Homeless Prevention while being active on the BNL); additionally, complete a “profile check” to validate/confirm existing information including phone number and current household members if any...then, **proceed to Step 8**

The screenshot displays the ClientTrack interface. On the left is a dark blue sidebar with navigation options: Clients, Dashboard, Find Client, Intake, COVID-19 Intake, Profile (with sub-options: Edit Client, Alias History, Address History, Case Managers, Case Notes, Client Files, Client Photo, Information Release, Information Release Exceptions, Interested Others, Current Living Situation, Notifications, Veteran Information), and Common Assessments. The main content area shows the profile of Barney Rubble (CLIENTID 691, 9/7/1978, Male). Below the profile is a search form with fields for First Name (Coc), Last Name (Col), Middle Name, Full Name (Last, First), Social Security Number, Birth Date, and Scan Client ID. A search button is on the right. Below the form, a message states "No records found." in a grey box, which is circled in red. At the bottom right, a "Cancel" button is highlighted with a large red arrow pointing downwards.

# Connect to Home Coordinated Entry System Policies and Procedures

8. Click Coordinated Entry, then click CE - Client Intake

The screenshot displays the ClientTrack interface for a client named Fred Flintstone. The left sidebar contains a navigation menu with the following items: Clients, Dashboard, Find Client, Intake, COVID-19 Intake, COVID-19 Vaccine Intake, Coordinated Entry (highlighted with a red arrow), CE - Client Intake (highlighted with a red arrow), Triage Assessment, Coordinated Entry Intake Notes, Current Living Situation, CE Services, Profile, Common Assessments, Other Assessments, Enrollment and Services, RHY Assessments, and SPDAT Assessments. The main content area shows the client's information, including a profile picture, name (Fred Flintstone), birth date (9/30/1960), age (60), gender (Male), home phone (717-000-9999), ethnicity (Non-Hispanic/Latino), race (White), and chronic status (No). Below this, there are sections for 'Fred's Enrollments' and 'Fred's Services'. The 'Fred's Enrollments' section shows one result found, with a table listing enrollment details. The 'Fred's Services' section shows no records found.

**Client Information:**

- Name: Flintstone, Fred
- Birth Date: 9/30/1960
- Age: 60
- Gender: Male
- Home Phone: 717-000-9999
- Veteran: No
- Ethnicity: Non-Hispanic/Latino
- Race: White
- Chronic status: No

**Fred's Enrollments:**

1 result found.

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Exited							
Coordinated Entry							
My Fake Organization Coordinated Entry SSO	0	Household with Children and Adults	05/04/2020	05/07/2020	3	Place not meant for habit...	5/4/2020

**Fred's Services:**

No records found.

Date	Service	Units	\$ Total	Organization
		0.00	\$0.00	

# Connect to Home Coordinated Entry System Policies and Procedures

## 9. Answer the Domestic Violence (DV) question

- Note: In this tutorial it is assumed that the client is NOT fleeing DV, as such the answer will always be No
  - If the client IS fleeing and is looking to be entered into HMIS **ANONYMOUSLY**, this tutorial does NOT apply, please view the DV-Anon Tutorial

The screenshot displays the ClientTrack web application interface. On the left is a dark blue sidebar with navigation options: Clients, Dashboard, Find Client, Intake, COVID-19 Intake, COVID-19 Vaccine Intake, Coordinated Entry (with a dropdown arrow), CE - Client Intake (highlighted), Triage Assessment, Coordinated Entry Intake Notes, Current Living Situation, CE Services, Profile, Common Assessments, Other Assessments, Enrollment and Services, RHY Assessments, and SPDAT Assessments. The main content area shows the client profile for Fred Flintstone (CLIENTID 62, 9/30/1960, Male) and a 'DV Question' form. The question is 'Is this client fleeing domestic violence and requesting an anonymous intake?'. There are two radio button options: 'Yes' (with a checkmark icon) and 'No' (with an 'X' icon). A red arrow points to the 'No' option, indicating it is the selected answer.

# Connect to Home Coordinated Entry System Policies and Procedures

10. If the client was not in the system as you searched previously, click Add New Client

- If they were, and you already loaded their client dashboard, click Use the Current Client

The screenshot displays the ClientTrack web application interface. On the left is a dark blue navigation sidebar with categories: Clients, Coordinated Entry, Profile, Common Assessments, Other Assessments, Enrollment and Services, and RHY Assessments. The 'CE - Client Intake' option is highlighted. The main content area shows a client profile for 'Fred Flintstone' (CLIENTID 62) and a 'CE - Client Intake' workflow. A modal dialog titled 'Add or Edit' is open, asking 'Do you want to add a new client or use the selected client?'. The dialog contains three options: '+ Add a new client', 'Use the current client', and 'Select another client'. Two red arrows point to the first two options. At the bottom of the page, there is a JavaScript snippet: `javascript:void(__doPostBack('__Page','WORKFLOW-1000001504'));`

# Connect to Home Coordinated Entry System Policies and Procedures

11. Search for the client once more, then click Next

The screenshot displays the ClientTrack web application interface. On the left is a dark blue navigation sidebar with the following menu items: Clients, Dashboard, Find Client, Intake, COVID-19 Intake, COVID-19 Vaccine Intake, Coordinated Entry (expanded to show CE - Client Intake, Triage Assessment, Coordinated Entry Intake Notes, Current Living Situation, and CE Services), Profile, Common Assessments, Other Assessments, Enrollment and Services, RHY Assessments, and SPDAT Assessments. The main header shows the ClientTrack logo, a search bar with 'All' and a search icon, and the user name 'Patricia Espinosa-Vargas (Training)' with 'Help' and 'Sign Out' links. The client name 'Rootbeer Flintstone' is displayed at the top right of the main content area. Below the header, a progress bar indicates the current step: 'Search Existing Clients' (active) followed by 'Basic Client Information'. The 'Search Existing Clients' section contains an information icon and a text block explaining the search process, followed by a list of instructions. Below the text are input fields for: First Name (Rootbeer), Last Name (Cola), Social Security Number (three empty boxes), Birth Date (empty field with a calendar icon), and ClientID (empty field). At the bottom right of the main content area, a large red arrow points to a blue button labeled '» Next'.

# Connect to Home Coordinated Entry System Policies and Procedures

12. Complete the Client/Head of Household's profile, then click Finish to move on to the next screen

- Be sure to read the following before moving on as it relates to Consent/Information Release: *“Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS?”*

**Rootbeer Cola**

**CE - Client Intake**

**+ Client Information**

Search Existing Clients

Basic Client Information

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.

First Name: \* Rootbeer

Last Name: \* Cola

Middle Name:

Suffix:

Name Quality: \* Full name reported

Social Security Number:

SSN Quality:  Client doesn't know  
 Client Refused  
 Data not collected

**Basic Client Demographics**

Birth Date: 09/07/1978

Client Age: 42

Date of Birth Quality:  Full DOB Reported  
 Approximate or Partial DOB Reported  
 Client doesn't know  
 Client refused  
 Data not collected

Ethnicity: \* Hispanic/Latino

American Indian or Alaska Native  
Asian

**Information Release**

- Use this section to collect data about a client's information release.

Information Release #: \* 1 - Allow Sharing

Begin Date: 04/08/2021

End Date:

**Finish**

# Connect to Home Coordinated Entry System Policies and Procedures

13. Add any additional Household members, then click Save & Close when complete

The screenshot displays the ClientTrack interface for client Rootbeer Cola (CLIENTID 1001). The left sidebar shows the navigation menu with 'CE - Client Intake' selected. The main content area is titled 'Family Members' and contains a table of family members. A red arrow points to the checkbox for 'Grape Cola' in the table. Another red arrow points to the 'Save & Close' button at the bottom right of the interface.

**Client Information:** Rootbeer Cola, 9/7/1978, Female, CLIENTID 1001

**Family Members Table:**

	First Name	Middle Name	Last Name	Suffix	Name Quality	Birth Date	Age	Birth Date Quality	Gender	SSN
<input type="checkbox"/>	Rootbeer		Cola		Full name reported	09/07/1978	42	Full DOB Reported	Female	
<input checked="" type="checkbox"/>	Grape		Cola		Full name reported	09/07/2013	7	Full DOB Reported	Male	
<input type="checkbox"/>					--SELECT--		N/A	--SELECT--	--SELECT--	



# Connect to Home Coordinated Entry System Policies and Procedures

14. Choose the **Connect to Home Eastern PA Coordinated Entry** project to enroll the client in to, then select all Household Members needing assistance/enrolled, Click Save when complete

- Note: You MUST select this enrollment for those eligible for a VI-SPDAT/Placement on the By Name List (BNL)...selecting any other enrollment will not get the client placed on the BNL

The screenshot shows the ClientTrack interface for enrolling a client into a HUD program. The client is Mickey Mouse (CLIENTID 223392). The form is titled '+ HUD Program Enrollment' and includes instructions on how to select the project and start date. A dropdown menu for 'Project' is open, showing three options: 'Coordinated Entry', 'Connect to Home CE Shelter Referrals Only - CAT. 2', and 'Connect to Home Eastern PA Coordinated Entry'. Below the dropdown is a table of household members with checkboxes for selection. A 'Save' button is located at the bottom right of the form.

<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manager	Relationship to Head of Household
<input checked="" type="checkbox"/>	Mouse, Mickey Bross	Male	60	04/09/2021		Patricia Espinosa-Vargas	Self
<input checked="" type="checkbox"/>	Mouse, Minnie Bross	Female	23	04/09/2021		Patricia Espinosa-Vargas	Other Non-Family

# Connect to Home Coordinated Entry System Policies and Procedures

15. Complete the Universal Data Assessment, click Save when complete

- Disabling Condition: Read the following and answer accordingly... *“Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?”*
- Prior Living Situation: This response to this question should reflect where the client slept last night
  - Note: depending on their housing situation last night, different fields/questions will populate that are required to be answered
- Health Insurance: This question is not required, as such, please skip it

CE - Client Intake

+ Universal Data Assessment

Assessment Date: 04/08/2021

Age at Assessment: 60

Assessment Type: Entry

Assessor: Patricia Espinosa-Vargas

Program: Connect to Home CE Homeless Prevention

Disabling Condition: - SELECT -

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: PA-509 - Eastern Pennsylvania CoC

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: - SELECT -

Did you stay less than 7 nights?: - SELECT -

Length of stay in the prior living situation: - SELECT -

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.

Covered by Health Insurance: - SELECT -

Save

# Connect to Home Coordinated Entry System Policies and Procedures

16. Complete the Triage Assessment, click Save when complete
  - a. Assessment Contact Type: For 211, the response should always be Phone, For Access Sites it will likely be In-Person
  - b. Current Living Situation: Where the client expects to sleep **tonight** (depending on the response, additional questions will populate)
  - c. Category of Homeless: Leave this Blank, this is not a field that the Eastern COC uses
  - d. Mental Health Condition: Please read the following, then choose the appropriate response... *“Do you have a mental health diagnosis that impedes your ability to maintain housing or employment?”*
  - e. County or Zip Code if known: Please enter the client’s current city/county/zip code
  - f. County where assistance is preferred: Client’s may opt to be housed in their current county of residence, or another county, if a client states that they are willing to be housed anywhere, please attempt to narrow it to their surrounding counties, or at least, counties in which it is realistic for them to relocate to (do they have transportation to get there if offered assistance?)
  - g. Bedrooms Needed: Please ask and respond accordingly (you may enter comments if appropriate)

The screenshot shows a web-based assessment form for a client named Mickey Gross. The form is titled "Current Living Situation Information" and contains several sections with dropdown menus and text input fields. A red arrow points to the "Mental Health Diagnosis" dropdown menu, which is open, showing a list of counties including Adams County, Bedford County, Blair County, Bradford County, Cambria County, and Carbon County. Another red arrow points to the "Save" button at the bottom right of the form.

Assessment Contact Type: -- SELECT --

What is your household type: Household without children

Information Date: 04/08/2021

Enrollment: 04/08/2021 - Connect to Home CE Homeless Prevention

Verified by Project: -- SELECT --

Current Living Situation Information

Current Living Situation: -- SELECT --

Location Detail:

Record Contact:

County or Zip Code where you slept last night, if known: Pennsylvania -- SELECT -- -- SELECT --

Unknown County or Zip Code

Category of Homelessness: -- SELECT --

Mental Health Diagnosis: -- SELECT --

County Where Assistance is Preferred:

Bedrooms Needed: -- SELECT --

No. of Bedrooms Needed Comments:

Do you have a serious medical condition, including a heart condition, lung disease, diabetes, cancer, renal failure, kidney disease, severe obesity, asthma, HIV or AIDS, COVID-19 or are you pregnant? -- SELECT --

Save

# Connect to Home Coordinated Entry System Policies and Procedures

17. Click Yes to completing a Housing Needs Assessment

The screenshot shows the ClientTrack web application interface. On the left is a dark blue navigation sidebar with categories: Clients, Coordinated Entry, and Profile. The main content area is titled 'CE - Client Intake' and shows a progress bar for Mickey Mouse (CLIENTID 223392). The current step is 'Complete Housing Needs Assessment?'. A dialog box is displayed with the question 'Complete Housing Needs Assessment?' and two radio button options: 'Yes' and 'No'. A red arrow points to the 'Yes' option.

# Connect to Home Coordinated Entry System Policies and Procedures

18. You will be prompted to choose the correct VI-SPDAT, please choose accordingly

- Single: Single individual, or Adult (ages 25 and older) only households, this includes adult couples with no minor children
- Family: Households with a minor child in the household, ages 17 and younger
- TAY (Single Youth): Unaccompanied youth/young adult (ages 24 and younger)

The screenshot displays the ClientTrack interface. On the left is a navigation menu with sections: Clients (Dashboard, Find Client, COVID-19 Intake, Intake, COVID-19 Vaccine Intake), Coordinated Entry (CE - Client Intake, Triage Assessment, Coordinated Entry Intake Notes, Current Living Situation, CE Services), Profile, Common Assessments, Other Assessments, Enrollment and Services, RHY Assessments, and SPDAT Assessments. The main header shows the ClientTrack logo, a search bar, and user information for Patricia Espinosa-Vargas. The client profile for Mickey Mouse (12/16/1960, Male, CLIENTID 223392) is visible. The active assessment is 'CE - Client Intake', with a progress bar showing steps: DV Question, Basic Client Information, Family Members, Program Enrollment, Mickey Mouse, New Assessment, Triage/Current Living Situation, Complete Housing Needs Assessment?, and VI-SPDAT Selection (current step). The VI-SPDAT Selection screen asks 'Which VISPAT would you like to complete?' and lists three options: Family VI-SPDAT (highlighted with a red box), Single Adult VI-SPDAT, and TAY VI-SPDAT. Definitions for each are provided: Family VI-SPDAT: Head of household (of any age) has at least one child under 18 in their full or partial custody; Single Adult VI-SPDAT: Head of household is over 24 years old and has no children under 18 in their custody; TAY VI-SPDAT: Head of household is aged 18 - 24 and has no children under 18 in their custody.

# Connect to Home Coordinated Entry System Policies and Procedures

19. Read the following Script before fielding the VI-SPDAT: *“I have a brief survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a yes or a no, some questions required a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The more honestly you answer these questions, the better we can figure out how to assist you. The information collected goes into the Eastern Pennsylvania secure data system. If you do not understand a question, let me know, I would be happy to clarify. If it seems to me that you don't understand a question, I will do my best to explain it to you with you needing to ask for clarification.”*
- Field the VI-SPDAT as normal, but please be sure to enter your Name, Agency, Interview Location, and choose the Language and Consent to Participate if these are not auto-populated for you
  - Before you are finished, it is extremely important to note that at the end of the VI-SPDAT you **MUST** change the Prioritization Status to Placed on Prioritization List as this is how the client is placed on the By Name List (scores 0+)
  - Click Save when finished

The screenshot displays the 'Family Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT) RM' form in the ClientTrack system. The interface includes a left-hand navigation menu with sections for 'Intake', 'Profile', and 'Exceptions'. The main form area contains the following fields and options:

- Type:** Family
- Interviewer's Name:** Patricia Espinosa-Vargas
- Agency:** United Way of Lancaster (with a search icon)
- Survey Date/Time:** 05/14/2020 (with a calendar icon and AM/PM toggle)
- Interview Location:** PA 211 East
- Enrollment:** -- SELECT --
- Assessment Contact Type:** Phone
- Assessment Location:** My Fake Organization (PA601)

Below the form, the client's information is displayed:

- ClientID:** 131
- First Name:** Wilma
- Last Name:** [Red arrow points to this field]
- Language:** English
- Birthdate:** 01/18/1959
- Age:** 61
- SSN:** 999-88-7777
- Consent to participate:** Yes (selected), No

At the bottom of the form, the **Prioritization Status** is set to 'Placed on prioritization list' (with a red arrow pointing to this dropdown), and the **Restriction** is set to 'Restrict to Standard Sharing Agreement'. A red arrow at the bottom right points to the **Save** button.

# Connect to Home Coordinated Entry System Policies and Procedures

20. If there are no additional household members, go to **Step 21**

If there are, complete the Universal Data Assessments and/or Current Living Situation for each member

The screenshot displays the ClientTrack interface for a client named Minnie Mouse (Client ID: 223393). The interface is split into two main sections: 'Universal Data Assessment' and 'Current Living Situation'.

**Universal Data Assessment:**

- Information Date:** 04/09/2021
- Age while in project:** 23
- Assessment Type:** Entry
- Disabling Condition:** No
- Prior Living Situation:** Place not meant for habitation
- Length of stay in the prior living situation:** One night or less
- Approximate date homelessness started:** 04/08/2021
- 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:** One time
- Total number of months homeless on the streets, in ES, or SH in the past three years including today:** 1

**Current Living Situation:**

- Information Date:** 04/09/2021
- Enrollment:** 04/09/2021 - Connect to Home Eastern PA Coordinated Entry
- Verified by Project:** SELECT
- Current Living Situation:** Place not meant for habitation
- Location Detail:** (Empty text box)
- Record Contact:** (Unchecked checkbox)

# Connect to Home Coordinated Entry System Policies and Procedures

21. Click Finish to close the workflow

The screenshot shows the ClientTrack interface for a client named Minnie Mouse. The left sidebar contains navigation options: Clients, Dashboard, Find Client, Intake, COVID-19 Intake, Coordinated Entry, Profile, Common Assessments, Other Assessments, Enrollment and Services, RHY Assessments, and SPDAT Assessments. The main content area displays the 'CE - Client Intake' workflow with a list of completed steps: DV Question, Basic Client Information, Family Members, Program Enrollment, Mouse, Mickey Cross, and Mouse, Minnie Cross. A message box states 'You're done! All required steps have been completed.' A red arrow points to the 'Finish' button, which is labeled 'Close the workflow'.



