

# Coordinated Entry for Adults and Families ServicePoint Handbook

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**General Questions or Adult System HMIS Technical Assistance:**

Contact Wendy Smith, 503.823.2386, [wendy.smith@portlandoregon.gov](mailto:wendy.smith@portlandoregon.gov)

**Family System HMIS Technical Assistance:**

Contact ServicePoint Helpline at [servicepoint@multco.us](mailto:servicepoint@multco.us) – Website: [multco.us/servicepoint](http://multco.us/servicepoint)

Version 2.1

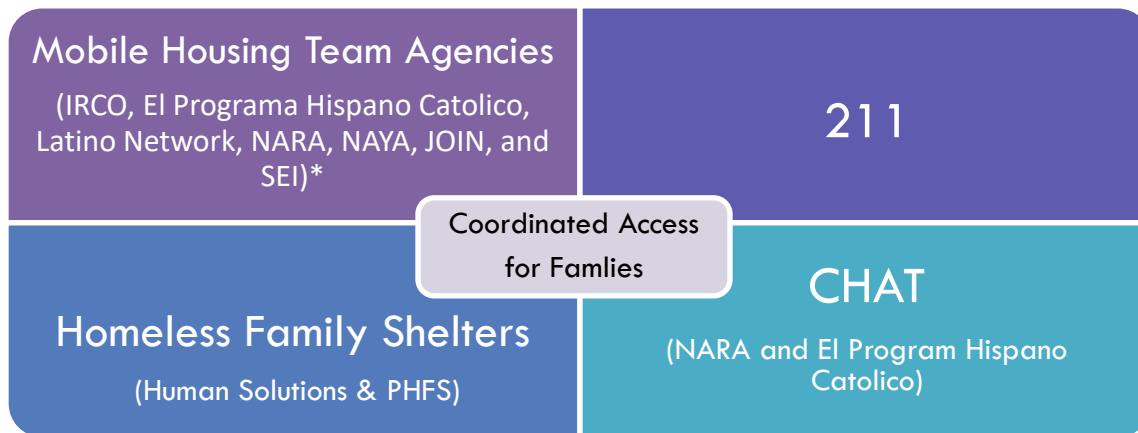
## REVISION HISTORY

- **July 2021** – Added visuals for Exits based on no contact/services not requested. Added cautionary instructions for not entering protected or sensitive information in Assessor Notes. Clarified instructions for if a client’s Total Vulnerability Score is below 6 during assessment to specify that the client’s assessment is to be saved and added to Coordinated Access and that HUD verification questions are not necessary.
- **November 2020** – Added instructions for Exits, added language to SKIP Living Situation verified and Location Details from Current Living Situation sub-assessment, updated questions in Vets assessment, clarified expectations for clients with low scores on the VI-SPDAT.
- **October 22, 2020** – Version 2.1: Updated section on ROIs to include instructions for adding OR-501: Coordinated Access (7326) provider to ROI list.
- **October 1, 2020** – Version 2.1: Changed from a referral based workflow, to an entry/exit workflow
- **October 16, 2019** – Version 2.0: Changed contact information for questions. Edited instructions for family and adult assessments to reflect the alignment of local questions.
- **August 27, 2018** – Version 1.9: Updated MHT agencies. Added CHAT agencies conducting family assessments. Edited instructions for visibility and unlocking clients’ records. Added instructions for entering recovery-oriented housing questions.
- **February 16, 2018** – Version 1.8: Visibility and unlocking the client’s record updated.
- **December 21, 2017** – Version 1.7: Updated instructions for creating a referral to emphasize NOT to pull in additional household members.
- **October 10, 2017** – Version 1.6: ROI instructions updated
- **August 1, 2017** – Version 1.5: Clarified that questions are intended to be asked on behalf of the entire family only for the VI-SPDAT assessment portion of the Coordinated Access Family with Minor Children screening.
- **July 26, 2017** – Version 1.4: Corrected page numbers on “Contents” section of front page; Renamed “Remove Referral” to “Cancel Referral”; Corrected instructions for “Cancel Referral” on pg. 19; other minor changes.
- **July 10<sup>th</sup>, 2017** – Version 1.3:
  - Corrected phone number for Hunter Belgard.
  - Made additional edits for clarity and readability.
- **July 6<sup>th</sup>, 2017** – Version 1.2:
  - Made changes to cover page to add contact information for Hunter Belgard of the Portland Housing Bureau.
  - Made changes to Program Model on page 3 to clarify definitions of “families” vs. “adults”. “Families” are adults with minor children; “Adults” may have children, too, but all are over the age of 18.
  - Made changes to Data Milestones on page 4 to add “CLIENTPOINT” for those service providers who may need to create new clients before recording screening.
  - Added clarification on page 7: “If previous screening was completed more than 6 months prior, add a new screening.”
  - Made various edits for clarity and readability.
- **June 9, 2017** – Version 1.1: Made change to work flow for Coordinated Access for Adults on pages 9 and 16. Add contact information and make referral to the program OR-501: *Coordinated Access for Adults* regardless of total assessment score.
- **May 15, 2017** – Version 1.0: Added instructions along with screen shots for screening assessments and a section on how to remove a referral.
- **May 3, 2017** – Version 0.0: Created and published document.