# Connect to Home Coordinated Entry System Policies and Procedures

22. While back on the client's Dashboard, **verify that you are on the client/Head of Household dashboard** as currently, there may be a glitch in which the system will NOT automatically transfer you to the Head of Household's Dashboard, but may land you on the last household member's screen, to verify this

- Look at the client's name, if this is not the head of household, click the people image at the top left
- Then click the name of your client/head of household

ClientTrack | All | Search | Patricia Espinosa-Vargas | Help | Sign Out

**Mickey Mouse** CLIENTID 223392 1

Mickey Mouse's Dashboard

Mickey Mouse's Information

	<b>Name:</b> Mouse, Mickey Bross	<b>Birth Date:</b> 12/16/1960	<b>Age:</b> 60
	<b>Gender:</b> Male	<b>Home Phone:</b> 555-555-5555	<b>Veteran:</b> No
	<b>Ethnicity:</b> Non-Hispanic/Latino	<b>Race:</b> White	<b>Chronic status:</b> No

ClientTrack | All | Search | Patricia Espinosa-Vargas | Help | Sign Out

**Mouse, Mickey Household**

Quick Add Family Member | Family | Family History

**Mickey Bross Mouse** Age 60 Self | Case Notes | Mouse | Other Non-Family

Mickey Bross Mouse

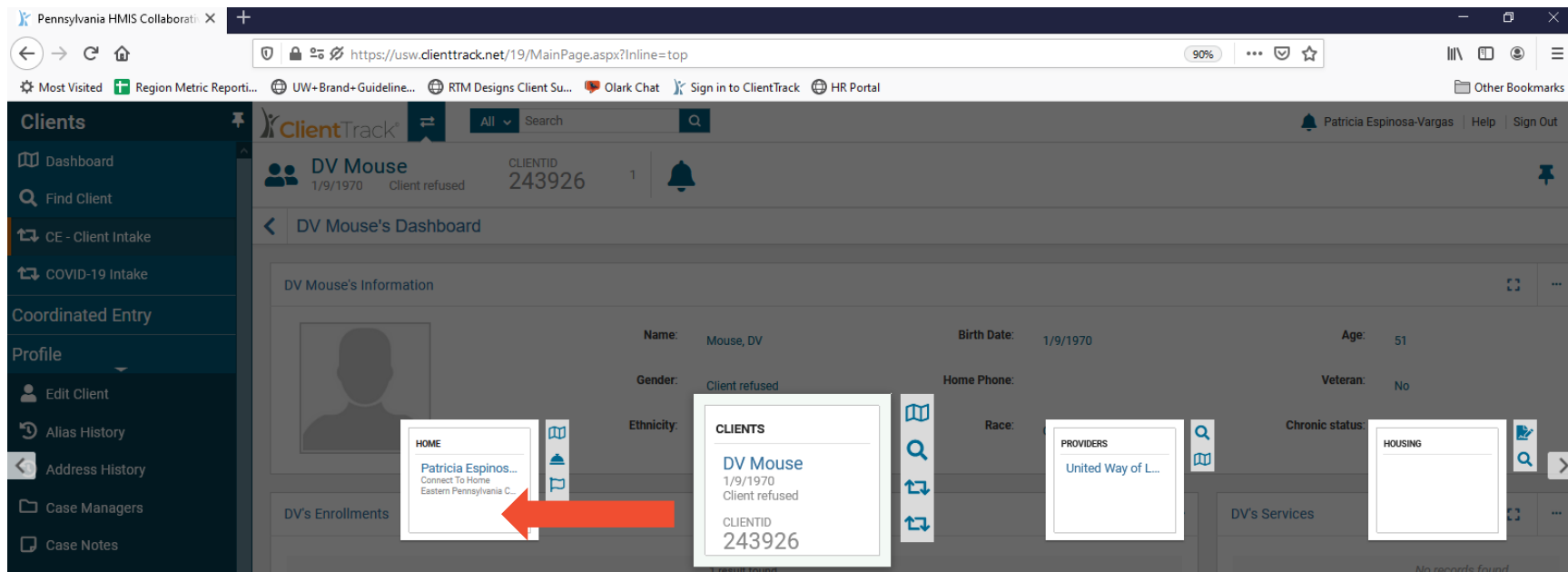
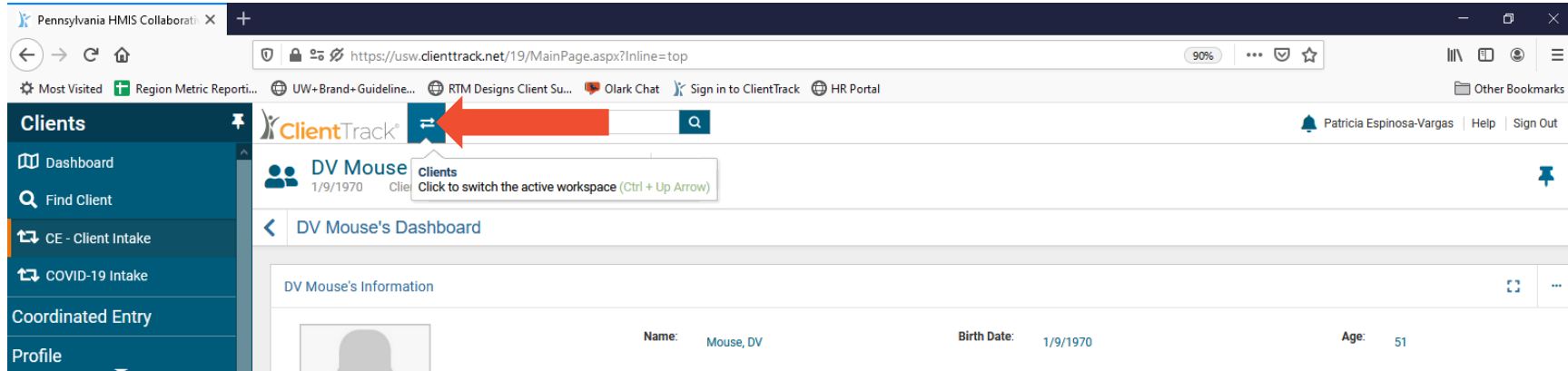
	<b>Name:</b> Mouse, Mickey Bross	<b>Birth Date:</b> 12/16/1960	<b>Age:</b> 60
	<b>Gender:</b> Male	<b>Home Phone:</b> 555-555-5555	<b>Veteran:</b> No
	<b>Ethnicity:</b> Non-Hispanic/Latino	<b>Race:</b> White	<b>Chronic status:</b> No

Mickey's Enrollments | Mickey's Services

# Connect to Home Coordinated Entry System Policies and Procedures

23. Please verify that the Client is now on the By Name List by doing the following:

- Click the arrows to switch the workspace
- Then, click Home



# Connect to Home Coordinated Entry System Policies and Procedures

## 24. Click By Name List

ClientTrack

Patricia Espinosa-Vargas  
Connect To Home Eastern Pennsylvania CoC

Welcome Patricia Espinosa-Vargas

News

To All Grantees  
from your administrator, Antonio Diaz

To All Grantees.

In the month of August we are going to be asking that all users who submit an issue into HMIS Client Track.19 do the following if the issue is related to data cleanup for CoC Scoring.

1. If you are entering a new ticket about a data clean up issue please use the summary \*...

[Read More](#)

New Videos  
from your administrator, Antonio Diaz

Hello,

We wanted to take this time to announce a few new training's that have been posted on the HMIS page at [www.pennsylvaniacoc.org](http://www.pennsylvaniacoc.org)

Agreement Training Materials  
k.19 HMIS Ticket Training

HMIS Data Collection and Workgroup Training Materials  
- Contacts and Case Not...

[Read More](#)

Welcome to Client Track  
from your administrator, Antonio Diaz

Welcome to Client Track.

[Read More](#)

Welcome to ClientTrack  
from your administrator, Data Systems

ClientTrack™ unites all elements of your operation into one comprehensive system, enhancing your ability to quantify and broadcast your positive impact. Our software drives efficiency into managing and coordinating all core aspects of a social mission organization. A robus...

# Connect to Home Coordinated Entry System Policies and Procedures

25. Search for your client on the By Name List, if you can see you client on the list, they have been successfully placed

The screenshot shows the ClientTrack interface. On the left is a navigation menu with 'By Name List' selected. The main area contains a search form with various filters. A red arrow points to the 'Last Name' field containing 'Mouse'. Another red arrow points to the 'Search' button at the bottom right of the form.

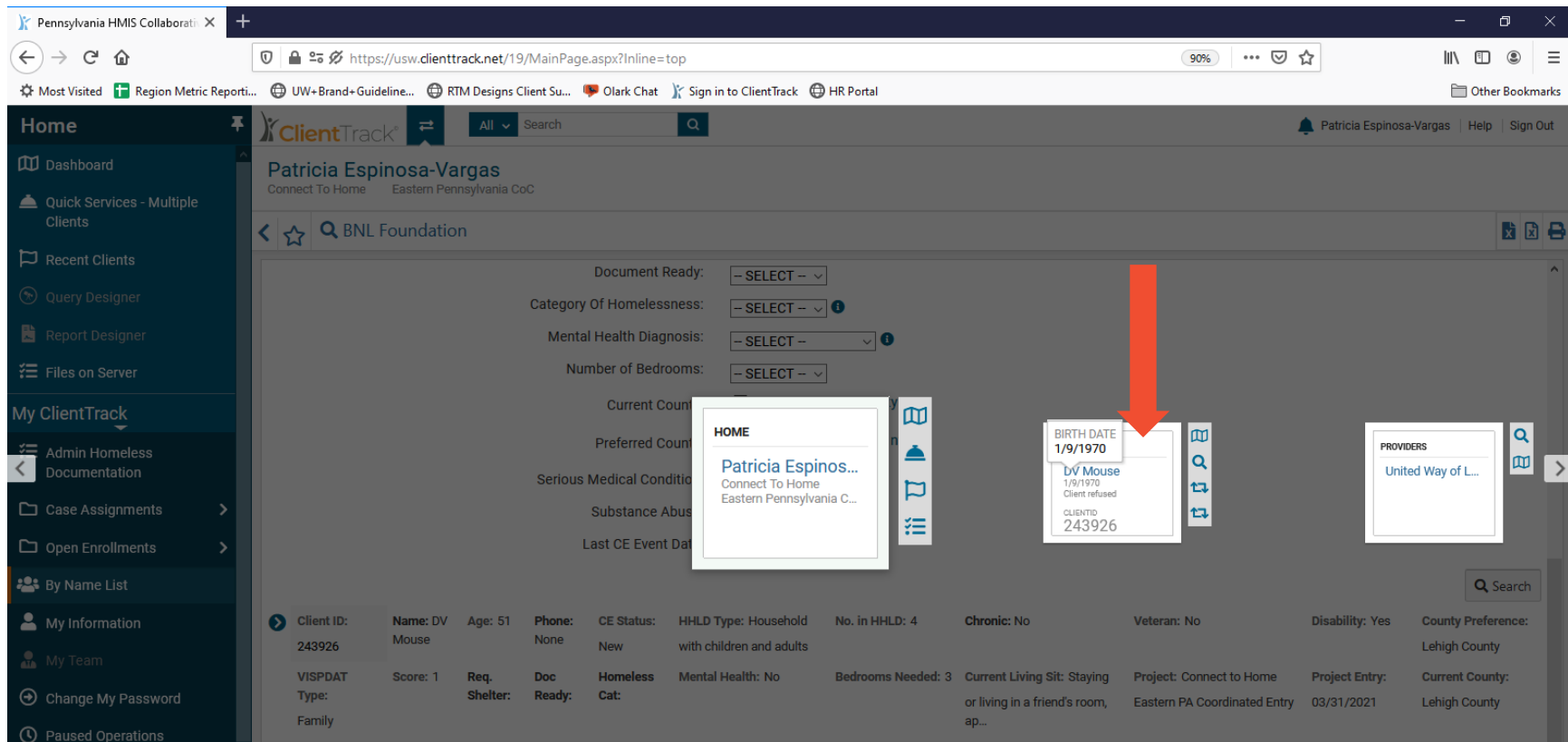
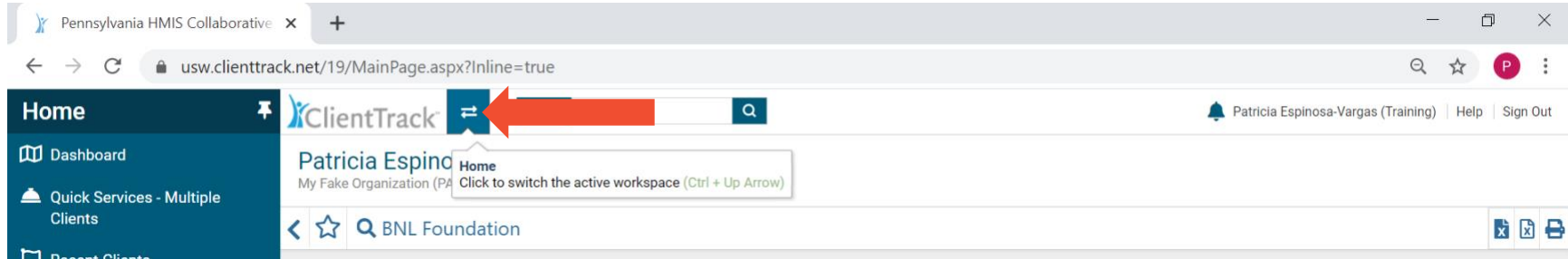
Below the search form, a table displays the search results for Mickey Mouse:

Client ID:	243926	Name:	MickeyAge: 51 Mouse	Phone:	None	CE Status:	New	HHLD Type:	Household with children and adults	No. in HHLD:	4	Chronic:	No	Veteran:	No	Disability:	Yes	County Preference:	Lehigh County		
VISPDAT Type:	Family	Score:	1	Req. Shelter:		Doc Ready:		Homeless Cat:		Mental Health:	No	Bedrooms Needed:	3	Current Living Sit:	Staying or living in a friend's room, ap...	Project:	Connect to Home Eastern PA Coordinated Entry	Project Entry:	03/31/2021	Current County:	Lehigh County

1 result found.

# Connect to Home Coordinated Entry System Policies and Procedures

26. Return to the Client Workspace by clicking the arrows to switch back to your Client screen



# Connect to Home Coordinated Entry System Policies and Procedures

27. If making referrals for Shelter or Rental Assistance/Deposit, click CE Services under the Coordinated Entry tab/menu on the left

- If the client is not needing/requesting Referrals, proceed to **Step 32**

The screenshot shows the ClientTrack web application interface. The browser address bar displays <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The user is logged in as Patricia Espinosa-Vargas. The main content area shows the dashboard for 'DV Mouse' (Client ID 243926). The left sidebar contains a navigation menu with 'Coordinated Entry' and 'CE Services' highlighted by red arrows. The main content area displays 'DV Mouse's Information' and 'DV's Services'.

**DV Mouse's Information**

Name:	Mouse, DV	Birth Date:	1/9/1970	Age:	51
Gender:	Client refused	Home Phone:		Veteran:	No
Ethnicity:	Client refused	Race:	Client refused	Chronic status:	No

**DV's Services**

No records found.

Date	Service	Units	\$ Total	Organization
		0.00	\$0.00	

**Enrollment and Services Table**

1 result found.

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Connect to Home Eastern PA Coordinated Entry	4	Unknown Household Type	03/31/2021		0		3/31/2021

# Connect to Home Coordinated Entry System Policies and Procedures

## 28. Click Add New

The screenshot shows the ClientTrack web application interface. The browser address bar displays the URL: `https://usw.clienttrack.net/19/MainPage.aspx?Inline=top`. The user is logged in as Patricia Espinosa-Vargas. The client profile for DV Mouse (CLIENTID 243926) is visible, with a status of 'Client refused'. The page title is 'Coordinated Entry Events'. Below the title, there is a message: 'Below are the Coordinated entry events for this client. Use the Add New to create a new event. Edit an event by clicking edit event in the record actions.' A table with columns 'Date of Event', 'Event Type', 'Provider', 'Enrollment', and 'Referral Result' is shown, but it contains no records. A red arrow points to the '+ Add New' button in the top right corner of the table area. A 'Cancel' button is located at the bottom right of the page.

# Connect to Home Coordinated Entry System Policies and Procedures

29. Please choose/click the following:

- a. Utilize the Matrix to first identify potential Emergency Shelter, Transitional Housing, Rental Assistance Providers, and to ensure the client meets any eligibility the Provider has listed
- b. Providers may be listed currently, in differing categories (in the near future this will be more precise, but for now, look for providers under multiple categories)
- c. Locate the Provider you are attempting to refer to
- d. Click Email Authorized is this is an HMIS Provider that can log in to receive referrals, leave it blank if it is a non-HMIS provider
- e. Click Save to view the Email pop-up to then send your provider an email alert of this referral

ClientTrack

Patricia Espinosa-Vargas | Help | Sign Out

**Clients**

Dashboard  
Find Client  
CE - Client Intake  
COVID-19 Intake

**Coordinated Entry**

CE - Client Intake  
Triage Assessment  
Coordinated Entry Intake Notes  
Current Living Situation  
CE Services

Profile  
Common Assessments  
Other Assessments  
Enrollment and Services  
RHY Assessments  
SPDAT Assessments

**DV Mouse**  
1/9/1970 Client refused CLIENTID 243926

**+ Coordinated Entry Event**

Coordinated Entry Event Data Collection

Date of Event: \* 03/31/2021

Event Type: \* Emergency Shelter Housing

Provider: \* Connect To Home

Enrollment: - SELECT -

Location of Crisis Housing or Permanent Housing Referral [Project name/HMIS ID]: - SELECT -

Refer to Provider: \* Community CARES

Referral Email Authorized:

Referral Result: - SELECT -

Result Date:



# Connect to Home Coordinated Entry System Policies and Procedures

30. You will now need to create an email to send to the agency staff person listed on the Matrix as an alert of a referral

- Type in the agency contact per the Matrix to whom this referral should be sent to, then click Send

The screenshot displays the ClientTrack web interface. On the left is a navigation menu with categories like 'Clients', 'Coordinated Entry', 'Profile', and 'Assessments'. The main area shows a client profile for 'DV Mouse' (CLIENTID 243926) and a table of 'Coordinated Entry Events'. An 'E-mail' composition window is open, with the recipient 'communitycares@fakeemail.com' and subject 'Incoming Referral'. The email body contains a referral notification. A red arrow points to the 'Send' button, with a callout box that reads 'Rich text editor with ID Body'. The 'Send' button is partially obscured by the arrow.

31. If multiple referrals need to be made, repeat the above steps to continue to add Referrals, when complete, click Cancel to return to the client's Dashboard

32. We must now add our Intake Notes, please Coordinated Entry Intake Notes under the Coordinated Entry tab

# Connect to Home Coordinated Entry System Policies and Procedures

The screenshot shows the ClientTrack interface for a client named DV Mouse (Client ID: 243926). The left sidebar contains a navigation menu with 'Coordinated Entry' highlighted by a red arrow. The main content area displays the client's information and two tables: 'DV's Enrollments' and 'DV's Services'.

**Client Information:**

- Name: Mouse, DV
- Birth Date: 1/9/1970
- Age: 51
- Gender: Client refused
- Home Phone: (blank)
- Veteran: No
- Ethnicity: Client refused
- Race: Client refused
- Chronic status: No

**DV's Enrollments Table:**

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Connect to Home Eastern PA Coordinated Entry	4	Unknown Household Type	03/31/2021		0		3/31/2021

**DV's Services Table:**

Date	Service	Units	\$ Total	Organization
No records found.				
		0.00	\$0.00	

# Connect to Home Coordinated Entry System Policies and Procedures

## 33. Click Add Intake Note

The screenshot shows the ClientTrack web application interface. The browser address bar displays the URL: <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The user is logged in as Patricia Espinosa-Vargas. The client profile for DV Mouse (CLIENTID 243926) is visible, with a status of 'Client refused'. The page title is 'Client Coordinated Intake Notes'. A message states: 'The following lists all Coordinated Intake Notes that have been recorded for this client/household across the Continuum's Coordinated Entry system in PA HMIS. You can use the **Add Intake Note** option to create a new entry depending on where this screen is accessed; existing entries can be reviewed using the **Edit / View Note** option and removed using the **Delete Note** option within the normal action menu.' Below this message, there are two buttons: '+ Add Intake Note' and 'Print Selected'. A red arrow points to the '+ Add Intake Note' button. Below the buttons, a table header is visible with columns: Client Name, Note Text, Updated Date, Updated By, and Print. The table body is empty, with the text 'No records found.' centered above it. At the bottom right, there are buttons for 'Intake Notes Log' and 'Cancel'.

# Connect to Home Coordinated Entry System Policies and Procedures

## 34. Add your Intake Note

- Subject: Choose from the drop-down menu, CE VI-SPDAT Completed
- Type your note
- Click Save when complete, then click Cancel to return to the Dashboard

The screenshot displays the ClientTrack interface for adding a coordinated intake note. The left sidebar shows navigation options, with 'Coordinated Entry Intake Notes' selected. The main content area shows the client's name (Mickey Mouse) and the form title '+ Client Coordinated Intake Note'. The form includes the following fields:

- Client Name: Mouse, Mickey Bross
- Entry Date: 04/09/2021 AM (indicated by a red arrow)
- Subject: CE VI-SPDAT Completed (indicated by a red arrow)
- Note: A large text area containing the placeholder text 'Case Note goes here' (indicated by a red arrow)
- Read Only:

At the bottom right of the form, there are two buttons: 'Save' (indicated by a red arrow) and 'Cancel'.