# COORDINATED ACCESS PROGRAM MODEL

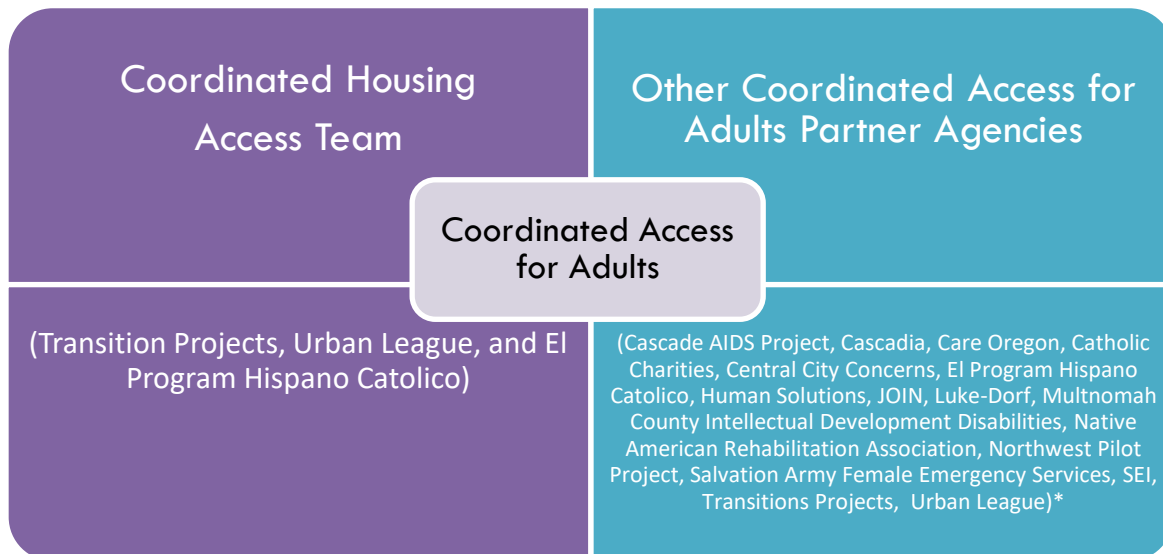
## Families

Coordinated Access process works with families (adults with children under the age of 18) to create a single process for receiving homeless family services. Families can access services by calling 211, talking to shelter personnel, or through staff at participating Mobile Housing Team (MHT) Agencies. Families are screened for vulnerability and/or other opportunities. If the family meets program eligibility requirements, they will be contacted by a participating agency (see chart below for agency names). \*Note: additional agencies may be added.



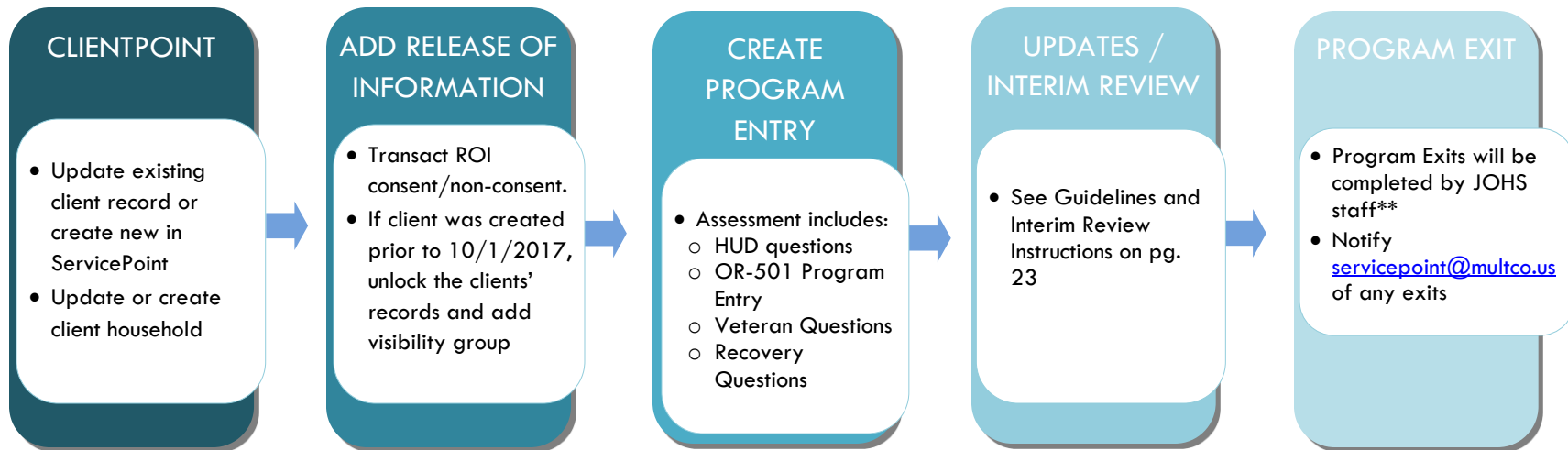
## Adults

Coordinated Access for Adults works with unaccompanied adults, adults in couples, and households with adult dependents (all children must be over the age of 18). Adult households can access an assessment through the Coordinated Housing Access Team (CHAT) or through any of the Partner Agencies that conducts assessments. The assessment screens for vulnerability, eligibility, and client preference for a range of housing resources. Households are prioritized based on vulnerability and length of time homeless.



\*Note: additional agencies may be added.

## DATA MILESTONES – COORDINATED ACCESS FOR ADULTS AND FAMILIES



### **\*\*211, FAMILY HOUSING NAVIGATORS:**

If it is determined that there is no way to contact the participant, or if the participant says they no longer want or need services, an event sub-assessment is not required. Family Housing Navigators and 211 staff can close the entry themselves (see page 26).

### **SHELTER DIVERSION RRH: Lilac Meadows, New Hope Kafoury Project, Lents Family Village and Winter Outreach Diversion – Shelter Diversion Programs**

#### **SEND EMAILS TO [SERVICEPOINT@MULTCO.US](mailto:SERVICEPOINT@MULTCO.US) WHEN:**

- Shelter families are identified to begin the Diversion RRH Program, to remove participant from the waitlist.
- If family is not successfully housed, send details to add the family back on to the waiting list.

**IF THE AGENCY IS NOT ABLE TO HOUSE PARTICIPANT:** Family & Adult System – [servicepoint@multco](mailto:servicepoint@multco).

## RELEASE OF INFORMATION (ROI) AND VISIBILITY

Before entering a new client in ServicePoint, always search for the client's name first. If the client has a record, verify the client's demographic information before proceeding. For new clients (not yet in ServicePoint), create a new ServicePoint record, create a household that includes all the family members, and follow the steps below to share their record and record their screenings:

### Transact the Release of Information (ROI)

1 Click on the ROI tab in the client's record.

Client - (1) Test, Justin A

(1) Test, Justin A  
Release of Information: None

-Switch to Another Household Member- Submit

Client Information Service Transactions

Summary Client Profile Household **ROI** Entry / Exit Case Managers Case Plans Measurements Activities Assessments

Release of Information

Provider	Permission	Start Date	End Date
No matches.			

Add Release of Information

2 Click on the "Add Release of Information" button.

3 Select the appropriate household members (if applicable).

Release of Information - (605) Bemily, Emily

Household Members

To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.

(316) Single Individual

(605) Bemily, Emily

(744) Bemily, Dominic

Release of Information Data

Clicking 'Save Release of Information' will create a distinct Release of Information for each selected provider.

Provider \*

Transition Projects (TPI) - Agency - SP (19)

OR-501: Coordinated Access (7326)

Search

Release Granted \* Yes

Start Date \* 10 / 01 / 2020

End Date \* 10 / 01 / 2021

Documentation Signed Statement from Client

Witness Coordinated Access

Save Release of Information Cancel

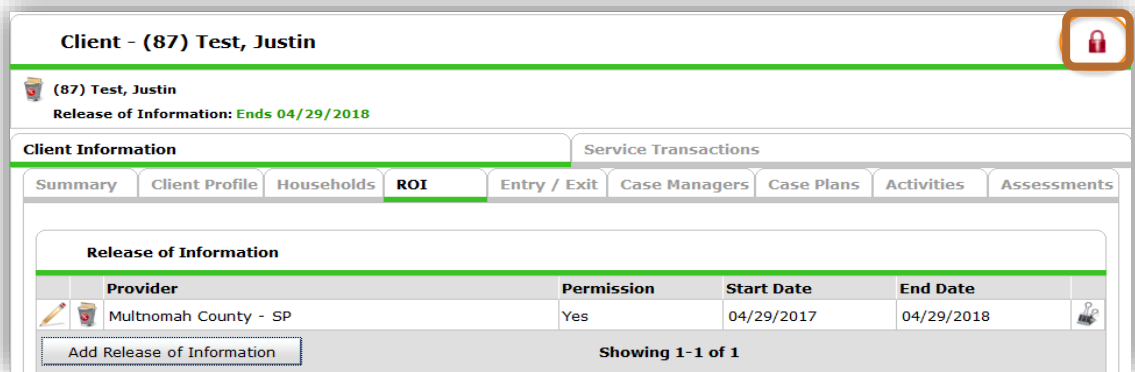
4 Fill in the remaining fields:

- **Provider:** Use the Search button to find your agency's main provider, AND the OR-501: Coordinated Access (7326) provider
- **Release Granted\*:** Yes or No
- **Start Date\*:** Date consent was signed.
- **End Date\*:** 12 months from Start Date.
- **Documentation:** Select the appropriate value from the list.
- **Witness:** type words "Coordinated Access"

5 Click the "Save and Release of Information" button.

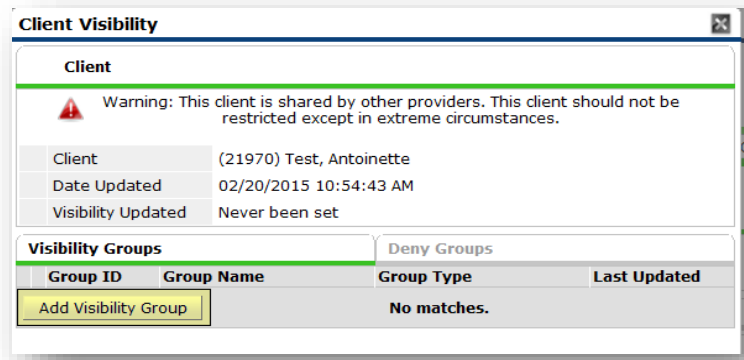
**UNLOCKING THE CLIENT'S RECORD (IF CLIENT WAS CREATED PRIOR TO 10/1/2017 AND CLIENT SAID "YES")**

1 Unlock the client's record to the appropriate visibility group.



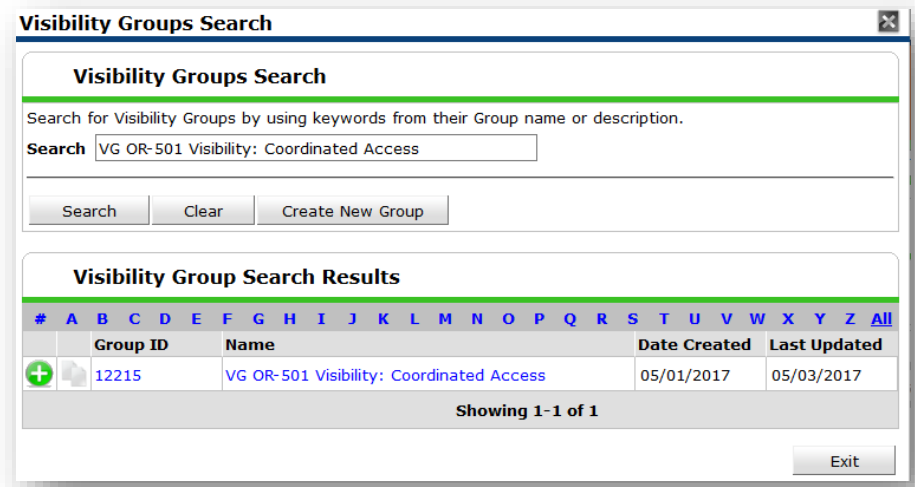
2 Click on the red padlock in the upper right-hand corner.

3 Click the Add "Visibility Group" button.



4 Search for VG OR-501  
Visibility: Coordinated Access

5 Click on the green circle with the plus sign to add the group.



6 Click on the "Exit" button

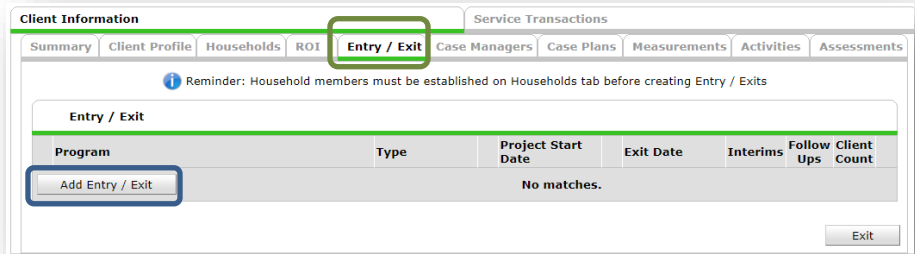
\*Reach out to the contacts on the main page of this handbook for removing visibility.

## PROGRAM ENTRY

- Clients should only have ONE open OR-501: Coordinated Access program entry at a time. Check Entry/Exit list before creating a new entry
- Score updates should be done as Interim Reviews, NOT new entries; instructions on page 23
- **ALL assessed clients should be entered into ServicePoint, regardless of vulnerability scores**

After adding a new client, creating the ROI, and opening visibility to the record, complete the HUD Questions, Program Entry, and Vets/Recovery questions when applicable