## Connect to Home Coordinated Entry System Policies and Procedures

35. When ending the conversation with the Client, please read the following statement: *"Thank you, this completes the screening process. We have referred you to the emergency shelter providers in your area who will be contacting you as resources become available (Intake Specialist may provide name of the shelter only). Your name and contact information have also been placed on a prioritized list for other housing services. If your housing situation changes in the meantime, please contact us or call 211 to provide an update. (Coordinated Entry Specialist must provide 211 as an alternative way to connect with CE).*

211 Only: Please add the following to the above statement: *"Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."*

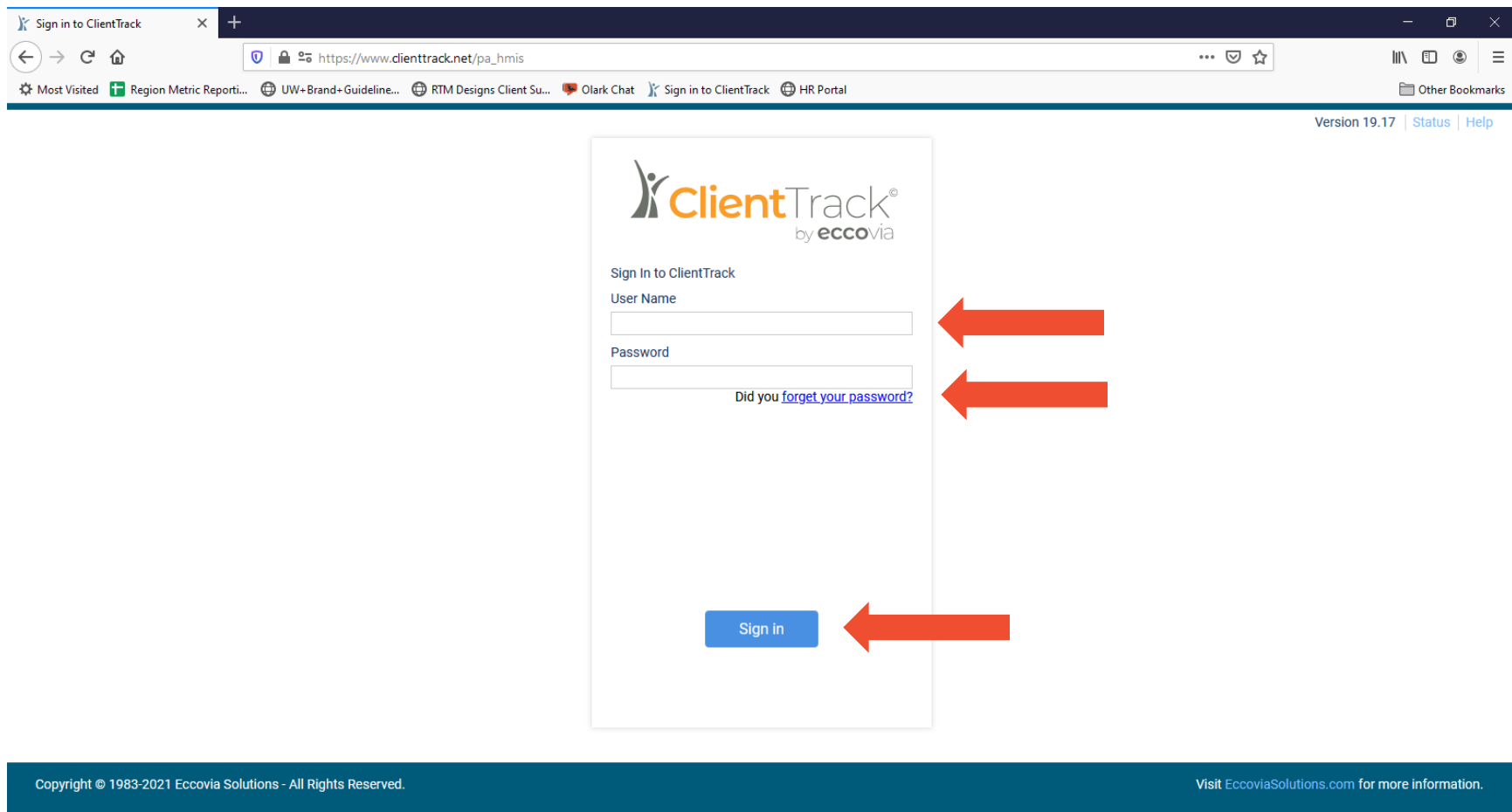
# Connect to Home Coordinated Entry System Policies and Procedures

## Coordinated Entry Intake for Households at Imminent Risk of Homelessness (HUD Categories 2 & 3)

This process should be followed when a client, whom are Category 2 (at-risk of homelessness), Category 3 (youth ages 24 and younger) and are seeking prevention/rental assistance referrals to prevent homelessness.

**Note:** If a client is seeking shelter AND prevention/rental assistance and meets the criteria for referral to both, you must FIRST begin with a CE-Homeless Intake workflow, selecting the Shelter Referrals Only/Cat2 enrollment before completing this workflow.

1. Log-in with your Username and Password, click Sign-In



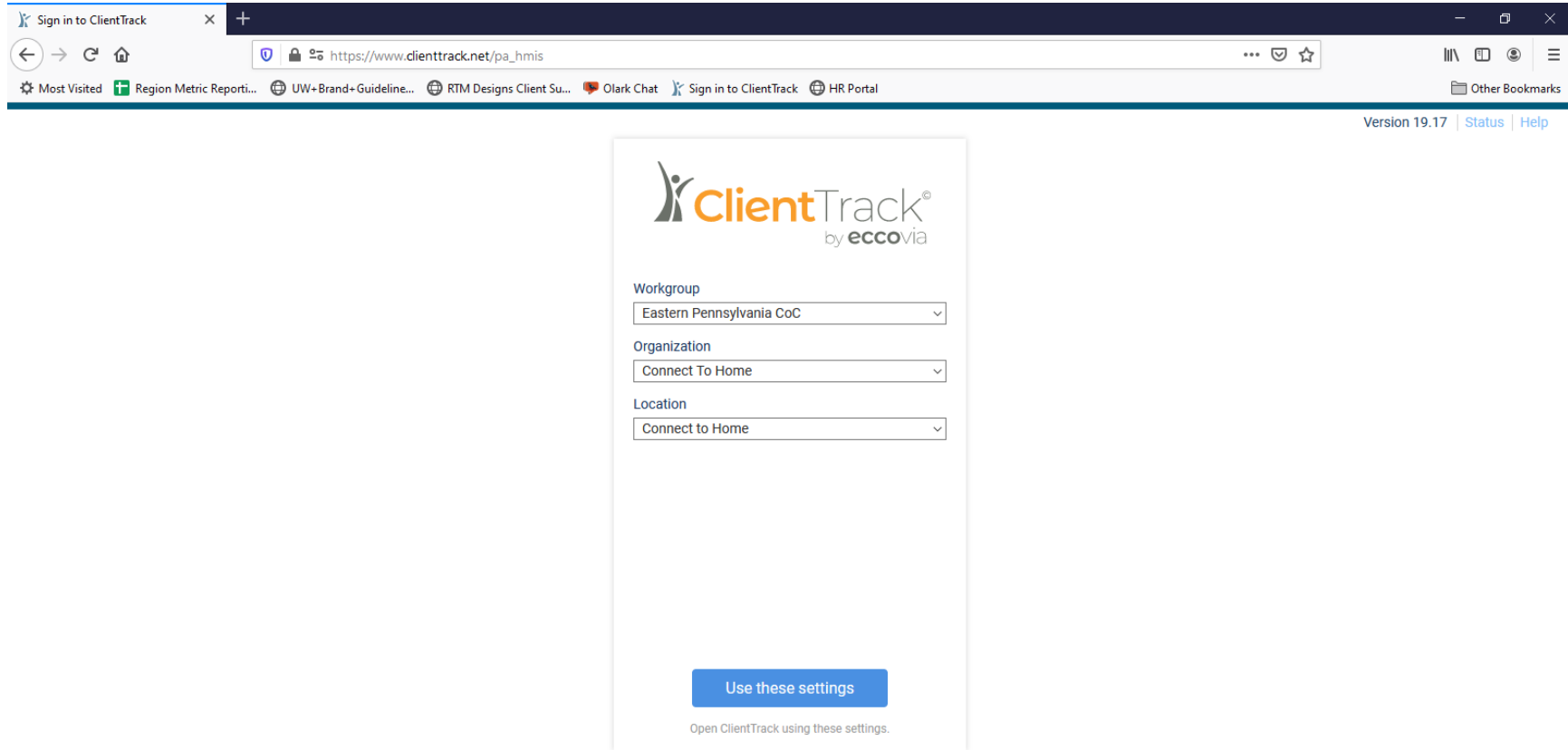
The screenshot shows a web browser window with the URL [https://www.clienttrack.net/pa\\_hmis](https://www.clienttrack.net/pa_hmis). The page title is "Sign in to ClientTrack". The main content area features the ClientTrack logo (by eccovia) and the text "Sign In to ClientTrack". Below this, there are two input fields: "User Name" and "Password". A link for "Did you forget your password?" is located below the password field. At the bottom of the form is a blue "Sign in" button. Three red arrows point to the User Name field, the Password field, and the Sign in button.

Version 19.17 | [Status](#) | [Help](#)

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# Connect to Home Coordinated Entry System Policies and Procedures

2. Be sure to be logged in to, then click Use these settings:
- Workgroup: Eastern Pennsylvania COC
  - Organization: Connect To Home
  - Location: Connect To Home



The screenshot shows a web browser window with the URL [https://www.clienttrack.net/pa\\_hmis](https://www.clienttrack.net/pa_hmis). The page displays the ClientTrack logo (by eccovia) and a settings form. The form contains three dropdown menus: Workgroup (Eastern Pennsylvania CoC), Organization (Connect To Home), and Location (Connect to Home). A blue button labeled "Use these settings" is positioned below the form. Below the button, the text "Open ClientTrack using these settings." is visible. The browser's address bar and bookmarks are also visible at the top.

# Connect to Home Coordinated Entry System Policies and Procedures

3. While on the Home screen, click to Double Arrows to switch to a different Workspace

My Fake Organization (PA601) News

Welcome to ClientTrack. Your administrator can set news items here.

Current Program Enrollments (Last 12 months)

ProgramName	Cases	Clients
My Fake Org HOPWA Permanent Housing (PH-601)	1	2
My Fake Organization Coordinated Entry SSO (601)	43	55
My Fake Organization ESG RRH (RRH-601)	13	19
My Fake Organization ESG Street Outreach (SO-601)	3	3
My Fake Organization HOPWA HI (601)	1	2
My Fake Organization HOPWA STRMU (Prev-601)	2	2



# Connect to Home Coordinated Entry System Policies and Procedures

4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)

The screenshot shows the ClientTrack web application interface. The user is Patricia Espinosa-Vargas, logged in as a training user. The interface includes a navigation menu on the left with options like Dashboard, Quick Services, Recent Clients, and My ClientTrack. The main content area displays a welcome message and a table of Current Program Enrollments. A red arrow points to the 'CLIENTS' workspace icon in the navigation menu.

ProgramName	is	Clients
My Fake Org HOPWA Permanent	1	2
My Fake Organization Coordinated Entry SSO (601)	43	55
My Fake Organization ESG RRH (RRH-601)	13	19
My Fake Organization ESG Street Outreach (SO-601)	3	3
My Fake Organization HOPWA HI (601)	1	2
My Fake Organization HOPWA STRMU (Prev-601)	2	2

# Connect to Home Coordinated Entry System Policies and Procedures

5. While at the Client Dashboard screen, click Find Client

The screenshot shows the ClientTrack web application interface. The left sidebar contains a navigation menu with the following items: Dashboard, Find Client (highlighted with a red arrow), Intake, ESG HP Screening, Coordinated Entry, Profile, Edit Client, Alias History, Address History, Case Managers, Case Notes, Client Files, Client Photo, Information Release, Information Release Exceptions, Interested Others, Current Living Situation, and Notifications. The main content area displays the client profile for Fred Flintstone, including personal information, enrollment history, and services.

**Client Profile: Fred Flintstone**  
CLIENTID: 57  
9/7/1978 Male

**Fred Flintstone's Information**

<b>Name:</b> Flintstone, Fred	<b>Birth Date:</b> 9/7/1978	<b>Age:</b> 42
<b>Gender:</b> Male	<b>Phone &amp; Email:</b> 717-824-8117	<b>Veteran:</b> No
<b>Ethnicity:</b> Non-Hispanic/Latino	<b>Race:</b> White	<b>Chronic status:</b>

**Fred's Enrollments**

1 result found.

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Housing Move-In Date	Days Enrolled	Exit Destination	Last Assessed
Exited								
Coordinated Entry								
Connect to Home CE Shelter Referrals Only - CAT. 2	0	Household without Children	08/13/2021	08/13/2021		0	No exit interview complet...	

**Fred's Services**

No records found.

Date	Service	Units	\$ Total	Organization
		0.00	\$0.00	

**Fred's CE Events**

No records found.

# Connect to Home Coordinated Entry System Policies and Procedures

6. Search for the client by the first 3 letters of their First and Last names
- If no results, please clear the letters of their name and search by their Social Security Number
  - If still no results, clear their Social Security Number and search by their Date of Birth

This screenshot shows the 'Find Client' search form. The client information at the top is 'Strawberry Shortcake', '9/7/1978', 'Female', and 'CLIENTID 119'. The search criteria are: First Name: 'Fre', Last Name: 'Fj', Middle Name: (empty), Full Name (Last, First): (empty), Social Security Number: (empty), Birth Date: (empty), and Scan Client ID: (empty). A red arrow labeled '5' points to the 'Last Name' field. A red arrow points down to the 'Search' button.

This screenshot shows the 'Find Client' search form with all fields empty. A red arrow labeled '5a' points to the 'Social Security Number' field. A red arrow points down to the 'Search' button.

This screenshot shows the 'Find Client' search form with the 'Birth Date' field populated with '09/07/1978'. A red arrow labeled '5b' points to the 'Birth Date' field. A red arrow points down to the 'Search' button.

# Connect to Home Coordinated Entry System Policies and Procedures

7. If the client is NOT the system, click Cancel to return to the Dashboard
  - **Note: If the client is already in the system**, click their name to load their Dashboard, being sure to view their case notes and active enrollments to ensure that they are not currently on the By Name List (unless they are Category 4/DV which may be referred to Homeless Prevention while being active on the BNL)
    - **REQUIRED for client's already in the system, complete a "Profile Check"**, click Profile, then Edit Client to validate/confirm existing information including phone number, **address with county** must be captured, click Finish when complete to save any changes, then **proceed to Step 8**

The screenshot displays a web application interface for finding a client. On the left is a dark blue sidebar with navigation options: Dashboard, Find Client, Intake, COVID-19 Intake, Profile (with a dropdown arrow), Edit Client, Alias History, Address History, Case Managers, Case Notes, Client Files, Client Photo, Information Release, Information Release Exceptions, Interested Others, Current Living Situation, Notifications, Veteran Information, and Common Assessments. The main content area shows the profile of 'Barney Rubble' (CLIENTID 691, 9/7/1978, Male) and a search form. The search form includes fields for First Name (Coc), Last Name (Col), Middle Name, Full Name (Last, First), Social Security Number, Birth Date, and Scan Client ID. A 'Search' button is on the right. Below the search form, a table header is visible with columns: First Name, Last Name, Middle Name, SSN, and Birth Date. A red circle highlights the text 'No records found.' in the table area. A large red arrow points down to a 'Cancel' button at the bottom right of the interface.

# Connect to Home Coordinated Entry System Policies and Procedures

8. Click Coordinated Entry, then click CE - HP Screening

The screenshot shows the ClientTrack interface for a client named Fred Flintstone. The left sidebar contains a navigation menu with the following items: Dashboard, Find Client, Intake, ESG HP Screening, Coordinated Entry (highlighted with a red arrow), CE - Homeless Intake, CE HP Screening (highlighted with a red arrow), Triage Assessment, Coordinated Entry Intake Notes, Current Living Situation, CE Services, Profile, Common Assessments, Other Assessments, Enrollment and Services, RHY Assessments, and SPDAT Assessments. The main content area is titled 'Fred Flintstone's Dashboard' and includes a client profile card with the following information:

- Name: Flintstone, Fred
- Birth Date: 9/7/1978
- Age: 42
- Gender: Male
- Phone & Email: 717-824-8117
- Veteran: No
- Ethnicity: Non-Hispanic/Latino
- Race: White
- Chronic status:

Below the profile card is a table titled 'Fred's Enrollments' with 1 result found. The table has the following columns: Enrollment Description, Active Household Members, Household Type, Project Start Date, Project Exit Date, Housing Move-In Date, Days Enrolled, Exit Destination, and Last Assessed. The enrollment record is:

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Housing Move-In Date	Days Enrolled	Exit Destination	Last Assessed
Connect to Home CE Shelter Referrals Only - CAT. 2	0	Household without Children	08/13/2021	08/13/2021		0	No exit interview complet...	

Other sections include 'Fred's Services' (No records found) and 'Fred's CE Events' (No records found).

# Connect to Home Coordinated Entry System Policies and Procedures

9. Search for the client once more, then click Next

- Note: While this may seem duplicative to steps prior, the purpose of searching prior to starting the intake screening is being able to review notes, enrollments, recent referrals, etc. for clients already in the system

The screenshot displays the ClientTrack web application interface. The left sidebar shows a navigation menu with options like Dashboard, Find Client, Intake, ESG HP Screening, Coordinated Entry, CE - Homeless Intake, CE HP Screening, Triage Assessment, Coordinated Entry Intake Notes, Current Living Situation, CE Services, Profile, Common Assessments, Other Assessments, Enrollment and Services, RHY Assessments, and SPDAT Assessments. The main content area is titled 'Fred Flintstone' and shows a 'Client Intake' process. The 'Search Existing Clients' step is active, with a progress bar indicating the current step. The form contains the following fields: First Name, Last Name, Social Security Number, Birth Date, and ClientID. A red arrow points to the First Name field, and another red arrow points to the 'Next' button at the bottom right of the form. The 'Next' button is a blue button with a white double arrow icon and the text 'Next'.

# Connect to Home Coordinated Entry System Policies and Procedures

10. If the client was not in the system as you searched previously, begin entering client details

- Complete all required data fields including address (primarily City/State/Zip Code)
- Be sure to read the following before moving on as it relates to Consent/Information Release: *“Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS?”*, click Finish when complete
- **Note:** If they are in the system, **proceed to Step 11**

The screenshot shows a web-based client intake form. On the left is a navigation menu with categories: Coordinated Entry, Profile, Common Assessments, Other Assessments, Enrollment and Services, RHY Assessments, and SPDAT Assessments. The main form is divided into sections: Basic Client Demographics, Contact Information, and Information Release. Red arrows point to the following fields: First Name (Barney), Last Name (Rubble), Date of Birth Quality (Full DOB Reported), Ethnicity (Non-Hispanic/Latino), Address (1300 Cobblestone Way), City/State/Zip Code (Altoona, PA, 16601), and Information Release # (1 - Allow Sharing). A red box with the text 'You MUST have a City/State/Zip' is overlaid on the address field. At the bottom right, there are 'Previous' and 'Finish' buttons.

**You MUST have a City/State/Zip**

# Connect to Home Coordinated Entry System Policies and Procedures

11. Answer 2 of the Financial Assessment options, then click Save and Close

- Income from Any Source
- Non-Cash Benefits from Any Source

Note: Please do not select Expenses

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:  
No Assessment Selected

Assessment Date: \* 08/27/2021

Income from Any Source: Yes

Non-Cash Benefits from Any Source: \* Yes

Expenses: - SELECT -

Save and Close



# Connect to Home Coordinated Entry System Policies and Procedures

12. Based upon the Financial Assessment responses in Step 11, scroll down the page to view the input options for varying income and/or benefit options, click Save and Close when complete
- If the client reported no income and no non-cash benefits, click Save and Close and go to step 13

ClientTrack Clients All Search Patricia Espinosa-Vargas (Training) Help Sign Out

Barney Rubble CLIENTID 59 1

Client Intake + Income and Sources, Non-Cash Benefits

Type	Description	Monthly Amount
<input checked="" type="checkbox"/>	earned income (i.e., employment income)	\$0.00
<input checked="" type="checkbox"/>	Unemployment Insurance	\$364.00
<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	
<input type="checkbox"/>	Veteran's Disability Payment	
<input type="checkbox"/>	Private Disability Insurance	
<input type="checkbox"/>	Worker's Compensation	
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/>	General Assistance	
<input type="checkbox"/>	Retirement income from Social Security	
<input type="checkbox"/>	Veteran's Pension	
<input type="checkbox"/>	Other Pension	
<input checked="" type="checkbox"/>	Child Support	\$200.00
<input type="checkbox"/>	Alimony or other spousal support	
<input type="checkbox"/>	Other Income	
Count/Total Monthly Income:		3 \$1,396.00

Non-Cash Benefits

Type	Description	Monthly Amount
<input checked="" type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	\$200.00
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/>	TANF Child Care Services	
Count/Total Monthly Income:		1 \$200.00

1 Depreciated in 2017 (HMIS v6.1)

Save and Close

# Connect to Home Coordinated Entry System Policies and Procedures

13. In the Financial Evaluation screen, click the assessment date/button that you completed in the previous step
- Your previous assessment, coupled with the client's County (that was entered in the client's profile) and Family Size (be sure to ask how many are in the household and change the value in the appropriate box) will populate the AMI (Area Median Income and Federal Poverty Level)... ***please remember or jot this down so that you know what referrals are appropriate based on income level for the subsequent step***
  - Note:** Currently, Homeless Prevention Programs will serve those that are at **50% AMI or less (Very Low Income or less)**
  - Click Save when complete

★ Currently, Homeless Prevention Programs will serve those that are at 50% AMI or less (Very Low Income or less)

These programs include:

- ESG
- ESG-CV
- HAP
- SSVF (veterans only— however if over 50% AMI, continue to refer. allowing

**In this example, the client is a Family of 3, in Blair County and earns \$1,396/month, equaling \$16,752/year, putting this client at an Extremely Low AMI (which is less**

Below is a list of all financial income assessments that belong to clients that are current members of the family. Select the desired income assessments to include in the Family Financial Evaluation.