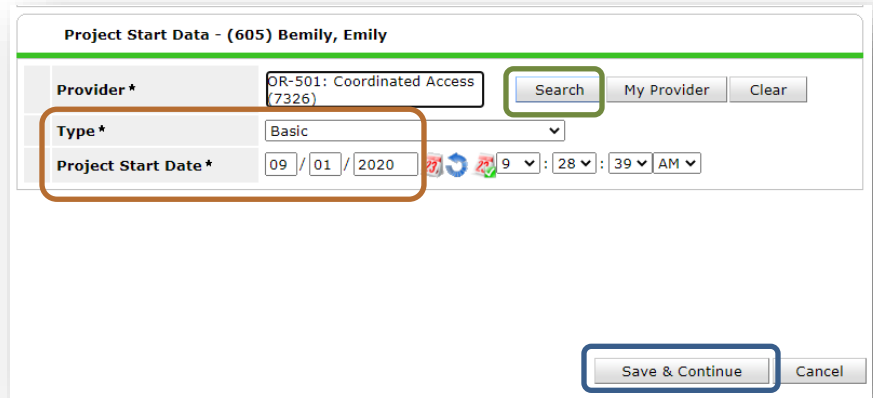
➊ Go to the Entry/Exit tab. Click Add Entry/Exit button



Search for OR 501: Coordinated Access (7326)

**Entry Type:** BASIC

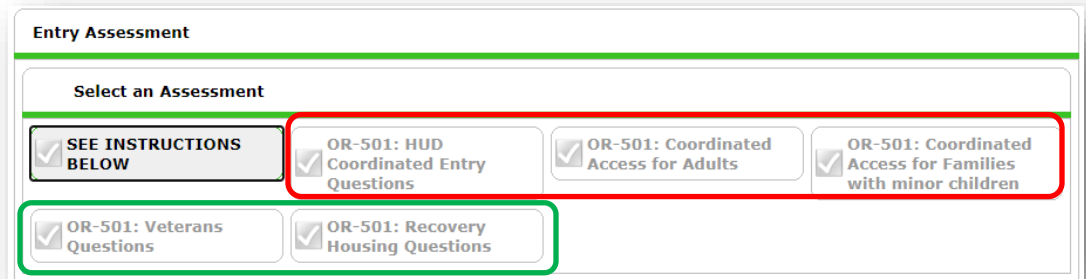
**Project Start Date:** intake date



**Save & Continue** to get to assessments

**RED** buttons are required for all entries

**GREEN** buttons are optional, when applicable



Select **OR-501: HUD Coordinated Entry Questions**



**Complete Current Living Situation & Coordinated Entry Assessment**  
**DO NOT complete Coordinate Entry Event**

Click Add to enter assessments

OR-501: HUD Coordinated Entry Questions      Entry Date: 09/01/2020 09:28:39 AM

HUD Required Coordinated Entry sub-assessments

**Current Living Situation**

Start Date *	End Date	Information Date	Current Living Situation
Add			

**Coordinated Entry Assessment**

Date of Assessment *	End Date	Assessment Location	Assessment Type	Assessment Level	Prioritization Status
Add					
No matches.					

**Coordinated Entry Event**

Start Date *	Date of Event *	Event *	Referral Result	Date of Result
Add				
No matches.				

Save    Save & Exit    Exit

**CURRENT LIVING SITUATION**

- Information Date
- Current Living Situation
- Living situation verified by – **SKIP this question**
- Is client going to have to leave their current living situation within 14 days?
- If yes, complete lower section
- **SKIP Location details**

Save once all questions are answered

**Current Living Situation**

Start Date \*    09 / 01 / 2020

End Date    / /

Information Date    09 / 01 / 2020

Current Living Situation    Place not meant for habitation (HUD)

If "Other", Specify

Living situation verified by    (23) 211info Information    Lookup    Clear

Is client going to have to leave their current living situation within 14 days?    Yes (HUD)

If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.

Has a subsequent residence been identified?    No (HUD)

Does individual or family have resources or support networks to obtain other permanent housing?    No (HUD)

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?    No (HUD)

Has the client moved 2 or more times in the last 60 days?    Yes (HUD)

Location details    Staying in car

Save    Save and Add Another    Cancel

**COORDINATED ENTRY ASSESSMENT**

- Assessment Location
- Assessment Type
- Assessment Level
- Prioritization Status

Save once all questions are answered

**Coordinated Entry Assessment**

Date of Assessment \*    09 / 01 / 2020

End Date    / /

Assessment Location    Phone/Main call-in line/211

Assessment Type    Phone

Assessment Level    Housing Needs Assessment

Prioritization Status    Placed on Prioritization List

Save    Save and Add Another    Cancel



Once both assessments have been completed, **scroll to the top of the screen and choose the correct entry assessment button**



Scroll back to top of screen to complete next steps

OR-501: HUD Coordinated Entry Questions Entry Date: 09/01/2020 09:28:39 AM

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HUD Required Coordinated Entry sub-assessments

Current Living Situation

Start Date *	End Date	Information Date	Current Living Situation
Add			

Coordinated Entry Assessment

Date of Assessment *	End Date	Assessment Location	Assessment Type	Assessment Level	Prioritization Status
No matches.					