Evaluation Date: \* 08/18/2021

Date	Type	Monthly Income	Annualized
<b>Rubble, Barney</b>			
<input type="radio"/> Do not use any of this client's assessments.			
<input checked="" type="radio"/> 8/18/2021		\$1,396.00	\$16,752.00
Total:		\$1,396.00	\$16,752.00

Area: \* Blair County, PA

Family Size: \* 3

\* An income of \$16,752.00 is extremely low income for a family of 3.

Family Size	Extremely Low	Very Low	Low
1	14,350	23,850	38,150
2	17,420	27,250	43,600
3	21,960	30,650	49,050
4	26,500	34,050	54,450
5	31,040	36,800	58,850
6	35,580	39,500	63,200
7	40,120	42,250	67,550
8	44,660	44,950	71,900

Percentage of Area Median Income:

Percentage of Federal Poverty Level: 76.28 %

Save

# Connect to Home Coordinated Entry System Policies and Procedures

14. Referrals may now be added, **open the Matrix** to determine which Providers may be referred to determine appropriate referrals for Prevention (based on the income level the household falls into)

- Click Add New
- Click Referral to Prevention Assistance Project (or Rental Assistance for Veteran-SSVF Programs)
- Click Refer to Provider to search for the Provider
- Click Referral Email Authorized if an email is permitted to HMIS Providers
- Click Save when complete

The image displays two screenshots of a web application interface for managing coordinated entry events. The left screenshot shows the 'Coordinated Entry Events' page for a client with ID 59. It features a table with columns for Date of Event, Event Type, Provider, Enrollment, and Referral Result. A red arrow points to the '+ Add New' button. The right screenshot shows the 'Coordinated Entry Event Data Collection' form. Red arrows highlight the following fields: 'Date of Event' (08/18/2021), 'Event Type' (Referral to Prevention Assistance project), 'Provider' (Connect To Home), 'Refer to Provider' (Blair County Community Ac), and 'Referral Email Authorized' (checked). A red arrow also points to the 'Save' button at the bottom right.

# Connect to Home Coordinated Entry System Policies and Procedures

15. For those HMIS Providers receiving an email, an email will populate, using the Matrix, validate the agency contact's email address that this referral should be sent to (if not correct, copy and paste from the Matrix in the To field), then click Send
- Note...you may not type anything else in the body of the email as to protect client's Privacy...agencies must log-in to view the referral and case notes
  - Repeat the above Steps if making more than 1 referral, this includes if the client is interested in a shelter referral as well if they meet the shelter referral criteria

The screenshot displays a web application interface with a dark blue sidebar on the left containing navigation options such as 'Clients', 'Dashboard', 'Find Client', 'Intake', 'COVID-19 Intake', 'Coordinated Entry', 'CE - Client Intake', 'Triage Assessment', 'Coordinated Entry Intake Notes', 'Current Living Situation', 'CE Services', 'Profile', 'Common Assessments', 'Other Assessments', 'Enrollment and Services', 'RHY Assessments', and 'SPDAT Assessments'. The main content area shows an email composition window titled 'E-mail'. The 'To' field is populated with 'agencyemail@usetheatrixemail.com', highlighted by a red arrow. The 'Subject' is 'Incoming Referral'. The email body contains the text: 'The message will be sent from Patricia Espinosa-Vargas (espinosa-vargas@uwlanc.org)'. Below this, a rich text editor shows a referral message: '223392 has been referred to your organization for services in PA HMIS. Please log-in to your Provider Dashboard in HMIS to accept or reject the referral.' At the bottom right of the email editor, a red arrow points to the 'Send' button. A 'Cancel' button is visible at the bottom right of the application window.

# Connect to Home Coordinated Entry System Policies and Procedures

16. When complete, click Skip to then Finish the Workflow

The screenshot shows the ClientTrack interface for client Barney Rubble (CLIENTID 59). The left sidebar contains navigation options under 'Coordinated Entry', with 'CE HP Screening' selected. The main content area displays 'Coordinated Entry Events' with a table containing one entry:

Date of Event	Event Type	Provider	Enrollment	Referral Result
08/18/2021	Referral to Prevention Assistance project	Fake Eastern PA Housing Services (TESTING ONLY DO NOT REFER)		

At the bottom right of the interface, a red arrow points to a button labeled '» Skip'.

The screenshot shows the ClientTrack interface with a 'You're done!' message: 'All required steps have been completed.' Below the message, a red arrow points to a button labeled 'Finish' with the subtext 'Close the workflow'.

# Connect to Home Coordinated Entry System Policies and Procedures

## 17. Add your Case Note:

- Click Coordinated Entry
- Click Coordinated Entry Intake Notes
- Click Add Intake Note
- Choose the appropriate Subject
- Type your note (See Appendix E: Sample Notes templates for guidance on what to include)
- Click Save when complete

Coordinated Entry

- CE - Client Intake
- Triage Assessment
- Coordinated Entry Intake Notes
- Current Living Situation
- CE Services

Client Coordinated Intake Notes

The following lists all Coordinated Intake Notes that have been recorded for this client/household across the Continuum's Coordinated Entry system in PA HMIS.

You can use the **Add Intake Note** option to create a new entry depending on where this screen is accessed; existing entries can be reviewed using the **Edit / View Note** option and removed using the **Delete Note** option within the normal action menu.

**+ Add Intake Note** Print Selected

No records found.

Client Name ▲	Note Text	Updated Date ▲	Updated By ▲	Print <input type="checkbox"/>
---------------	-----------	----------------	--------------	--------------------------------

Coordinated Entry

- CE - Client Intake
- Triage Assessment
- Coordinated Entry Intake Notes
- Current Living Situation
- CE Services

Profile

Common Assessments

Other Assessments

Enrollment and Services

RHY Assessments

SPDAT Assessments

Entry Date: 04/08/2021

Subject: -- SELECT --

- CE Triage Assessment Updated
- CE VI-SPDAT Completed
- CE VI-SPDAT Updated
- CE Shelter Referrals
- CE Prevention Referrals
- CE Client Check-In
- CE General Update
- CE Quality Review Edit
- ES Contact/Intake/Exit
- RRH/PSH Engaging
- RRH/PSH Enrolled
- RRH/PSH First Contact
- RRH/PSH Follow-up/Update
- Eligibility Documentation

Note: Client's Case Notes are typed here... Please use Sample Notes Template to guide you on what to include.

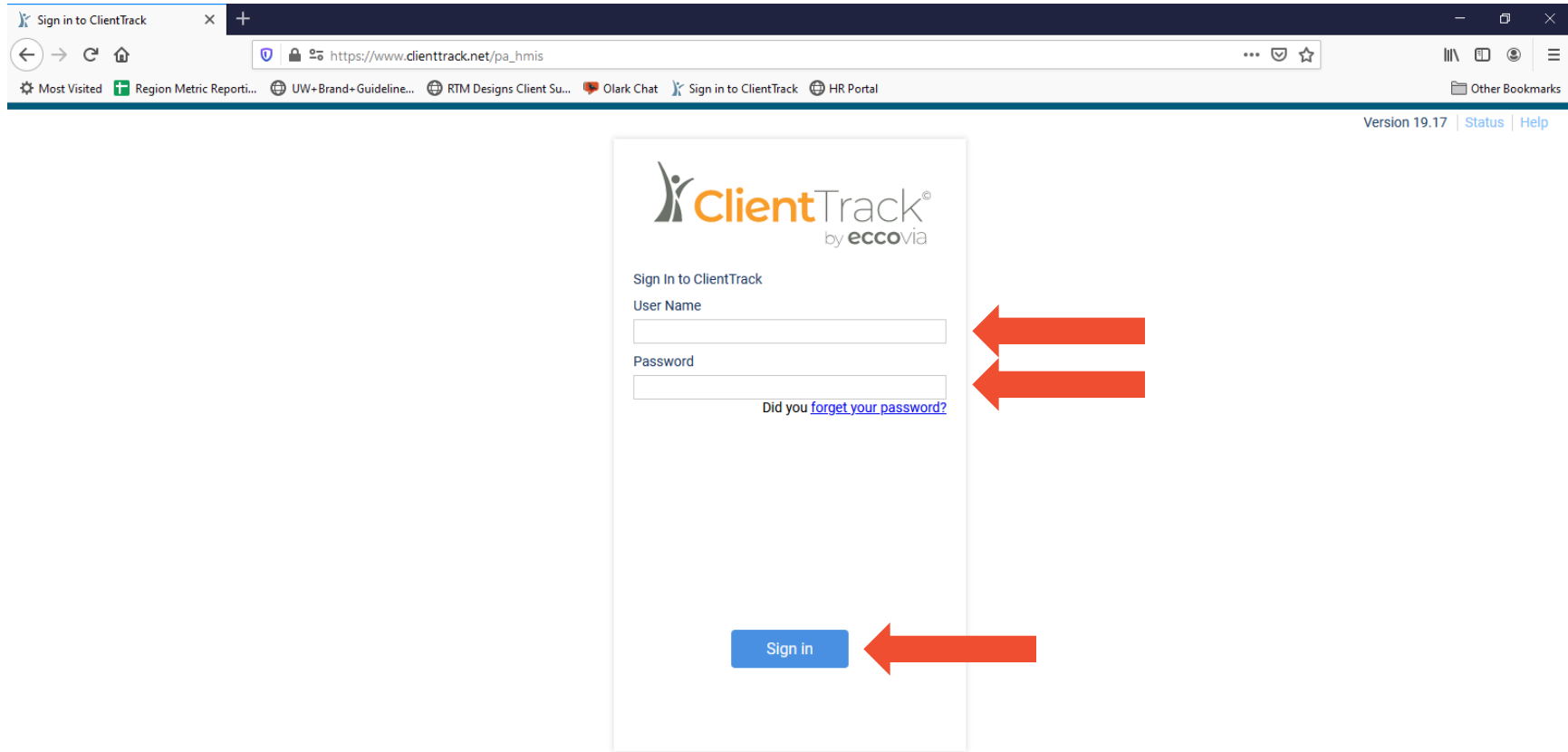
Read Only:

**Save** **Cancel**

# Connect to Home Coordinated Entry System Policies and Procedures

## Coordinated Entry Intake for a Household Fleeing Domestic Violence That Wishes to Remain Anonymous (No Personally Identifying Information Entered into PA HMIS)

1. Log-in to [https://www.clienttrack.net/pa\\_hmis](https://www.clienttrack.net/pa_hmis) with your Username and Password, click Sign-In



# Connect to Home Coordinated Entry System Policies and Procedures

2. Be sure to be logged in to, then click Use these settings:

- Workgroup: Eastern Pennsylvania COC
- Organization: Connect To Home
- Location: Connect To Home

The screenshot shows a web browser window with the URL [https://www.clienttrack.net/pa\\_hmis](https://www.clienttrack.net/pa_hmis). The page displays the ClientTrack logo (by eccovia) and three dropdown menus for configuration:

- Workgroup: Eastern Pennsylvania CoC
- Organization: Connect To Home
- Location: Connect to Home

Below the dropdowns is a blue button labeled "Use these settings". Three red arrows point to the dropdown menus, and one red arrow points to the "Use these settings" button. Below the button, the text "Open ClientTrack using these settings." is visible. The browser's address bar and tabs are also visible at the top.



# Connect to Home Coordinated Entry System Policies and Procedures

3. While on the Home screen, click to Double Arrows to switch to a different Workspace

The screenshot shows a web browser window displaying the ClientTrack 19 Home page. The browser's address bar shows the URL <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The page features a dark blue sidebar on the left with navigation options such as 'Dashboard', 'Quick Services - Multiple Clients', 'Recent Clients', 'Query Designer', 'Report Designer', 'Files on Server', 'My ClientTrack', 'Admin Homeless Documentation', 'Case Assignments', 'Open Enrollments', 'By Name List', 'My Information', 'My Team', 'Change My Password', 'Paused Operations', 'My Saved Reports', and 'My Submitted Issues'. The main content area is titled 'Welcome Patricia Espinosa-Vargas' and contains a 'News' section with several announcements, including 'To All Grantees' and 'New Videos'. A red arrow points to the 'Double Arrows' icon in the top navigation bar, which is highlighted by a tooltip that reads: 'Home Click to switch the active workspace (Ctrl + Up Arrow)'.

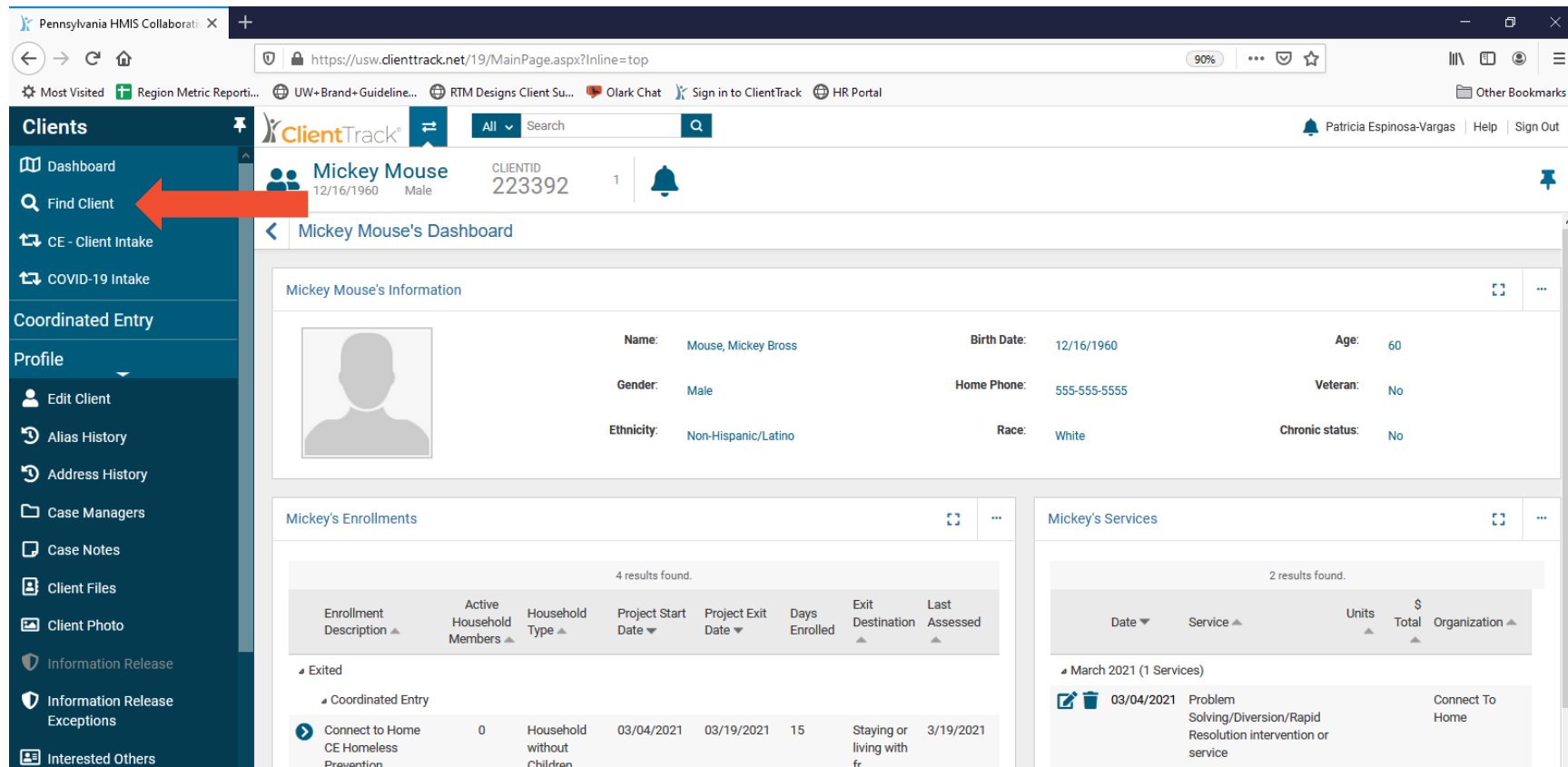
# Connect to Home Coordinated Entry System Policies and Procedures

4. Click the Clients Workspace (you should see a snapshot of the previous client you searched for)

The screenshot displays the ClientTrack web application interface. The browser address bar shows the URL <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The user is logged in as Patricia Espinosa-Vargas. The interface includes a left-hand navigation menu with sections like 'Home', 'My ClientTrack', and 'Admin Homeless Documentation'. The main content area shows a 'Welcome Patricia Espinosa-Vargas' message and a 'News' section with several announcements. A floating navigation panel is overlaid on the screen, featuring three main sections: 'HOME' (with a card for Patricia Espinosa-Vargas), 'CLIENTS' (with a card for Mickey Mouse, CLIENTID: 223392), and 'PROVIDERS' (with a card for United Way of L...). A red arrow points to the 'CLIENTS' card.

# Connect to Home Coordinated Entry System Policies and Procedures

5. While at the Client Dashboard screen, click Find Client



The screenshot shows the ClientTrack web application interface. The left sidebar is expanded, and the 'Find Client' option is highlighted with a red arrow. The main content area displays the client profile for Mickey Mouse, including personal information, enrollments, and services.

**Client Profile: Mickey Mouse**  
CLIENTID: 223392  
12/16/1960 Male

**Mickey Mouse's Information**

Name:	Mouse, Mickey Bross	Birth Date:	12/16/1960	Age:	60
Gender:	Male	Home Phone:	555-555-5555	Veteran:	No
Ethnicity:	Non-Hispanic/Latino	Race:	White	Chronic status:	No

**Mickey's Enrollments** (4 results found)

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Exited							
Coordinated Entry							
Connect to Home CE Homeless Prevention	0	Household without Children	03/04/2021	03/19/2021	15	Staying or living with fr...	3/19/2021

**Mickey's Services** (2 results found)

Date	Service	Units	\$ Total	Organization
March 2021 (1 Services)				
03/04/2021	Problem Solving/Diversion/Rapid Resolution intervention or service			Connect To Home

Please read the following: ***“You have chosen to have your information into our secure data system anonymously, we must ask that you now choose a passcode. This passcode will be used to identify you as services reach out. You may choose any alphanumeric passcode as long as it has not been chosen by someone else, and it is not related to your name. What passcode would you like to be identified by?”***

# Connect to Home Coordinated Entry System Policies and Procedures

6. Search HMIS by the following:

- First Name: DV
- Last Name: Their chosen passcode
- Click Search
  - If a client in HMIS already has this passcode, please ask that the client choose another one

The screenshot shows the ClientTrack web application interface. The browser address bar displays the URL: <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The page title is "Clients". The user is logged in as Patricia Espinosa-Vargas. The main content area shows a search form for finding a client. The form fields are:

- First Name:
- Last Name:
- Middle Name:
- Full Name (Last, First):
- Social Security Number:
- Birth Date:
- Scan Client ID:

A "Search" button is located at the bottom right of the form. A "Cancel" button is located at the bottom right of the page. Red arrows indicate the input fields and the search button.

# Connect to Home Coordinated Entry System Policies and Procedures

7. Assuming no results were found, Click CE – Client Intake

The screenshot shows the ClientTrack web application interface. At the top, the browser address bar displays the URL <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The page header includes the ClientTrack logo, a search bar, and the user name Patricia Espinosa-Vargas. Below the header, a client profile for Mickey Mouse is visible, with details: 12/16/1960, Male, CLIENTID 223392, and 1 notification. A red arrow points to the 'CE - Client Intake' option in the left-hand navigation menu. The main content area shows search criteria for Mickey Mouse: First Name: DV, Last Name: Mouse, Middle Name: (empty), Full Name (Last, First): (empty), Social Security Number: (empty), Birth Date: (empty), and Scan Client ID: (empty). A 'Search' button is located at the bottom right of the search criteria section. Below the search criteria, a message states 'No records found.' and a table with columns for First Name, Last Name, Middle Name, SSN, and Birth Date is visible. A 'Cancel' button is located at the bottom right of the page.

# Connect to Home Coordinated Entry System Policies and Procedures

8. Click Yes to the DV Question if the client is fleeing domestic violence and requesting an anonymous intake

The screenshot shows the ClientTrack web application interface. The browser address bar displays the URL <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The application header includes the ClientTrack logo, a search bar, and the user name Patricia Espinosa-Vargas. The left sidebar contains navigation options such as Dashboard, Find Client, CE - Client Intake, COVID-19 Intake, Coordinated Entry, and Profile. The main content area shows the client profile for DV Mouse (CLIENTID 223392) and the DV Question form. The question is "Is this client fleeing domestic violence and requesting an anonymous intake?". The "Yes" option is selected, indicated by a red arrow pointing to the checked radio button.

# Connect to Home Coordinated Entry System Policies and Procedures

## 9. Click Add a new client

- This is assuming the client was not already in the system with their passcode...if they were, and you located them through the Find Client search, click Use the current client

The screenshot displays the ClientTrack web application interface. The browser address bar shows the URL `usw.clienttrack.net/19/MainPage.aspx?Inline=top`. The user is logged in as Patricia Espinosa-Vargas (Training). The main content area shows the profile for Fred Flintstone (CLIENTID 62, 9/30/1960, Male). The 'Intake (2298)' section is active, and the 'Add or Edit' dialog box is open. The dialog box asks, 'Do you want to add a new client or use the selected client?' and provides three options: 'Add a new client' (highlighted with a red arrow), 'Use the current client', and 'Select another client'. The left sidebar contains navigation options such as Dashboard, Find Client, Intake, COVID-19 Intake, Profile, Edit Client, Alias History, Address History, Case Managers, Case Notes, Client Files, Client Photo, Information Release, and Information Release Exceptions. The Windows taskbar at the bottom shows the time as 8:42 PM on 5/18/2020.

# Connect to Home Coordinated Entry System Policies and Procedures

10. Search the system one more time, then click Next:

- First Name: The letters DV will pre-populate as the client's First Name, please do not edit this
- Last Name: Type in the client's chosen Passcode
- Birth Date: A fictitious date of birth (01/09/1970) will pre-populate, please do not edit this
- Leave Social Security Number and Client ID blank

The screenshot displays the ClientTrack interface for a client named DV Mouse, born 1/9/1970. The 'DV - Client Information' section is active, showing a progress bar with 'Search Existing Clients' as the current step. Below the progress bar, there is a 'Search Existing Clients' form with the following fields:

- First Name: DV
- Last Name: Mouse
- Social Security Number: [Empty]
- Birth Date: 01/09/1970
- ClientID: [Empty]

Red arrows highlight the 'Next' button at the bottom right and the 'First Name' and 'Last Name' fields. The 'Next' button is labeled '>> Next'.



# Connect to Home Coordinated Entry System Policies and Procedures

11. With an Anonymous DV Intake demographics are all extracted from the intake, however, we must ask if the client/household has military service. Please read the following, then choose the appropriate response...

***“The following question you may choose to refuse to answer if you feel that it is potentially identifying: Are you or anyone in your household a veteran or active duty?”***

The screenshot displays the ClientTrack interface for a client named "DV Mouse" (DOB: 1/9/1970). The "Basic Client Information" section contains the following fields:

- First Name: DV
- Last Name: Mouse
- Middle Name: [Empty]
- Suffix: [Empty]
- Name Quality: Partial, street name, or code name reported

The "Basic Client Demographics" section features a "Veteran Status" dropdown menu currently set to "- SELECT -". A red arrow points to this dropdown.

The "Family Information" section includes a "Family" field and a "Relationship to Head of Household" dropdown menu set to "Self".

Navigation buttons at the bottom right include "Previous" and "Finish".

# Connect to Home Coordinated Entry System Policies and Procedures

12. Before moving on to the next screen, we must obtain consent for entry into HMIS, choosing the appropriate Sharing after reading the following: ***“Do I have your permission to enter your information into the Eastern Pennsylvania secure data system called HMIS and potentially place your name on the By Name prioritization list for housing services?”***

- Client Consents Fully: 1-Allow Sharing
- Client opts out of HMIS: 2-No Sharing
  - Note: A client whom opts out of HMIS may still receive shelter referrals verbally (i.e. not electronically)
- Click Finish when complete

The screenshot shows the Pennsylvania HMIS Collaborator interface. The browser address bar displays <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The user is logged in as Patricia Espinosa-Vargas. The main content area shows the 'DV - Client Information' form for 'DV Mouse' (DOB: 1/9/1970). The form is divided into two tabs: 'Search Existing Clients' and 'Basic Client Information'. The 'Basic Client Information' tab is active, showing the 'Family Information' and 'Information Release' sections. The 'Family Information' section includes a 'Family' search field and a 'Relationship to Head of Household' dropdown menu set to 'Self'. The 'Information Release' section includes an 'Information Release #' dropdown menu set to '1 - Allow Sharing', a 'Begin Date' field set to '03/31/2021', and an 'End Date' field. A red arrow points to the '1 - Allow Sharing' dropdown menu, and another red arrow points to the 'Finish' button at the bottom right of the form.

# Connect to Home Coordinated Entry System Policies and Procedures

13. In the Family Members section we may ONLY indicate 1 minor child (even if the client has 5) and 1 Family member (even if the client has 2 with them), this is to not make them potentially identifiable as it relates to family size. Familial information being entered may ONLY be entered the following way:

- Has a child or multiple children:
  - First Name: **DV K** Last Name: Client's chosen passcode Relationship to Head of Household: Dependent Child
- Has a Spouse or Relatives:
  - First Name: **DV FM** Last Name: Client's chosen passcode Relationship to HOH: Other Family Member (never Spouse)
- Has a Friend of Non-Family Member:
  - First Name: **DV NFM** Last Name: Client's chosen passcode Relationship to HOH: Other Non-Family
- Please note that Veteran Status must be completed for persons not listed as a child, click Save & Close when complete

The screenshot displays the 'DV - Family Members' section in the ClientTrack system. The interface includes a sidebar with navigation options like 'Dashboard', 'Find Client', and 'Profile'. The main content area shows a table of family members for client DV Mouse. The table has the following columns: First Name, Middle Name, Last Name, Suffix, Name Quality, Birth Date, Birth Date Quality, Gender, Relationship to Head of Household, Veteran Status, and Race. The table contains four entries:

First Name	Middle Name	Last Name	Suffix	Name Quality	Birth Date	Birth Date Quality	Gender	Relationship to Head of Household	Veteran Status	Race
DV		Mouse		Partial, street name	01/09/1970	Full DOB Reported	Client refused	Self	No	Client refused
DV K		Mouse		Partial, street name	03/31/2016	Approximate or Part	Client refused	Dependent Child	No	Client refused
DV FM		Mouse		Partial, street name		Approximate or Part	Client refused	Other Family Memb	No	Client refused
DV NFM		Mouse		Partial, street name		Approximate or Part	Client refused	Other Non-Family	No	Client refused

At the bottom right of the table, there are two buttons: 'Save' and 'Save & Close'. A red arrow points to the 'Save & Close' button.

# Connect to Home Coordinated Entry System Policies and Procedures

14. You may be directed to the same screen, if you see exclamation points, hover over them, chances are it's simply alerting you to similar names in the system, if that is the case, click Save & Close again to continue
- Note: For a child (DV K), a fictitious birthdate will populate, for additional household members, no date of birth is entered (aside from the fictitious Head of Household birthdate)

The screenshot shows the ClientTrack interface for a client named DV Mouse (CLIENTID 243926). The page is titled 'DV - Family Members' and displays a table of family members. A red box highlights a warning message: 'Please address the following: There are 3 rows in the result set that require attention.' The table lists four family members, with the last three (DV K, DV FM, DV NFM) marked with exclamation points. A red arrow points to the 'Save & Close' button at the bottom right of the page.

	First Name*	Middle Name	Last Name*	Suffix	Name Quality*	Birth Date	Birth Date Quality*	Gender*	Relationship to Head of Household*	Veteran Status*
<input checked="" type="checkbox"/>	DV		Mouse		Partial, street name, v	01/09/1970	Full DOB Reported	Client refused	Self	No
<input checked="" type="checkbox"/>	DV K		Mouse		Partial, street name, v	03/31/2016	Approximate or Part	Client refused	Dependent Child	
<input checked="" type="checkbox"/>	DV FM		Mouse		Partial, street name, v		Approximate or Part	Client refused	Other Family Membr	No
<input checked="" type="checkbox"/>	DV NFM		Mouse		Partial, street name, v		Approximate or Part	Client refused	Other Non-Family	No
<input type="checkbox"/>					--SELECT--		--SELECT--	--SELECT--	--SELECT--	--SELECT--

# Connect to Home Coordinated Entry System Policies and Procedures

15. Choose the Connect to Home Eastern PA Coordinated Entry option (the other options are related to those NOT completing a VI-SPDAT)
- Once you choose this option, you will be prompted to select/enroll household members seeking services into the HUD Enrollment, click Save when complete

The screenshot displays the HUD Program Enrollment interface. On the left is a navigation menu with options like 'Alias History', 'Address History', 'Case Managers', 'Case Notes', 'Client Files', 'Client Photo', 'Information Release', 'CE - Client Intake', 'COVID-19 Intake', 'Coordinated Entry', and 'Profile'. The main content area shows a 'Project' dropdown menu with a search box. The selected option is 'Connect to Home Eastern PA Coordinated Entry', highlighted by a red arrow. Below this, the 'Household' section is visible, with a definition: '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 persons who are not housed, who would live together in one dwelling unit if they were housed)."' A table lists household members with columns for Name, Gender, Age, Project Start Date, Exit Date, Case Manager, and Relationship to Head of Household. A red arrow points to the 'Save' button at the bottom right.

<input checked="" type="checkbox"/>	Name ▲	Gender ▲	Age ▲	Project Start Date ▲	Exit Date ▲	Case Manager ▲	Relationship to Head of Household* ▲
<input checked="" type="checkbox"/>	Mouse, DV FM	Client refused		03/31/2021		Patricia Espinosa-Vargas	Other Family Member
<input checked="" type="checkbox"/>	Mouse, DV NFM	Client refused		03/31/2021		Patricia Espinosa-Vargas	Other Non-Family
<input checked="" type="checkbox"/>	Mouse, DV	Client refused	51	03/31/2021		Patricia Espinosa-Vargas	Self
<input checked="" type="checkbox"/>	Mouse, DV K	Client refused	5	03/31/2021		Patricia Espinosa-Vargas	Dependent Child

# Connect to Home Coordinated Entry System Policies and Procedures

## 16. Complete the Universal Data Assessment

- a. Disabling Condition: Please read the following, then choose the appropriate response...

***“The following question you may choose to refuse to answer if you feel that it is potentially identifying: Do you have a disabling condition which consists of any physical, mental, or emotional impairment, including an impairment caused by drug or alcohol disorder, or brain injury that impedes your ability to maintain housing or employment?”***

- b. Client Location should default to Eastern Pennsylvania CoC

The screenshot shows the 'Universal Data Assessment' form in the ClientTrack system. The left sidebar contains navigation options like 'Dashboard', 'Find Client', 'CE - Client Intake', 'COVID-19 Intake', 'Coordinated Entry', 'Profile', 'Edit Client', 'Alias History', 'Address History', 'Case Managers', 'Case Notes', 'Client Files', 'Client Photo', 'Information Release', 'Information Release Exceptions', 'Interested Others', 'Current Living Situation', 'Notifications', 'Veteran Information', 'Common Assessments', 'Other Assessments', 'Enrollment and Services', 'RHY Assessments', and 'SPDAT Assessments'. The main form area is titled 'Universal Data Assessment' and contains the following fields:

- Assessment Date: 03/31/2021
- Age at Assessment: 51
- Assessment Type: Entry
- Assessor: Patricia Espinosa-Vargas
- Program: Connect to Home Eastern PA Coordinated Entry
- Disabling Condition: - SELECT - (indicated by red arrow 17a)
- Client Location: PA-509 - Eastern Pennsylvania CoC (indicated by red arrow 17b)
- 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: - SELECT -
  - Length of stay in the prior living situation: - SELECT -
- 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.
  - Covered by Health Insurance: - SELECT -

A 'Save' button is located at the bottom right of the form.

- c. Complete the Living Situation, please note that this question may differ to how we interpreted it in the past. **This response to this question should reflect where the client slept last night**

# Connect to Home Coordinated Entry System Policies and Procedures

- Note: depending on their housing situation last night, different fields/questions will populate that are required to be answered
- d. Health Insurance: This question is not required to be asked, please leave it blank
- e. Click Save to move to the next screen

The screenshot displays the ClientTrack interface for a 'Universal Data Assessment' for client DV Mouse (CLIENTID 243926). The form is divided into several sections:

- Assessment Information:** Includes fields for Assessment Date (03/31/2021), Age at Assessment (51), Assessment Type (Entry), Assessor (Patricia Espinosa-Vargas), Program (Connect to Home Eastern PA Coordinated Entry), and Disabling Condition (- SELECT -).
- Client Location:** A section with a dropdown menu set to 'PA-509 - Eastern Pennsylvania CoC'. A note states: '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.'
- Living Situation:** A section with a note: 'Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.' It contains two dropdown menus: 'Prior Living Situation' (pointed to by red arrow 13c) and 'Length of stay in the prior living situation' (- SELECT -).
- Health Insurance:** A section with a note: '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.' It contains a dropdown menu for 'Covered by Health Insurance' (pointed to by red arrow 13d) and a 'Default Last Insurance Status' button.
- Navigation:** A 'Save' button is located at the bottom right of the form (pointed to by red arrow 13e).

# Connect to Home Coordinated Entry System Policies and Procedures

## 17. Complete the Triage Assessment

- a. Assessment Contact Type: For 211, the response should always be Phone, For Access Sites it will likely be In-Person
- b. Current Living Situation: Where the client expects to sleep **tonight** (depending on the response, addition fields/questions will populate that are required to be answered)
- c. Age Range: Please notate the client's age range, this is helpful to identify services for Youth (18-24) for example
- d. Category of Homeless: Leave this Blank, this is not a field that the Eastern COC uses
- e. Mental Health Condition: Please read the following, then choose the appropriate response...  
***“The following question you may choose to refuse to answer if you feel that it is potentially identifying: Do you have a mental health diagnosis that impedes your ability to maintain housing or employment?”***
- f. County or Zip Code if known: Please enter the client's current city/county/zip code
- g. County where assistance is preferred: Client's may opt to be housed in their current county of residence, or another county, if a client states that they are willing to be housed anywhere, please attempt to narrow it to their surrounding counties, or at least, counties in which it is realistic for them to relocate to (do they have transportation to get there if offered assistance?)
- h. Bedrooms needed: Please ask and respond accordingly (you may enter comments if appropriate)
- i. Disability related question: Please ask as it is written and respond accordingly
- j. Click Save when complete

**Assessment Active**

Assessment Date: 03/31/2021  
Assessment Location: -- SELECT --  
Assessment Contact Type: -- SELECT --  
What is your household type: Household with children and adults  
Information Date: 03/31/2021  
Enrollment: 03/31/2021 - Connect to Home Eastern PA Coordinated Entry  
Verified by Project: -- SELECT --

**Current Living Situation Information**

Current Living Situation: -- SELECT --

Age Range: -- SELECT --  
Category of Homelessness: -- SELECT --  
Mental Health Diagnosis: -- SELECT --

County or Zip Code where you slept last night, if known:  
City: County: County, PA Zip Code  
 County Unknown

County Where Assistance is Preferred:  
Adams County  
Bedford County  
Blair County  
Bradford County  
Cambria County  
Carbon County

Bedrooms Needed: -- SELECT --

No. of Bedrooms Needed Comments:

Do you have a serious medical condition, including a heart condition, lung disease, diabetes, cancer, renal failure, kidney disease, severe obesity, asthma, HIV or AIDS, COVID-19 or are you pregnant?  
-- SELECT --

CE Intake Notes Save



# Connect to Home Coordinated Entry System Policies and Procedures

## 18. Click Yes for a Housing Needs Assessment

The screenshot displays the ClientTrack web application interface. The browser address bar shows the URL `usw.clienttrack.net/19/MainPage.aspx?Inline=top`. The application header includes the ClientTrack logo, a search bar, and the user name Patricia Espinosa-Vargas (Training). The main content area shows a client profile for DV Jetson (CLIENTID 148) with a status of 'Client refused'. A sidebar on the left lists various navigation options under 'Intake (2298)' and 'Profile'. The central panel displays a dialog box titled 'Complete Housing Needs Assessment?' with the question 'Complete Housing Needs Assessment?' and two radio button options: 'Yes' and 'No'. A red arrow points to the 'Yes' option. The Windows taskbar at the bottom shows the system tray with the date 5/18/2020 and time 9:29 PM.

# Connect to Home Coordinated Entry System Policies and Procedures

## 19. Choose the correct VI-SPDAT type to field

- Single: Single individual, or Adult (ages 25 and older) only households, this includes adult couples with no minor children
- Family: Households with a minor child in the household, ages 17 and younger
- Single Youth: Unaccompanied youth/young adult (ages 24 and younger)
- Please never select Manual Score Entry, that is not relevant to the Eastern COC

The screenshot displays the ClientTrack web application interface. The browser address bar shows the URL: <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The user is logged in as Patricia Espinosa-Vargas. The main content area is titled "CE - Client Intake" and shows a "Housing Needs" assessment form. The form asks, "Which form would you like to use to for Housing Needs Assessment?" and provides four radio button options: "Single Adults", "Family", "Single Youth", and "Manual Score Entry". The "Single Adults" option is selected. The left sidebar contains navigation menus for "Clients", "Dashboard", "Find Client", "CE - Client Intake", "COVID-19 Intake", "Coordinated Entry", "Profile", and "Common Assessments". The "Profile" menu is expanded, showing options like "Edit Client", "Alias History", "Address History", "Case Managers", "Case Notes", "Client Files", "Client Photo", "Information Release", "Information Release Exceptions", "Interested Others", "Current Living Situation", "Notifications", and "Veteran Information".

# Connect to Home Coordinated Entry System Policies and Procedures

20. Read the following Script before fielding the VI-SPDAT: ***“I have a brief survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a yes or a no, some questions required a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The more honestly you answer these questions, the better we can figure out how to assist you. The information collected goes into the Eastern Pennsylvania secure data system. If you do not understand a question, let me know, I would be happy to clarify. If it seems to me that you don't understand a question, I will do my best to explain it to you with you needing to ask for clarification.”***

- Add your Name, Staff, and Interview Location
- Add the Assessment Contact Type and Assessment Location
- Choose the Client's Preferred Language
- Choose Yes to Consent to Participate
- If completing a Family VI-SPDAT, please mark **Client Refused** for questions 1, 2 and 3
- Field the rest of the VI-SPDAT as normal

The screenshot shows the DV - Family Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT) RM interface. The interface is divided into a sidebar on the left and a main content area on the right. The sidebar contains navigation options such as 'CE - Client Intake', 'COVID-19 Intake', 'Coordinated Entry', 'Profile', 'Edit Client', 'Alias History', 'Address History', 'Case Managers', 'Case Notes', 'Client Files', 'Client Photo', 'Information Release', and 'Alias History'. The main content area displays the assessment details for 'PARENT 1'. The details include: Interviewer's Name: Patricia Espinosa-Vargas; Agency: [dropdown]; Survey Date/Time: 03/31/2021; Interview Location: PA 211 East; Assessment Level: Housing Needs Assessment; Enrollment: 03/31/2021 - Connect to Home Eastern PA Coordinated Entry; Assessment Contact Type: Phone; Assessment Location: Connect to Home. Below the details, the client information is shown: ClientID: 243926, First Name: DV, Last Name: Mouse, Birthdate: 01/09/1970, Age: 51, SSN: [redacted], Language: English, and Consent to participate: Yes. The assessment questions are listed below, with three red arrows pointing to the 'Client refused' radio button options for questions 1, 2, and 3.

Interviewer's Name: Patricia Espinosa-Vargas  
Agency: [dropdown]  Team  Staff  Volunteer  
Survey Date/Time: 03/31/2021 Interview Location: PA 211 East  
Assessment Level: Housing Needs Assessment  
Enrollment: 03/31/2021 - Connect to Home Eastern PA Coordinated Entry  
Assessment Contact Type: Phone  
Assessment Location: Connect to Home

PARENT 1

ClientID: 243926  
First Name: DV Last Name: Mouse Language: English  
Birthdate: 01/09/1970 Age: 51 SSN: [redacted] Consent to participate:  Yes  No  
Gender: Client refused

1. How many children under the age of 18 are currently with you?   Client refused  
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?:   Client refused  
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?  Yes  No  Client refused

At the bottom of the SPDAT (Additional Questions) please choose/type the following:

- Is there a phone number and/or email someone can get in touch with you or leave a message?: **See Smartsheet** (if you did not already add the client's contact information to the Smartsheet, please do so now)

# Connect to Home Coordinated Entry System Policies and Procedures

- Prioritization Status: Placed on prioritization list
- Click Save when complete

The screenshot displays the ClientTrack interface for a DV assessment. The left sidebar shows navigation options like 'Dashboard', 'Find Client', and 'CE - Client Intake'. The main content area shows the 'DV - Family Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT) RM' form. The assessment table is as follows:

Category	Score	Description
A. HISTORY	0	0-3 No housing intervention
B. RISK	0	4-8 An assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	0	9+ an assessment for Permanent Supportive Housing/Housing First
D. WELLNESS	0	
E. FAMILY UNIT	0	
<b>PRE-SCREEN TOTAL</b>	<b>1</b>	

Below the table, the 'Additional Questions' section includes a text input field, a 'See Smartsheet' button, and radio buttons for 'Yes', 'No', and 'Client refused'. The 'Prioritization Status' dropdown is set to 'Placed on prioritization list'. A 'Save' button is located at the bottom right of the form.