Coordinated Entry Event

Start Date *	Date of Event *	Event *	Referral Result	Date of Result
No matches.				

**For Adults** select OR-501: Coordinated Access for Adults from the list.

Entry Assessment

Select an Assessment

SEE INSTRUCTIONS BELOW

OR-501: HUD Coordinated Entry Questions

OR-501: Coordinated Access for Adults

OR-501: Coordinated Access for Families with minor children

OR-501: Veterans Questions

OR-501: Recovery Housing Questions

**For Families with minor children** select OR-501: Coordinated Access for Families with minor children.

2 Enter clients demographic information.

OR-501: Coordinated Access for Adults

Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of Birth Type	<input type="text" value="-Select-"/>
Gender	<input type="text" value="-Select-"/>
Race	<input type="text" value="-Select-"/>
Race-Additional	<input type="text" value="-Select-"/>
Ethnicity (Hispanic/Latino)	<input type="text" value="-Select-"/>

**Inclusive Identity (Race/Ethnicity/Origin)**

**Start Date \*** Please add all that apply (Race/Ethnicity/Origin):

Primary Language	<input type="text" value="-Select-"/>
Pregnant?	<input type="text" value="-Select-"/>
How many people are in your household?	<input type="text"/>
Of those, how many are under age 18?	<input type="text"/>

The Families with minor children screening has one additional question.

Primary Language	-Select- ▼ G
Pregnant?	-Select- ▼ G
Are you in Multnomah County now?	-Select- ▼ G
How many people are in your household?	<input type="checkbox"/> G
Of those, how many are under age 18?	<input type="checkbox"/> G

## For Adults:

Please read the section headers to make sure the correct assessment is being used.

1 Answer questions regarding the person's length of time homeless and disabling condition.

2 Click on the Add button to complete the VI-SPDAT Assessment. Answer all of the questions in the assessment.

**IF NO CHILDREN UNDER THE AGE OF 18 IN THE HOUSEHOLD, CONTINUE.\* OTHERWISE, COMPLETE THE FAMILY ASSESSMENT. IF EVERYONE IN HOUSEHOLD UNDER 25, REFER TO YOUTH SYSTEM.**

*\*Pregnant adults without other children in the household, and adults with a plan in place to gain custody of children (but who do not currently have children in the household) can complete both the family and adult assessment.*

Residence Prior to Project Entry	-Select- ▼ G
Length of Stay in Previous Place	-Select- ▼ G
Does the client have a disabling condition?	-Select- ▼ G

*IF STAYING IN SHELTER, TRANSITIONAL HOUSING, PLACE NOT MEANT FOR HABITATION OR HAS BEEN IN AN INSTITUTION (HOSPITAL, JAIL, ETC.)  
FOR LESS THAN 90 DAYS & WAS IN ONE OF THE AFORMENTIONED LOCATIONS BEFOREHAND, CONTINUE. OTHERWISE STOP.*

VI-SPDAT

Start Date *	GENERAL INFORMATION	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONING	D. WELLNESS	PRE-SCREEN TOTAL	GRAND TOTAL (ADJUSTED FOR v2.0)
Add							

3 Click on the Calculate button at the bottom of the VI-SPDAT Assessment to see the Pre-Screen and the Grand Totals.

4 Copy the Pre-Screen Total and click the 'Save' button to return back to the screening questions.

**SCORING SUMMARY**

GENERAL INFORMATION
A. HISTORY OF HOUSING AND HOMELESSNESS
B. RISKS
C. SOCIALIZATION & DAILY FUNCTIONING
D. WELLNESS
<b>PRE-SCREEN TOTAL</b>
<b>GRAND TOTAL (ADJUSTED FOR v2.0)</b>

5 Answer the remaining “bonus” questions regarding the person’s vulnerability level.

6 Enter the Pre-Screen Total from the VI-SPDAT Assessment into the ‘Enter VI-SPDAT Prescreen Total (0-20)’ box.

7 Add all the points from the “bonus” questions and enter the total into the ‘Enter Additional Point Total (0-6)’ box.

8 Add the points from the ‘Enter VI-SPDAT Prescreen Total (0-20)’ and the ‘Enter Additional Points Total (0-6)’ together and enter the score into the ‘Total Vulnerability Score’ box.

The screenshot shows a web-based assessment form. At the top, there are several questions with dropdown menus, each followed by a 'G' icon. A red circle with the number '5' is placed next to the question 'Is someone hurting you or your children?'. Below these are summary boxes for 'Review Intergenerational', 'Review Abuser Relationship', 'Review age, mobility and pregnancy status', and 'Review client gender', each with a checkbox and a 'G' icon. At the bottom, there are three input boxes: 'Enter VI-SPDAT Prescreen Total' (with a red circle '6'), 'Enter Additional Points Total (0-6)' (with a red circle '7'), and 'Total Vulnerability Score (Adults)' (with a red circle '8').