# Connect to Home Coordinated Entry System Policies and Procedures

21. Open Smartsheet to enter the client's contact information, completing all fields, then click Submit when finished

(<https://app.smartsheet.com/b/form/7fc69fa50c32411da4d96e5096854382>)

- Note: For safety purposes, a client's contact information may only be housed in this sheet, it may not appear anywhere in HMIS

The screenshot shows a web browser window with a Smartsheet form. The browser's address bar shows the URL: <https://app.smartsheet.com/b/form/7fc69fa50c32411da4d96e5096854382>. The browser's tab is titled "Eastern PA COC DV Anonymous". The browser's address bar also shows several bookmarks: "Most Visited", "Region Metric Report...", "UW+ Brand+ Guideline...", "RTM Designs Client Su...", "Olarck Chat", "Sign in to ClientTrack", and "HR Portal".

The form is titled "Eastern PA COC DV Anonymous intakes for HMIS". The form includes the following fields:

- Date added \***: Please enter Date in the following format: 00/00/2020. Date you completed survivors intake into HMIS.
- HMIS or Client ID: \***:
- Password \***: This should be selected/created by the survivor. It should be something they easily can remember but also not identifying to others or potentially the abuser. The survivor may want to document this in case they need to call back into 211. It can be a way to locate their record in the system. \*Remind the survivor that providers will use this to verify they are talking with the right person (when offering housing assistance), for safety reasons.
- Phone Number \***: Please document phone number in the listed format: 717-000-0000. Please use dashes with no spaces. This is in order to make phone number searchable by DV Specialist with uniform entry.
- Type of Phone number \***: Select or enter value.
- Safe to Call \***: Select or enter value.
- Safe to Leave Voicemail \***: Select or enter value.
- Safe to Identify Provider Calling \***: Select or enter value.
- Safe to Text (interested in receiving texts) \***:

# Connect to Home Coordinated Entry System Policies and Procedures

22. Moving back to HMIS, please complete the Universal Data Assessment and Current Living Situation for any additional household members you included in the enrollment (i.e. 1 child, 1 relative, 1 other family member if they had them present in their household)

- In this example, on the left, it can be seen that we are completing this assessment for DV FM Mouse as indicated by the “star”

The screenshot displays the ClientTrack interface for a client named DV FM Mouse (CLIENTID 243928). The left sidebar shows a navigation menu with 'DV FM Mouse' highlighted and marked with a star. The main content area is titled 'Universal Data Assessment' and contains the following fields:

- Assessment Date: 03/31/2021
- Age at Assessment: 0
- Assessment Type: Entry
- Assessor: Patricia Espinosa-Vargas
- Program: Connect to Home Eastern PA Coordinated Entry
- Disabling Condition: - SELECT -

Below the assessment fields is a section for 'Health Insurance' with a 'Covered by Health Insurance' dropdown menu set to '- SELECT -'. A 'Save' button is located at the bottom right of the form.

# Connect to Home Coordinated Entry System Policies and Procedures

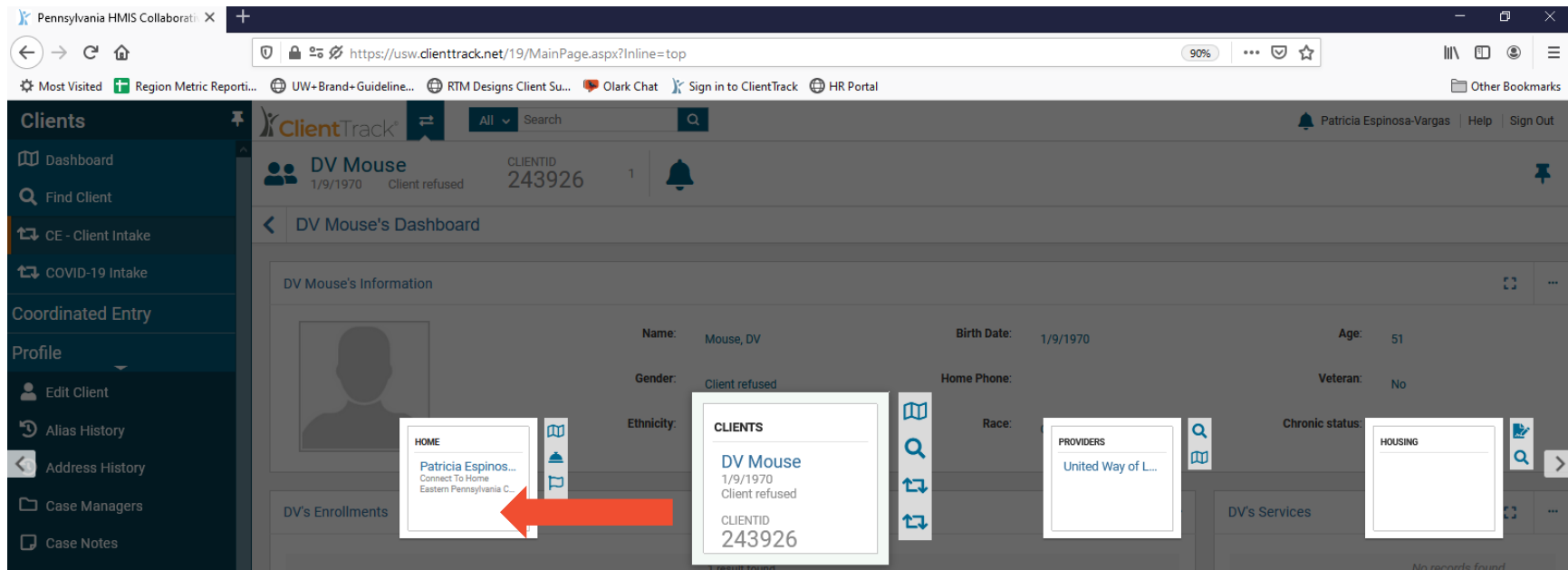
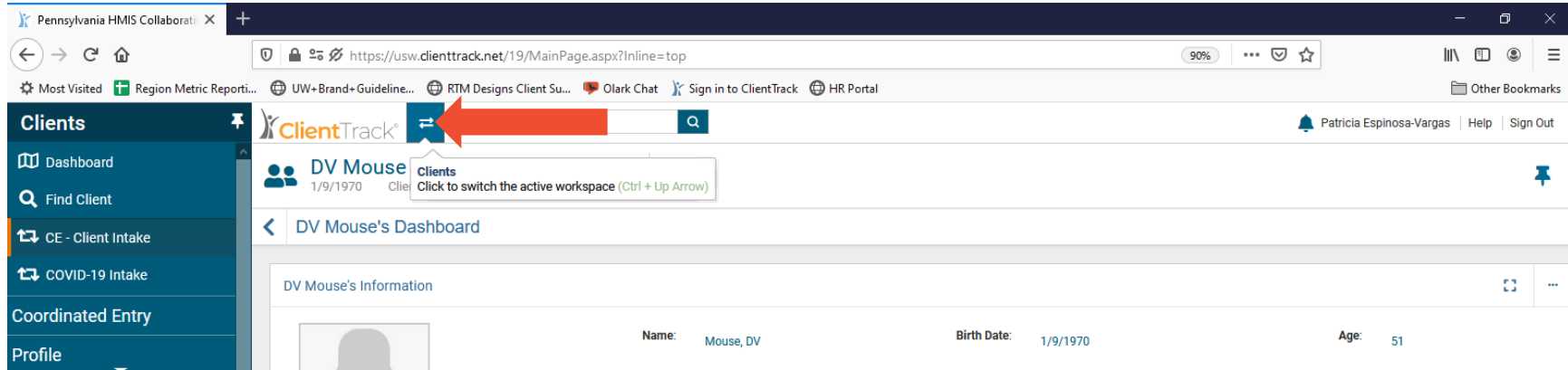
23. Click Finish to close the workflow

The screenshot shows the ClientTrack web application interface. The browser address bar displays the URL <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The page header includes the ClientTrack logo, a search bar, and the user name Patricia Espinosa-Vargas. The main content area is titled "CE - Client Intake" and shows a "You're done!" message: "All required steps have been completed." A list of steps on the left includes DV Question, DV Basic Client Information, DV - Family Members, Program Enrollment, DV Mouse, DV FM Mouse, DV NFM Mouse, New Assessment, Current Living Situation, DV K Mouse, and another New Assessment. A "Finish" button with the text "Close the workflow" is visible, and a large red arrow points to it.

# Connect to Home Coordinated Entry System Policies and Procedures

24. Please verify that the Client is now on the By Name List by doing the following:

- Click the arrows to switch the workspace
- Then, click Home





# Connect to Home Coordinated Entry System Policies and Procedures

## 25. Click By Name List

ClientTrack

Patricia Espinosa-Vargas  
Connect To Home Eastern Pennsylvania CoC

Welcome Patricia Espinosa-Vargas

News

To All Grantees  
from your administrator, Antonio Diaz

To All Grantees.

In the month of August we are going to be asking that all users who submit an issue into HMIS Client Track.19 do the following if the issue is related to data cleanup for CoC Scoring.

1. If you are entering a new ticket about a data clean up issue please use the summary \*...

[Read More](#)

New Videos  
from your administrator, Antonio Diaz

Hello,

We wanted to take this time to announce a few new training's that have been posted on the HMIS page at [www.pennsylvaniacoc.org](http://www.pennsylvaniacoc.org)

Agreement Training Materials  
k.19 HMIS Ticket Training

HMIS Data Collection and Workgroup Training Materials  
- Contacts and Case Not...

[Read More](#)

Welcome to Client Track  
from your administrator, Antonio Diaz

Welcome to Client Track.

[Read More](#)

Welcome to ClientTrack  
from your administrator, Data Systems

ClientTrack™ unites all elements of your operation into one comprehensive system, enhancing your ability to quantify and broadcast your positive impact. Our software drives efficiency into managing and coordinating all core aspects of a social mission organization. A robus...

# Connect to Home Coordinated Entry System Policies and Procedures

26. Search for your client on the By Name List, if you can see you client on the list, they have been successfully placed

The screenshot displays the ClientTrack interface for Patricia Espinosa-Vargas. The search form includes the following fields:

- Project: Lehigh CCC Coordinated Assessment Program, Third St. Alliance Coordinated Assessment Program, United Way of Lan. (PA East 2-1-1) CE Screenings, Center for Comm. Action Screening Assessment, CENSOP Screening Assessment Program
- Prioritization Status: Placed on prioritization list
- Veteran Status: -SELECT-
- Disabling Condition: -SELECT-
- Household Type: -SELECT-
- Chronic: -SELECT-
- Client ID: [Empty]
- First Name: DV, Last Name: Mouse
- Phone: [Empty]
- VISPDAT Type: -SELECT-
- CE Status: -SELECT-
- Request Shelter: -SELECT-
- Document Ready: -SELECT-
- Category Of Homelessness: -SELECT-
- Mental Health Diagnosis: -SELECT-
- Number of Bedrooms: -SELECT-
- Current County: Filter by Current County
- Preferred County: Filter by Preferred County
- Serious Medical Condition: -SELECT-
- Substance Abuse: [Empty]
- Last CE Event Date: [Empty]

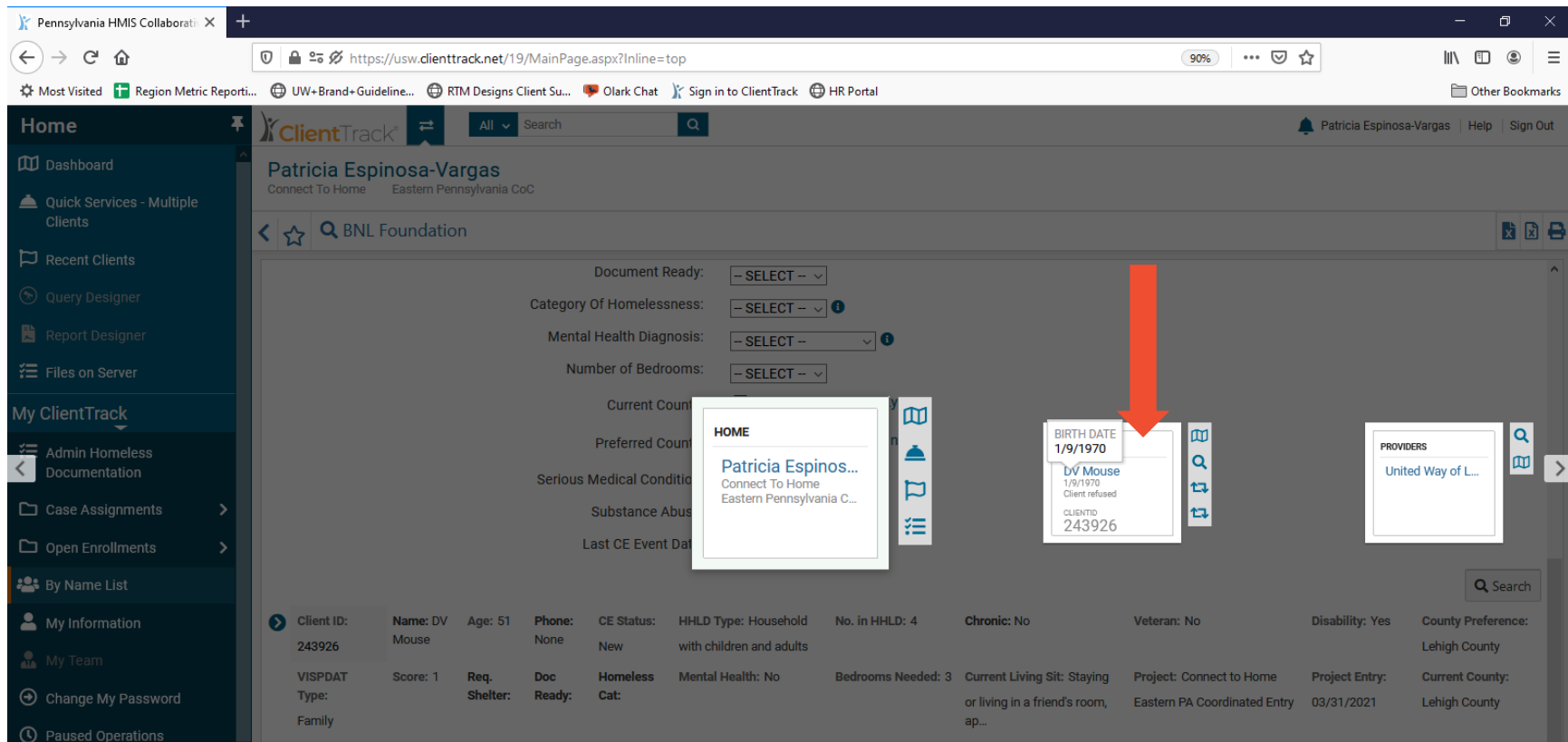
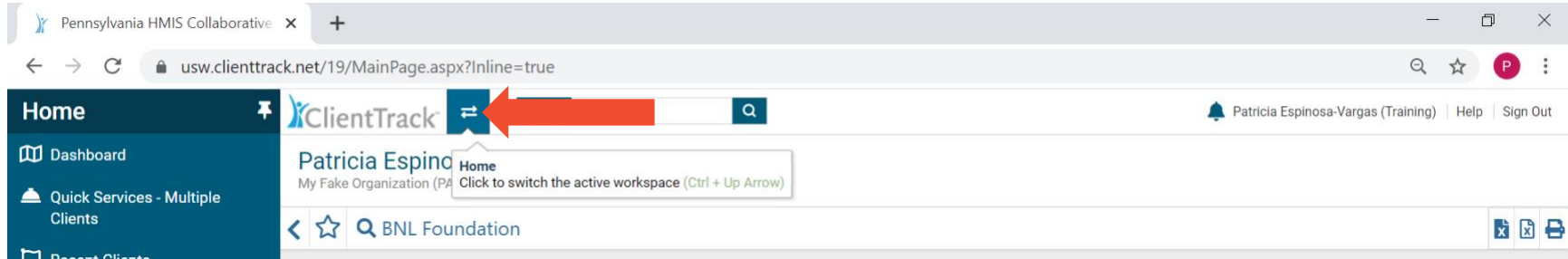
The search result table below shows the following data:

Client ID: 243926	Name: DV Mouse	Age: 51	Phone: None	CE Status: New	HHLTD Type: Household with children and adults	No. in HHLTD: 4	Chronic: No	Veteran: No	Disability: Yes	County Preference: Lehigh County
VISPDAT Type: Family	Score: 1	Req. Shelter:	Doc Ready:	Homeless Cat:	Mental Health: No	Bedrooms Needed: 3	Current Living Sit: Staying or living in a friend's room, ap...	Project: Connect to Home Eastern PA Coordinated Entry	Project Entry: 03/31/2021	Current County: Lehigh County

1 result found.

# Connect to Home Coordinated Entry System Policies and Procedures

27. Return to the Client Workspace by clicking the arrows to switch back to your Client screen



# Connect to Home Coordinated Entry System Policies and Procedures

28. If making referrals for Shelter or Rental Assistance/Deposit, click CE Services under the Coordinated Entry tab/menu on the left

- If the client is not needing/requesting Referrals, proceed to Step 33

The screenshot shows the ClientTrack web application interface. The browser address bar displays <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The user is logged in as Patricia Espinosa-Vargas. The main content area shows the 'DV Mouse's Dashboard' for client 'DV Mouse' (CLIENTID 243926, 1/9/1970, Client refused). The dashboard includes a 'DV Mouse's Information' section with fields for Name, Birth Date, Age, Gender, Home Phone, Veteran status, Ethnicity, Race, and Chronic status. Below this is a table of 'DV's Services' with columns for Date, Service, Units, \$ Total, and Organization. The table shows one record for 'Connect to Home Eastern PA Coordinated Entry' with 4 units and a total of \$0.00. The left sidebar contains navigation options, with 'Coordinated Entry' and 'CE Services' highlighted by red arrows.

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Connect to Home Eastern PA Coordinated Entry	4	Unknown Household Type	03/31/2021		0		3/31/2021

Date	Service	Units	\$ Total	Organization
		0.00	\$0.00	

# Connect to Home Coordinated Entry System Policies and Procedures

## 29. Click Add New

The screenshot shows the ClientTrack web application interface. The browser address bar displays the URL: `https://usw.clienttrack.net/19/MainPage.aspx?Inline=top`. The user is logged in as Patricia Espinosa-Vargas. The client profile for DV Mouse (CLIENTID 243926) is visible, with a status of 'Client refused'. The page title is 'Coordinated Entry Events'. Below the title, there is a message: 'Below are the Coordinated entry events for this client. Use the Add New to create a new event. Edit an event by clicking edit event in the record actions.' A table with columns 'Date of Event', 'Event Type', 'Provider', 'Enrollment', and 'Referral Result' is shown, but it contains no records. A red arrow points to the '+ Add New' button in the top right corner of the table area. A 'Cancel' button is located at the bottom right of the page.

# Connect to Home Coordinated Entry System Policies and Procedures

30. Please choose/click the following:

- f. Utilize the Matrix to first identify potential Emergency Shelter, Transitional Housing, Rental Assistance Providers, and to ensure the client meets any eligibility the Provider has listed
- g. Providers may be listed currently, in differing categories (in the near future this will be more precise, but for now, look for providers under multiple categories)
- h. Locate the Provider you are attempting to refer to
- i. Click Email Authorized is this is an HMIS Provider that can log in to receive referrals, leave it blank if it is a non-HMIS provider
- j. Click Save to view the Email pop-up to then send your provider an email alert of this referral

**Clients** | ClientTrack | All | Search | Patricia Espinosa-Vargas | Help | Sign Out

**DV Mouse** | 1/9/1970 | Client refused | CLIENTID 243926 | 1

**+ Coordinated Entry Event**

Coordinated Entry Event Data Collection

Date of Event: \* 03/31/2021

Event Type: \* Emergency Shelter Housing

Provider: \* Connect To Home

Enrollment: - SELECT -

Location of Crisis Housing or Permanent Housing Referral [Project name/HMIS ID]: - SELECT -

Refer to Provider: \* Community CARES

Referral Email Authorized:

Referral Result: - SELECT -

Result Date: [Calendar Icon]

**Save** **Cancel**

# Connect to Home Coordinated Entry System Policies and Procedures

31. You will now need to create an email to send to the agency staff person listed on the Matrix as an alert of a referral

- Type in the agency contact per the Matrix to whom this referral should be sent to, then click Send

The screenshot displays the ClientTrack web interface. On the left is a navigation menu with categories like 'Clients', 'Coordinated Entry', 'Profile', and 'Assessments'. The main area shows a client profile for 'DV Mouse' (CLIENTID 243926) and a table of 'Coordinated Entry Events'. An 'E-mail' composition window is open, with the recipient 'communitycares@fakeemail.com' and the subject 'Incoming Referral'. The email body contains a referral notification. A red arrow points to the 'Send' button, with a callout box that reads 'Rich text editor with ID Body'. The 'Send' button is located at the bottom right of the email editor.

32. If multiple referrals need to be made, repeat the above steps to continue to add Referrals, when complete, click Cancel to return to the client's Dashboard

33. We must now add our Intake Notes, please Coordinated Entry Intake Notes under the Coordinated Entry tab

# Connect to Home Coordinated Entry System Policies and Procedures

The screenshot shows the ClientTrack interface for a client named DV Mouse (Client ID: 243926). The left sidebar contains a navigation menu with 'Coordinated Entry' highlighted by a red arrow. The main content area displays the client's information and two data tables.

**Client Information:**

- Name: Mouse, DV
- Birth Date: 1/9/1970
- Age: 51
- Gender: Client refused
- Home Phone: (blank)
- Veteran: No
- Ethnicity: Client refused
- Race: Client refused
- Chronic status: No

**DV's Enrollments Table:**

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Connect to Home Eastern PA Coordinated Entry	4	Unknown Household Type	03/31/2021		0		3/31/2021

**DV's Services Table:**

Date	Service	Units	\$ Total	Organization
No records found.				
		0.00	\$0.00	



# Connect to Home Coordinated Entry System Policies and Procedures

## 34. Click Add Intake Note

The screenshot shows the ClientTrack web application interface. The browser address bar displays the URL: <https://usw.clienttrack.net/19/MainPage.aspx?Inline=top>. The user is logged in as Patricia Espinosa-Vargas. The client profile for DV Mouse (CLIENTID 243926) is visible, with a status of 'Client refused'. The page title is 'Client Coordinated Intake Notes'. A red arrow points to the '+ Add Intake Note' button. Below the button, a table header is visible with columns: Client Name, Note Text, Updated Date, Updated By, and Print. The table currently contains no records, indicated by the text 'No records found.' At the bottom right, there are buttons for 'Intake Notes Log' and 'Cancel'.

# Connect to Home Coordinated Entry System Policies and Procedures

35. Add your Intake Note following the approved Anonymous DV Notes method (if you do not have access to this document for approved notes, please reach out to your Regional Manger for guidance). As a rule, absolutely no personal identifying information may be include in the note. This means, no gender, no name, no phone number, etc.

- Subject: Choose from the drop-down menu, the appropriate selection CE VI-SPDAT; or CE Prevention Referral; or CE Shelter Referral
- Click Read Only
- Click Save when complete, then click Cancel to return to the Dashboard

The screenshot shows the ClientTrack interface for a client named 'DV Mouse' (CLIENTID 243926). The user is logged in as Patricia Espinosa-Vargas. The main content area is titled '+ Client Coordinated Intake Note'. The form fields are as follows:

- Entry Date:** 03/31/2021 (indicated by a red arrow)
- Subject:** CE VI-SPDAT Completed (indicated by a red arrow)
- Note:** CLIENT WILLING TO BE HOUSED IN LEHIGH COUNTY. JAY Eligible (Household is 18-24 years old) [only list this detail if applicable]. Client fleeing domestic violence (DV) situation. Client is temporarily safely housed with a friend/family member. Client already contacted DV service, but they were unable to assist. Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that no one else has access to their phone). Client was asked, and permission was given for providers to:
  - Call the client
  - Leave voicemail for the client
  - Announce themselves as the agency reaching out**\*Reach out to CE Regional manager and DV CE Specialist for clients contact info\*** Services Provided: Triage Assessment, VISPDAT, BNL Placement, Referrals

- Read Only:**  (indicated by a red arrow)
- Buttons:** Save (indicated by a red arrow) and Cancel

## Connect to Home Coordinated Entry System Policies and Procedures

36. When ending the conversation with the Client, please read the following statement: ***"Thank you, this completes the screening process. We have referred you to the emergency shelter providers in your area who will be contacting you as resources become available (Intake Specialist may provide name of the shelter only). Your name and contact information have also been placed on a prioritized list for other housing services. If your housing situation changes in the meantime, please contact us or call 211 to provide an update. (Coordinated Entry Specialist must provide 211 as an alternative way to connect with CE)."***

211 Only: Please add the following to the above statement: ***"Often, people with housing concerns need help with food or appreciate information on employment services. I have that information too if you would like it."***

# Connect to Home Coordinated Entry System Policies and Procedures

## Sample Domestic Violence Notes

### ANONYMOUS DV CLIENT (Client's name in HMIS - First Name: DV • Last Name: Passcode)

#### 1. Start with always including that client has fled, or is attempting to flee

*Never detail a survivor's story in the 211 Database or HMIS. One because it can be personally identifying and two because a survivor should never have to "prove" abuse. Disclosing the abuse is enough to meet eligibility. If a survivor chooses to share their story, remember to; listen, validate their feelings, ensure them that this is wrong and you are sorry they have had to experience this abuse. Abuse is never okay and it's not the survivor's fault!*

- a. **Why:** It is helpful for providers/queue managers to know if this is an active situation

#### 2. Where they slept last night

- a. **Why:** While every housing situation is treated as critical, someone sleeping on the streets may be considered to be a slightly more of an urgent need over someone temporarily housed

#### 3. Reference DV Hotline

*Make sure there is a conversation about safety. Is there an active safety crisis? We want those warm hand offs to be offered when appropriate but make sure the survivor isn't solely calling for housing. It may be more beneficial for the survivor to complete the VISPDAT assessment prior to the warm hand off. After the survivor can feel some relief that they have gained access to those basic housing resources; then they may be able to focus on those higher levels of need; such as wellness and emotional healing*

- a. **Why:** We must do our due diligence in asking at the very minimum if a client has reached out to a DV/Sexual Assault/Sex Trafficking hotline, etc....documenting it is helpful for providers and queue managers to know the level of service a client is willing to consider or has considered

#### 4. Reference a DV Case Manager/Point of Contact

- a. **Why:** For safety reasons, DV case managers are always the preferred method of contact, but recognizing that it is not always possible, we should mention when it is not an option, then confirming with the client that in the absence of a DV case manager, they consent to being contacted directly by a provider; **this is only documented in Smartsheet**

- **Where to document Contact Information:** Use the Smartsheet link:

<https://app.smartsheet.com/b/form/7fc69fa50c32411da4d96e5096854382> to document the contact information, but know that we need to provide the autonomy/choice to define safety, danger and what is threatening for themselves

#### 5. Permission

# Connect to Home Coordinated Entry System Policies and Procedures

- a. **Why:** The DV Specialist and Regional Managers should know when it is ok to contact a client and by what method, as well as how they should address the person calling...without this information, it may jeopardize the client not receiving services as quickly as possible if the client's phone is not safe to call, or if a client does not know who the provider is, they may think it's a prank or scam call
- **Reminder:** As victim service providers start to utilize Rapid Funds (PCADV Bonus funds), they may receive calls from advocates on a blocked number or shows up as " No caller ID", to offer housing assistance. Knowing if we can leave a voicemail will be important as consumers may not answer a blocked number.

## 6. Services & Referrals Offered by Intake Specialist and by whom

- a. **Why:** A checks and balances that we have done all of the work required of Specialists

### ANONYMOUS DV (First Name: DV • Last Name: Passcode)

**SUBJECT/REGARDING:** CE VI-SPDAT Completed

**NOTE:**

**HMIS ID#123456**

**CLIENT WILLING TO BE HOUSED IN BLAIR AND CARBON COUNTIES.**

**TAY Eligible (Household is 18-24 years old) [only list this detail if applicable]**

Client fleeing domestic violence (DV) situation.

Client is temporarily safely housed with a friend/family member. (or: Client housed currently with their abuser.; or: Client in a rental, at-risk for eviction.; or: Client in a DV shelter., etc...)

Client already contacted DV service, but they were unable to assist.

Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that no one else has access to their phone).

Client was asked, and permission was given for providers to:

- Call the client
- Leave voicemail for the client
- Announce themselves as the agency reaching out

**\*Reach out to CE Regional manager for clients contact info\***

Services Provided: Triage Assessment, VISPDAT, BNL Placement, SmartSheet, Referrals

PEV, 211

# Connect to Home Coordinated Entry System Policies and Procedures

## ANONYMOUS DV (First Name: DV • Last Name: Passcode)

**SUBJECT/REGARDING:** CE VI-SPDAT Completed

**NOTE:**

**HMIS ID#123456**

**CLIENT WILLING TO BE HOUSED IN MONROE COUNTY ONLY.**

Client fleeing domestic violence (DV) situation.

Client is still housed with abuser.

Client initially unwilling to contact DV hotline, but agreed to take down number (did not want warm transfer).

Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that their abuser does have access to their phone). Client indicated that it is best to call Monday-Friday, between 9am-1:30pm when their abuser is at work, or email them at the address included on Smartsheet.

Client was asked, and permission was given for providers to:

- Call the client (between hours listed above)
- Email the client (abuser does not have access to this)
- Announce themselves as the agency reaching out—after validating HMIS ID number or Password

\*Note: Client asks that providers NOT leave a message.

**\*Reach out to CE Regional manager for clients contact info\***

Services Provided: Triage Assessment, VISPDAT, BNL Placement, SmartSheet, Referrals

PEV, 211

## PUBLIC/NON-ANONYMOUS DV (First Name: Patricia • Last Name: Espinosa-Vargas DV)

### 1. Never document abuse

*A public/non-anonymous DV Survivor will be entered into HMIS with their name and full details as it relates to their housing situation, however, under no circumstances should abuse be documented in HMIS. If a survivor chooses to share their story, remember to; listen, validate their feelings, ensure them that this is wrong and you are sorry they have had to experience this abuse. Abuse is never okay and it's not the survivors' fault!*

- a. **Why:** Because the client has chosen to be entered in “publicly” we still want to protect their privacy and not disclose abuse that was shared with us.

### 2. The only option to designate that the client is a Survivor will be by placing the letters DV at the end of their last name AND placing the term CAT4 at the top of their Case Note

# Connect to Home Coordinated Entry System Policies and Procedures

**PUBLIC/NON-ANONYMOUS DV** (First Name: Patricia • Last Name: Espinosa-Vargas DV)

**SUBJECT/REGARDING:** CE VI-SPDAT Completed

**NOTE:**

**CAT4**

Patricia Espinosa-Vargas DV, HMIS ID#123456  
717-111-1111  
Allentown, Lehigh County, 18102

**CLIENT WILLING TO BE HOUSED IN LEHIGH AND NORTHAMPTON COUNTIES ONLY.**

Client and her two children (males, ages 6 and 2) and currently staying with her mother but can't stay there for much longer. She believes that she will have to leave on August 31, 2020. Client reports that she has no other family or friends that she can stay with when she leaves.

Client reports that she is employed, earning \$13.00/hour and working 25/hours per week. Additionally, she receives Child Support of \$80.00/week.

Client was not interested in shelter referrals at this time. Client was interested in Prevention/Rental Assistance referrals. This Specialist advised if the client changes her mind and wants shelter referrals, to call back to 211.

Services Provided: Triage Assessment, VISPDAT, BNL Placement, Referrals  
Referrals Provided: ABC Rental Assistance

PEV, 211

# Connect to Home Coordinated Entry System Policies and Procedures

## Connect to Home Coordinated Entry Open and Exited Enrollment Tasks

**Note:** It is imperative that every single time someone contacts Coordinated Entry that we do a “Profile Check” and update or add any missing or relevant information from their previous contact with Coordinated Entry.

### EXITED FROM ENROLLMENT (Not Homeless)

- **Checking their status or minor (but important) update such as phone number, nothing else having changed**
  1. Add a case note summarizing the conversation
  2. If updated phone number or other minor change, make that appropriate change

★ *Do not enter a new enrollment, do not go through a new intake, do not add a new current living situation*
- **Requests new referrals, housing situation is still not yet literally homeless** (note: this may include situations such as previously in a rental to now being doubled-up)
  1. If last contact/enrollment was 90 days or less from this current contact, simply add new referrals (if possible) and add a case note
  2. If more than 90 days from last contact/enrollment, click CE-Client Intake and go through a new intake (make referrals if possible and add a case note)
- **Has a new housing/living situation (is now Category 1 (Literally Homeless) or Category 4 (DV))**
  1. Click the CE-Client Intake button and add a new intake, complete all screens including HUD Enrollment, Universal Data, Triage Assessment, etc.
  2. Complete a new VI-SPDAT or update an existing one if appropriate
  3. Make Referrals (if requested and possible)
  4. Add a case note

**IMPORTANT:** With every contact from someone whom is on the By Name List, please check to see if they have listed a Preferred County/ies of Preference by doing the following:

1. Under the CE Tab, click Triage Assessments
2. Click to view their most recent Triage Assessment
3. If no County/Countries of Preference is listed...
4. Return to the Dashboard and click the Action Button to Edit the CE Intake Workflow to Add their Preferred County/ies

### ACTIVE ON THE BNL/OPEN ENROLLMENT (Category 1 & 4 – Literally Homeless)

- **Checking their status, nothing else changed**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Assuming the client is on the BNL...ask the client the following:
    - “Where do you expect to sleep tonight?”
  3. Review with the client (while on the BNL) the county/counties they are currently waiting for services in
  4. Add a Current Living Situation from the Coordinated Entry tab with the response to where the client expects to sleep tonight
  5. Add a Coordinated Entry Intake Note
- **Change of Phone Number, nothing else changed**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Assuming the client is on the BNL...ask the client the following:
    - “Where do you expect to sleep tonight?”
  3. Review with the client (while on the BNL) the county/counties they are currently waiting for services in
  4. Update phone number in the Client Profile AND within the VI-SPDAT
    - If DV-Anon, please ignore this and immediately contact the Regional Manager with the change so they may add to Smartsheet
  5. Add a Current Living Situation from the Coordinated Entry tab with the response to where the client expects to sleep tonight
  6. Add a Coordinated Entry Intake Note
- **Requests new referrals or Changed their county/zip code/current living situation**
  1. Verify the client is on the BNL with an active/open Coordinated Entry enrollment
  2. Edit the CE Intake Workflow (on the client’s Dashboard, click the Action Button to select “Edit CE Intake Workflow”, updating all appropriate questions—be sure to change the county/zip code if appropriate)
    - Change the Information Date to today’s date
  3. Make Referrals (if possible)
  4. Add a Coordinated Entry Intake Note (include change of county/zip if appropriate)



# Connect to Home Coordinated Entry System Policies and Procedures

## Appendix A: Connect to Home Coordinated Entry System of Eastern PA Partnership Agreement

The Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness in the following counties: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming. Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants (including those administered by the Commonwealth of Pennsylvania) and is strongly encouraged for all other housing and service providers in order to ensure equitable and coordinated access for all.

By signing this agreement, CES partners agree to work with other CES funders, service providers and referral partners throughout the thirty-three county CoC region under a shared set of guiding principles, roles, and responsibilities as follows.

### I. Guiding Principles

The Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) is guided by the following principles:

- Every person experiencing homelessness should be treated with dignity, respect and kindness, and have their rights to privacy, confidentiality and safety honored.
- By coordinating entry to housing and services for people experiencing homelessness, more families and individuals can exit from homelessness to permanent housing with stability as quickly, efficiently and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness, including families, youth, veterans, survivors of domestic violence, people with disabilities, people with mental illness, recent immigrants and people identifying as LGBTQIA.
- Coordinated entry protects the safety and confidentiality of people fleeing/attempting to flee and survivors of domestic violence while simultaneously providing them with access to housing and services.
- Coordinated entry embraces a housing first approach to ending homelessness in which people are housed as quickly as possible without preconditions or service participation requirements.
- People experiencing homelessness are prioritized for appropriate housing and services based on their vulnerability and severity of need using an evidence-based assessment tool rather than on a “first come, first served” basis.
- People experiencing homelessness are not denied access to coordinated entry assessment and referral because of perceived barriers to housing and services such as sobriety, income level, mental health status or other factors.
- Coordinated entry should be aligned with affordable housing, veteran affairs, child welfare, health, mental health, education, legal, judicial, and other public systems to the greatest extent allowed by law and policy.
- Coordinated entry is a continually evolving system that requires a commitment to ongoing learning, evaluation, and quality improvement.

# Connect to Home Coordinated Entry System Policies and Procedures

- Ongoing coordinated entry planning efforts strive to incorporate diverse stakeholder voices and needs, including those of people with the lived experience of homelessness.
- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local and private funding sources.

## II. Roles

Each Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) partner organization has one or more of the roles set forth in the Coordinated Entry Policies and Procedures. All Operations Partner roles (Call Center, Access Sites and Regional Managers) have been assigned through competitive RFP processes, approved by the CoC's elected Governing Board, and implemented to the greatest extent that funding resources and/or partner organization in-kind contributions allow.

## III. Responsibilities

Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) partner organizations share the following responsibilities:

- Compliance with all CES processes, policies and procedures detailed in the **Eastern PA CoC Coordinated Entry System Policies and Procedures Manual**, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.
- Compliance with all PA HMIS processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk for homelessness understand how the CES system works.
- Make appropriate staff available for regular CES trainings and meetings.
- Distribute CES marketing and outreach materials.
- Compliance with all applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:
  - Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
  - Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
  - Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
  - Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
  -

# Connect to Home Coordinated Entry System Policies and Procedures

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

## **IV. Termination of Agreement**

Any party may terminate their participation in this agreement with written notification to the appropriate CES Regional Manager and the Eastern PA CoC Coordinated Entry Committee Chairperson. Referral partners must give at least 30 days notice of termination. Access Sites must give at least 60 days notice before ceasing operations. Organizations employing Regional Managers must give at least 90 days notice in order for the CoC to identify and select a new organization to employ a Regional Manager.

Participation in the Eastern PA CoC Coordinated Entry System is a requirement of certain funders, including HUD's CoC and ESG programs. Termination of this agreement may negatively impact the Partner's ability to obtain and/or retain funding.

## **V. Expenses**

Unless the CoC has provided grant funding to a CES Operations Partner organization through separate contract, all expenses incurred by the participants of the Eastern PA Coordinated Entry System are the responsibility of the Partner.

# Connect to Home Coordinated Entry System Policies and Procedures

## VI. Agreement

The signature of the Executive Director/Chief Executive Officer or designee of the Partner Organization indicates agreement with the terms set forth in this Partnership Agreement.

By signing this Agreement, I understand and agree to the terms within on behalf of my organization.

**Name of Organization:**

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**Name and Title of Signer:**

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**Signature**

**Date**

Agreed to and accepted on behalf of the Eastern Pennsylvania Continuum of Care.

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**President, Eastern Pennsylvania Continuum of Care Board**

**Date**

# Connect to Home Coordinated Entry System Policies and Procedures

## Appendix B: Connect to Home Coordinated Entry Referral Zone Map



County	Zone	Region
Adams	3	South Central
Bedford	1	South Central
Blair	2	South Central
Bradford	8	Northern Tier
Cambria	2	South Central
Carbon	9	Pocono
Centre	4	South Central
Clinton	8	Northern Tier
Columbia	6	Central Valley
Cumberland	7	Central Valley
Franklin	3	South Central
Fulton	1	South Central
Huntingdon	1	South Central
Juniata	5	Central Valley
Lebanon	7	Central Valley
Lehigh	10	Lehigh Valley
Lycoming	8	Northern Tier
Mifflin	5	Central Valley
Monroe	9	Pocono
Montour	6	Central Valley
Northampton	10	Lehigh Valley
Northumberland	6	Central Valley
Perry	7	Central Valley
Pike	9	Pocono
Schuylkill	6	Central Valley
Snyder	5	Central Valley
Somerset	2	South Central
Sullivan	8	Northern Tier
Susquehanna	8	Northern Tier
Tioga	8	Northern Tier
Union	5	Central Valley
Wayne	9	Pocono
Wyoming	8	Northern Tier

Zone	County	Region
1	Bedford	South Central
	Fulton	
	Huntingdon	
2	Blair	South Central
	Cambria	
	Somerset	
3	Adams	South Central
	Franklin	
4	Centre	South Central
5	Juniata	Central Valley
	Mifflin	
	Snyder	
6	Union	Central Valley
	Columbia	
	Montour	
	Northumberland	
7	Schuylkill	Central Valley
	Cumberland	
	Lebanon	
8	Perry	Northern Tier
	Bradford	
	Clinton	
	Lycoming	
	Sullivan	
	Susquehanna	
9	Tioga	Pocono
	Wyoming	
	Carbon	
	Monroe	
	Pike	
10	Wayne	Lehigh Valley
	Lehigh	

Region	County	Zone
Central Valley	Columbia	6
	Cumberland	7
	Juniata	5
	Lebanon	7
	Mifflin	5
	Montour	6
	Northumberland	6
	Perry	7
	Schuylkill	6
	Snyder	5
Lehigh Valley	Union	5
	Lehigh	10
Northern Tier	Northampton	10
	Bradford	8
	Clinton	8
	Lycoming	8
	Sullivan	8
	Susquehanna	8
Pocono	Tioga	9
	Wyoming	9
	Carbon	9
	Monroe	9
South Central	Pike	2
	Wayne	2
	Adams	3
	Bedford	1
	Blair	2
	Cambria	2
	Centre	4
	Franklin	3
Fulton	1	
Huntingdon	1	
Somerset	2	

# Connect to Home Coordinated Entry System Policies and Procedures

## Appendix C: Connect to Home CES of Eastern PA Notice and Consent for Non-HMIS Participants

I, \_\_\_\_\_ [print first and last name], understand that the Eastern PA Coordinated Entry System (CES) is a partnership of agencies sharing information to provide a more coordinated homeless response system. I authorize that my information can be shared by CES partners to improve services for me. I also authorize that my information can be viewed by the CES Regional Managers for the purpose of system evaluation, which will help improve services offered to me and others in the CES region.