9 Answer the questions regarding income, including the full monthly income amount. Click on the HUD Verification link to select the appropriate Income Types.

The screenshot shows the 'Monthly Income' section of a form. At the top, there is a 'Household Income (Monthly)' input field with a 'G' icon. Below it is a search bar for 'Monthly Income' and a 'HUD Verification' link with a warning icon. A red arrow points to this link. Below the search bar is a table with columns: 'Start Date \*', 'Source of Income', 'Receiving Income Source?', 'Monthly Amount', and 'End Date'. At the bottom left, there are 'Add' and 'View Gross Income' buttons.

**Hint:** Select No for “Select the Receiving Income Source? value for all incomplete Source of Income records” to prefill all of the Income Types and then choose Yes for the appropriate type.

**HUD Verification: Monthly Income for 05/16/2017**

Per Source of Income, the current records for Monthly Income as of 05/16/2017 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records

No  
 Data Not Collected  
 Incomplete

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Assistance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

**10** Ask about culturally specific services

Would you be interested in cultural specific services for African Americans?  G

Would you be interested in cultural specific services for Native Americans and Alaska Natives?  G


Would you be interested in culturally specific services for immigrants and refugees?  G

Would you be interested in culturally specific services for the Hispanic/Latino/Latina/Latinx community?  G

**11** Answer the health questions below. Please read the questions carefully, based on the person’s answer they may qualify for other services. Click on the HUD Verification link to select the appropriate Health Insurance Types.

Have you ever been diagnosed with a mental health condition?  G

Do you want mental health treatment attached to your housing?  G

**Health Insurance** HUD Verification 

Start Date *	Health Insurance Type	Covered?	End Date
Add			

**Hint:** Select No for “Select the Receiving Income Source? value for all incomplete Source of Income records” to prefill all of the Income Types and then choose Yes for the appropriate type.

**HUD Verification: Health Insurance for 05/16/2017**

Per Health Insurance Type, the current records for Health Insurance as of 05/16/2017 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

Yes  
 No  
 Data Not Collected  
 Incomplete

Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
MEDICAID	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Children's Health Insurance Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran's Administration (VA) Medical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer - Provided Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance obtained through COBRA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Pay Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Health Insurance for Adults	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Services Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

**12** Answer the remaining questions.

Has anyone in your household ever been diagnosed with an intellectual or developmental disability, or think they may have an intellectual or developmental disability?  G

*If yes, the person may be eligible for housing and other services from the Multnomah County Developmental Disabilities Services Division. Number to refer: (503) 988-6258*

Is anyone in your household HIV positive?  G

*If yes, the person may be eligible for a HIV specific housing and case management program through Cascade AIDS Project (CAP). Number to refer: (503) 223-5907*

Does any of the following apply to you?  G

What other agencies or providers are you (or your family) working with (for example: NARA, a medical social worker, etc.):  G

Do you need an ADA accommodation?  G

If yes, describe in detail  G

Does client want shelter?  G

Answer the recovery-oriented housing questions below if they are relevant to the person.

A few housing programs are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery. I'm going to ask you a few questions that relate to this. If these questions aren't relevant, we can skip to the next section.

Do you have a history of drug or alcohol use?  G

*If NO, stop and proceed to contact information. If YES, continue.*

Are you in recovery?  G

*If NO, stop and proceed to contact information. If YES, continue.*

If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?  G

*If NO, stop and proceed to contact information. If YES, continue the Recovery questions on the OR-501 Recovery Housing assessment.*

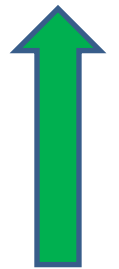
**If the person answered YES to all three recovery questions, continue with the contact information sections below, click save, and then scroll to the top of the screen to access the OR-501 Recovery Housing assessment.**

The below sections are important, they are used for recording the person's contact information. This section must be answered in order to locate/contact the person when services become available for them. If the person does not have an address or telephone number you can accept a number for a friend, family, business, or etc.

How would you like to be contacted? Please indicate how, when, where to find you, etc...	<input type="text"/>
Primary Contact Phone	<input type="text"/>
Email Address	<input type="text"/>
OK to leave voicemail?	<input type="text" value="-Select-"/>
OK to send texts?	<input type="text" value="-Select-"/>
Other Contacts	<input type="text"/>

The remaining section is for the person who is completing the assessment. Once you are done answering all the questions, scroll back to the top of the screen and complete the VETS or RECOVERY questions if applicable. If not, Save & Exit.

Assessor Name and Organization	<input type="text"/>
Assessor Phone and/or Email Address	<input type="text"/>
Assessor Notes: are there any additional details about this person's situation that you think we should have to help in the prioritization or matching process?	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Save &amp; Exit"/> <input type="button" value="Exit"/>	



Scroll up to VETS & RECOVERY questions

## For Families with minor children

Please read the section headers to make sure the correct assessment is being used.