By initialing “yes” below and affixing my signature, or, when meeting via phone and permitting a CES Partner Agency staff to sign on my behalf, I agree that my information may be shared with other CES partners and System Administrators. I understand that agencies participating in CES may change from time to time and that a copy of the current list of agencies is available upon request.

Yes:\_\_\_ (please initial)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR Verbal Consent obtained by phone

CES Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Description Of Information That Can Be Shared

This form authorizes identifying assessment information, including but not limited to the items listed below, to be routinely shared in the CES to better help me and/or my family.

- Family/Household Information (Names, Date of Birth, Race, Gender)
- Income and Benefits Information
- Education and Employment History
- Housing History and Barriers
- Homeless Status and History
- Veteran Status
- Program and Service Involvement and Contacts
- Health Information, including Physical Health and Behavioral Health (but not Case Records)
- Photo

**Information From CES Screening and Assessment May Be Shared With:**

Eastern Pennsylvania Continuum of Care (PA-509)

# Connect to Home Coordinated Entry System Policies and Procedures

- Social Service Agencies
- Housing Providers
- Veterans Services
- Shelter Programs
- Housing and Redevelopment Authorities
- Victim Services (including Domestic Violence) Agencies

## **Purpose Of Sharing**

- Information from the CES screening and assessments will be shared for the purpose of:
- Assessing my program eligibility
- Prioritizing my need for services
- Linking me to the most appropriate services
- Evaluating CES services and system performance
- Evaluating service gaps, needs and duplication in CES

This authorization is voluntary and strictly for sharing information needed for entering and moving through the Coordinated Entry System and may NOT be used for any other purpose. The information collected, maintained, and stored by Eastern PA Continuum of Care, and shared with service providers, may include records relating to your behavioral and/or mental health, alcohol and drug abuse treatment, HIV/AIDS, and genetics.

This information is necessary for determining your eligibility for housing and services.

You will not be denied help if you do not want to sign this form or if you do not want to allow CES to share your personal information. You have the right to revoke this authorization at any time by giving verbal or written notice of revocation to the CES. Revoking this authorization will not affect any action taken or information shared prior to notice of revocation. You may have a copy of this authorization.

# Connect to Home Coordinated Entry System Policies and Procedures

## Appendix D: Eastern PA CoC Emergency Housing Voucher (EHV) Identification, Assessment, and Referral Process

The Centre County and Allentown Housing Authorities have been awarded Emergency Housing Vouchers (EHVs) by the U.S. Department of Housing and Urban Development. To be eligible for an Emergency Housing Voucher, a household must be: experiencing homelessness; recently homeless (moving on from PSH or RRH); fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or at risk of homelessness. This Addendum describes the CoC’s process for identifying, assessing, and referring eligible households to EHVs.

### Process for recently homeless households enrolled in PSH or RRH

In both communities, the number one/ first priority/ preference for EHV referrals is households who are recently homeless, defined as households who have previously been classified by a member agency of the CoC as homeless but are not currently homeless as a result of homeless assistance, temporary rent assistance or some type of other assistance, and where the CoC determines that the loss of such assistance would result in a return to homeless or the family having a high risk of housing instability. This includes households who are currently enrolled in permanent supportive housing (PSH) or rapid re-housing (RRH) projects. Referrals to EHVs for recently homeless households moving on from supportive housing to independent housing will be made by the following CoC member organizations operating PSH or RRH projects:

Community	Provider Name	Maximum Number of EHV Referrals for Recently Homeless Moving On
Centre County	Centre Safe	11
Centre County	Housing Transitions	10
Centre County	Out of the Cold	1
Centre County	Veterans Multi-Service Center	3
Allentown	Catholic Social Services	4
Allentown	Lehigh Conference of Churches	20
Allentown	Resources for Human Development	2
Allentown	The Salvation Army	5
Allentown	Valley Housing Development Corporation/Lehigh County Housing Authority	7
Allentown	Valley Youth House	5

The providers listed in the table above will adhere to the following process to refer recently homeless households from their RRH or PSH projects to an EHV:



# Connect to Home Coordinated Entry System Policies and Procedures

1. Promote Moving On to an EHV to all participants who wish to move on from supportive housing to independent housing to remove bias in the identification process;
2. Conduct a Moving On Assessment with households who express interest in/ wanting to move on from supportive housing to independent housing using the community's Moving On Assessment tool to assess household's stability in 3 domains: Financial; Housing; and Health, Supportive Services, and Resources;
3. For those households who meet the minimum eligibility for an EHV referral, meaning they meet the Housing Authority's minimum EHV eligibility criteria and their Assessment results indicate a high level of stability in all 3 domains/ they no longer need the services offered in supportive housing and will thrive in independent permanent housing, upload the Moving On Assessment to the client's HMIS record or, if the provider is a Victim Service Provider, submit the Assessment to the Coordinated Entry Regional Manager in a secure fashion;
  - a. For those households who do not meet the minimum eligibility for an EHV referral, meaning they don't meet the Housing Authority's minimum EHV eligibility criteria or their Assessment results indicate the household would benefit from ongoing enrollment in supportive housing, use the Assessment results to target case management in the domain(s) where growth is needed so the household can be better positioned to move on from supportive housing to independent housing in the future;
4. In addition to uploading the Assessment to the client's HMIS record, submit basic tenant information using HMIS IDs only/ no identifying information to a survey link monitored by the Coordinated Entry Regional Manager;
5. Once the Coordinated Entry Regional Manager has verified they have received all necessary information to add the household to the CoC's EHV referral tracking sheet, proceed with submitting an EHV referral and accompanying homeless certification to the Housing Authority to initiate the EHV referral process with the Housing Authority;
6. support the household complete and submit all required Housing Authority Applications, Forms, and required third party documentation/ verification; accompany the household to its Housing Authority Intake Appointment to the extent possible (virtually in Allentown and in-person in Centre County); and, if the household needs to or wishes to move to a new unit, provide directly, or via a community-based resource, housing search and location assistance;
7. regularly update the Coordinated Entry Regional Manager on EHV households at the end of regularly scheduled CE BNL calls and attend coordination meetings with the Coordinated Entry Regional Manager and Housing Authority to provide updates on where households are in the application process, submitting required documentation, the housing move-in process, etc.; and
8. provide up to 6 months of transitional case management supports, either directly, or via community-based supportive services; those providers delivering up to 6 months of transitional case management supports directly will keep those EHV households enrolled in their respective PSH or RRH project in HMIS throughout the period transitional case management supports are provided.

**Process for households who are: experiencing homelessness; fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or at risk of homelessness**

# Connect to Home Coordinated Entry System Policies and Procedures

In both communities, the number two/ second priority/ preference for EHV referrals is for households who are experiencing homelessness. Referrals to EHV for households experiencing homelessness will be made from the Coordinated Entry By Name List according to existing policies and procedures governing referrals to RRH projects from the Coordinated Entry By Name List. The following providers in each community are equipped to accept referrals from the CE BNL for EHV in that they are positioned to offer housing search and location assistance and offer housing focused case manager services for a period of time:

Community	Provider
Centre County	Centre Safe
Centre County	Housing Transitions
Allentown	Lehigh Conference of Churches
Allentown	Turning Point of Lehigh Valley

1. Providers will inform the Coordinated Entry Regional Manager that they can accept referrals from the CE BNL for EHV.
2. The Coordinated Entry Regional Manager will issue 5 referrals according to the CoC Written Standards for RRH prioritization to the provider organization. The provider will reach out to the 5 referrals not less than 3 times in 5 days, recording such outreach attempts in HMIS in the Coordinated Entry Intake Notes section. If the provider is a VSP who does not have access to HMIS, the provider will update the Coordinated Entry Regional Manager about their outreach attempts, who will subsequently enter the information into HMIS in the Coordinated Entry Intake Notes section.
3. After reaching out over the course of a 5-day period, if the provider is unable to make contact with referrals, the provider will inform the Coordinated Entry Regional Manager if they need a new set of referrals.
4. For households the provider makes contact with, the provider will work with the household to assess their eligibility for EHV; update CE Intake Notes in HMIS about household's eligibility status; and communicate with the Coordinated Entry Regional Manager that the provider is moving forward with referring the household(s) to the Housing Authority for an EHV;
5. Once the Coordinated Entry Regional Manager has verified they have received all necessary information to add the household to the CoC's EHV referral tracking sheet, the provider will proceed with submitting an EHV referral and accompanying homeless certification to the Housing Authority to initiate the EHV referral process with the Housing Authority.
6. The provider will support the household complete and submit all required Housing Authority Applications, Forms, and required third party documentation/ verification; accompany the household to its Housing Authority Intake Appointment to the extent possible (virtually in Allentown and in-person in Centre County); and provide housing search and location assistance to the household.
7. The provider will regularly update the Coordinated Entry Intake Notes, update the Regional Manager on EHV households at the end of regularly scheduled CE BNL calls, and attend coordination meetings with the Coordinated Entry Regional Manager and Housing Authority to provide updates on where households are in the application process, submitting required documentation, the housing move-in process, etc.
8. If the provider is delivering ESG or CoC funded case management services to the household, the provider will enroll the household into its ESG or CoC funded RRH project in HMIS. The provider will submit a Coordinated Entry Exit Request at

## Connect to Home Coordinated Entry System Policies and Procedures

the following link on the date the household moves into their EHV unit: <https://docs.google.com/forms/d/e/1FAIpQLSerLd-pWW0sqi9tYR-whhTqimiqZ1jMzZXALeSoJCyAR7mMog/viewform>

9. From the date the household moves into their EHV unit, the provider will deliver housing-focused case management supports to the household. If the provider is delivering ESG or CoC-program funded case management to the household, the provider will deliver not less than 6 months of housing-focused case management supports to each household. The provider will support households connect to community-based case management and/or supportive services for ongoing supports, as needed.
10. The provider, if delivering ESG or CoC funded supportive services to the household, will exit the household from its ESG or CoC funded RRH project in HMIS when the provider closes out the household's enrollment for supportive services.

# Connect to Home Coordinated Entry System Policies and Procedures

## Appendix E: Sample Coordinated Entry Notes

### Sample Domestic Violence Notes

#### **ANONYMOUS DV CLIENT** (Client's name in HMIS - First Name: DV • Last Name: Passcode)

##### 1. Start with always including that client has fled, or is attempting to flee

*Never detail a survivor's story in the 211 Database or HMIS. One because it can be personally identifying and two because a survivor should never have to "prove" abuse. Disclosing the abuse is enough to meet eligibility. If a survivor chooses to share their story, remember to; listen, validate their feelings, ensure them that this is wrong and you are sorry they have had to experience this abuse. Abuse is never okay and it's not the survivor's fault!*

- a. **Why:** It is helpful for providers/queue managers to know if this is an active situation

##### 2. Where they slept last night

- a. **Why:** While every housing situation is treated as critical, someone sleeping on the streets may be considered to be a slightly more of an urgent need over someone temporarily housed

##### 3. Reference DV Hotline

*Make sure there is a conversation about safety. Is there an active safety crisis? We want those warm hand offs to be offered when appropriate but make sure the survivor isn't solely calling for housing. It may be more beneficial for the survivor to complete the VISPDAT assessment prior to the warm hand off. After the survivor can feel some relief that they have gained access to those basic housing resources; then they may be able to focus on those higher levels of need; such as wellness and emotional healing*

- a. **Why:** We must do our due diligence in asking at the very minimum if a client has reached out to a DV/Sexual Assault/Sex Trafficking hotline, etc....documenting it is helpful for providers and queue managers to know the level of service a client is willing to consider or has considered

##### 4. Reference a DV Case Manager/Point of Contact

- a. **Why:** For safety reasons, DV case managers are always the preferred method of contact, but recognizing that it is not always possible, we should mention when it is not an option, then confirming with the client that in the absence of a DV case manager, they consent to being contacted directly by a provider; **this is only documented in Smartsheet**

- **Where to document Contact Information:** Use the Smartsheet link:

<https://app.smartsheet.com/b/form/7fc69fa50c32411da4d96e5096854382> to document the contact information, but know that we need to provide the autonomy/choice to define safety, danger and what is threatening for themselves

##### 5. Permission

# Connect to Home Coordinated Entry System Policies and Procedures

- a. **Why:** The DV Specialist and Regional Managers should know when it is ok to contact a client and by what method, as well as how they should address the person calling...without this information, it may jeopardize the client not receiving services as quickly as possible if the client's phone is not safe to call, or if a client does not know who the provider is, they may think it's a prank or scam call
- **Reminder:** As victim service providers start to utilize Rapid Funds (PCADV Bonus funds), they may receive calls from advocates on a blocked number or shows up as "No caller ID", to offer housing assistance. Knowing if we can leave a voicemail will be important as consumers may not answer a blocked number.

## 6. Services & Referrals Offered by Intake Specialist and by whom

- a. **Why:** A checks and balances that we have done all of the work required of Specialists

### ANONYMOUS DV (First Name: DV • Last Name: Passcode)

**SUBJECT/REGARDING:** CE VI-SPDAT Completed

**NOTE:**

**HMIS ID#123456**

**CLIENT WILLING TO BE HOUSED IN BLAIR AND CARBON COUNTIES.**

**TAY Eligible (Household is 18-24 years old) [only list this detail if applicable]**

Client fleeing domestic violence (DV) situation.

Client is temporarily safely housed with a friend/family member. (or: Client housed currently with their abuser.; or: Client in a rental, at-risk for eviction.; or: Client in a DV shelter., etc...)

Client already contacted DV service, but they were unable to assist.

Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that no one else has access to their phone).

Client was asked, and permission was given for providers to:

- Call the client
- Leave voicemail for the client
- Announce themselves as the agency reaching out

**\*Reach out to CE Regional manager or the DV CE Intake Specialist (Jennifer\_t@transitionsofpa.org) for clients contact info\***

Services Provided: Triage Assessment, VISPDAT, BNL Placement, SmartSheet, Referrals

PEV, 211

### ANONYMOUS DV (First Name: DV • Last Name: Passcode)

**SUBJECT/REGARDING:** CE VI-SPDAT Completed

**NOTE:**

# Connect to Home Coordinated Entry System Policies and Procedures

**HMIS ID#123456**

**CLIENT WILLING TO BE HOUSED IN MONROE COUNTY ONLY.**

Client fleeing domestic violence (DV) situation.

Client is still housed with abuser.

Client initially unwilling to contact DV hotline, but agreed to take down number (did not want warm transfer).

Client does not have a DV case manager, as such, client consents to being contacted directly at the number listed on Smartsheet. (Client was asked and stated that their abuser does have access to their phone). Client indicated that it is best to call Monday-Friday, between 9am-1:30pm when their abuser is at work, or email them at the address included on Smartsheet.

Client was asked, and permission was given for providers to:

- Call the client (between hours listed above)
- Email the client (abuser does not have access to this)
- Announce themselves as the agency reaching out—after validating HMIS ID number or Password

\*Note: Client asks that providers NOT leave a message.

**\*Reach out to CE Regional manager or the DV CE Intake Specialist (Jennifer\_t@transitionsofpa.org) for clients contact info\***

Services Provided: Triage Assessment, VISPDAT, BNL Placement, SmartSheet, Referrals

PEV, 211

## **PUBLIC/NON-ANONYMOUS DV** (First Name: Patricia • Last Name: Espinosa-Vargas DV)

### **1. Never document abuse**

*A public/non-anonymous DV Survivor will be entered into HMIS with their name and full details as it relates to their housing situation, however, under no circumstances should abuse be documented in HMIS. If a survivor chooses to share their story, remember to; listen, validate their feelings, ensure them that this is wrong and you are sorry they have had to experience this abuse. Abuse is never okay and it's not the survivors' fault!*

- a. **Why:** Because the client has chosen to be entered in “publicly” we still want to protect their privacy and not disclose abuse that was shared with us.

### **2. The only option to designate that the client is a Survivor will be by placing the letters DV at the end of their last name AND placing the term CAT4 at the top of their Case Note**

## **PUBLIC/NON-ANONYMOUS DV** (First Name: Patricia • Last Name: Espinosa-Vargas DV)

**SUBJECT/REGARDING:** CE VI-SPDAT Completed

# Connect to Home Coordinated Entry System Policies and Procedures

**NOTE:**

**CAT4**

Patricia Espinosa-Vargas, HMIS ID#123456  
717-111-1111  
Allentown, Lehigh County, 18102

**CLIENT WILLING TO BE HOUSED IN LEHIGH AND NORTHAMPTON COUNTIES ONLY.**

Client and her two children (males, ages 6 and 2) and currently staying with her mother but can't stay there for much longer. She believes that she will have to leave on August 31, 2020. Client reports that she has no other family or friends that she can stay with when she leaves.

Client reports that she is employed, earning \$13.00/hour and working 25/hours per week. Additionally, she receives Child Support of \$80.00/week.

Client was not interested in shelter referrals at this time. Client was interested in Prevention/Rental Assistance referrals. This Specialist advised if the client changes her mind and wants shelter referrals, to call back to 211.

Services Provided: Triage Assessment, VISPDAT, BNL Placement, Referrals

Referrals Provided: ABC Rental Assistance (**NOTE: DO NOT INCLUDE DV SHELTER NAMES IN THIS NARRATIVE**)

PEV, 211

# Connect to Home Coordinated Entry System Policies and Procedures

## Prevention Referral Notes

Detailed notes are important to Providers for a variety of reasons. But what to include is equally important. Below are tips on what to include in your notes for Prevention Referrals.

### 1. Household composition

- **Why:** Some programs may prioritize families with children over single individuals

### 2. Stage of eviction, date of eviction (what criteria/conditions were met for referral)

- **Why:** Some programs can only provide services based on the status of eviction (i.e. some may require Court Notices, while others a Notice to Quit may be sufficient); Additionally, it is important to notate all criteria/conditions were met for referral—this will help immensely with cancelled referrals

### 3. How much is owed and how much their rent is, as well as if they have any portion of the rent to contribute on their own (including, if for deposit assistance that the client has a lease lined up and the amount that is needed)

- **Why:** Some programs require that client's not be too far in arrears, additionally, some programs will only assist if a client is in a rental that meets certain affordability standards for their community

### 4. Diversion attempt/conversation

- **Why:** We are required to attempt to divert every caller and engage them in conversation to recognize their own personal resources/supports prior to using the very limited community services

### 5. Income-source and amount

- **Why:** Some programs require that income be received, and may require that their income be sustainable
- **Note:** If a program states that to be referred they must meet a certain income level (200% of FPIG for example, please attempt to calculate that accordingly to ensure it's a good referral)

### 6. If COVID-19 related, have they submitted the CDC Moratorium Form to their landlord

- **Why:** To ensure that we are informing clients of the availability if this document

### 7. Proper Closing – listing services and referrals provided, and your initials

- **Why:** Not only is this a checks and balances that we completed out work in it's entirety, but it is becoming increasingly helpful for Providers to see whom all was referred to...many providers work with each other, listing all of the Matrix related referrals we have provided helps facilitate that relationship building amongst providers

### SAMPLE NOTE:

Client has received a written eviction notice/notice to quit **-or-** court hearing notice **-or-** lockout date. The notice is dated MM/DD/YY, with an eviction date for MM/DD/YY. The client currently owes \$XXX.XX in back rent. Their rent is \$XXX.XX/monthly **-or-** weekly. The client is able to contribute \$XXX.XX towards their back rent. The client reports that they have reached out to their family/friends/supports for help, but they are unable to assist at this present time. The client reports that they have been unable to pay rent due to losing their job because of COVID-19. Client was not aware of the moratorium form, as such, this Specialist texted the client a link to the form.

Currently, the client is earning \$XX.XX/hour and working XX hours/week

**-or-**

Currently, the client is receiving Social Security benefits of \$XX.XX/monthly

**-or-**

Currently, the client has no income

**-or-**

Currently, the client is receiving unemployment benefits and earning \$XX.XX/monthly



# Connect to Home Coordinated Entry System Policies and Procedures

**-or-**

Currently, the client is waiting on their unemployment compensation approval / denial. They applied with the Department of Human Services on MM/DD

Services Provided: Prevention Enrollment, Prevention Tool, Diversion Assessment, Referral

HMIS Referrals: XYZ Agency-Service/Program, 123 Agency-Service/Program

Non-HMIS Referrals: YZA Agency-Service/Program

(Your Initials, 211)

**NOTE:** Make sure to field the prevention tool! <https://drive.google.com/drive/folders/12fhc5eL0YCVvGyqw72yq0YNR6eKVj71>