❶ Answer the questions regarding previous living situation, length of time homeless, and disabling condition.

Note: Do not continue the screening if the person is currently in their own rental. Refer the person to 211 for assistance. If they are not in their own rental, continue the screening.

**IF NO CHILDREN UNDER THE AGE OF 18 IN HOUSEHOLD, STOP, & COMPLETE ADULT ASSESSMENT.\* IF EVERYONE IN HOUSEHOLD UNDER 25, REFER TO YOUTH SYSTEM.**

*\*Pregnant adults without other children in the household, and adults with a plan in place to gain custody of children (but who do not currently have children in the household) can complete both the family and adult assessment.*

Residence Prior to Project Entry  G

Length of Stay in Previous Place  G

Does the client have a disabling condition?  G

**IF IN MULTNOMAH COUNTY AND STAYING WITH FRIENDS/FAMILY (aka doubled up), STAYING IN SHELTER, TRANSITIONAL HOUSING, PLACE NOT MEANT FOR HABITATION OR HAS BEEN IN AN INSTITUTION (Hospital, Jail, etc.) FOR LESS THAN 90 DAYS & WAS IN ONE OF THE AFOREMENTIONED LOCATIONS BEFOREHAND, CONTINUE. OTHERWISE, STOP.**

**REFER TO 211 OR OTHER PROVIDERS IF CURRENTLY IN OWN RENTAL UNIT (Name on Lease) AND NEEDS RENT ASSISTANCE**

❷ Complete the Pre-Screen General & Family Size, VI-SPDAT, and Family Unit Screenings by clicking on the 'Add' button for each.

Pre-Screen General & Family Size

Start Date\*   ❷

WHEN ASSESSING FOR A FAMILY, FRAME QUESTIONS TO BE - "YOU AND YOUR FAMILY"

VI-SPDAT

Start Date*	GENERAL INFORMATION	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONING	D. WELLNESS	PRE-SCREEN TOTAL	GRAND TOTAL (ADJUSTED FOR v2.0)
<input type="text" value="Add"/>							

Family Unit

Start Date\*   ❷

❸ For the VI-SPDAT screening only, click on the 'Calculate' button at the bottom of the VI-SPDAT to see the Pre-Screen and the Grand Totals.

This assessment is to be answered on behalf of everyone in the family. When asking the questions, please frame the question to say **"You and your family"** (e.g. "Do you or anyone in your family have a disabling condition?").

❹ Copy the Pre-Screen Total and click the Save button to return back to the screening questions.

**SCORING SUMMARY**

GENERAL INFORMATION
A. HISTORY OF HOUSING AND HOMELESSNESS
B. RISKS
C. SOCIALIZATION & DAILY FUNCTIONING
D. WELLNESS
<b>PRE-SCREEN TOTAL</b>
<b>GRAND TOTAL (ADJUSTED FOR v2.0)</b>

❸

❹

5 Answer the remaining “bonus” questions regarding the person’s vulnerability level.

6 Enter the Scores:

1. Enter the score from the Pre-Screen and General & Family Size assessment into the ‘Enter General Information Total (0-2)’ box.
2. Enter the score from the VI-SPDAT assessment into the ‘Enter VI-SPDAT Prescreen Total (0-20)’ text box.
3. Enter the score from the Family Unit assessment into the ‘Enter Family Unit Total (0-6)’ text box.
4. Calculate the scores from the additional “bonus” questions and enter the total to the ‘Enter Additional Points Total (0-6)’ text box.

7 Add all the SPDAT scores together and enter the total into the ‘Total Vulnerability Score’ text box. If the total score is less than 6, it is not necessary to continue answering HUD Verification questions such as income. Scroll down to the bottom of the screen and click the ‘Save’ button to retain the assessment and add the client to Coordinated Access. If the score is 6 or more, continue to the remainder of the screening.

8 Answer the questions regarding income, including the full monthly income amount. Click on the HUD Verification link to select the appropriate Income Types.



**Hint:** Select No for “Select the Receiving Income Source? value for all incomplete Source of Income records” to prefill all of the Income Types and then choose Yes for the appropriate type.

**HUD Verification: Monthly Income for 05/16/2017**

Per Source of Income, the current records for Monthly Income as of 05/16/2017 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records

- No
- [Data Not Collected](#)
- [Incomplete](#)

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Assistance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9** Ask about culturally specific services

Would you be interested in cultural specific services for African Americans?  G

Would you be interested in cultural specific services for Native Americans and Alaska Natives?  G

Would you be interested in culturally specific services for immigrants and refugees?  G

Would you be interested in culturally specific services for the Hispanic/Latino/Latina/Latinx community?  G

**10** Answer the health questions below. Please read the questions carefully, based on the person’s answer they may qualify for other services. Click on the HUD Verification link to select the appropriate Health Insurance Types.

**Health Insurance** [HUD Verification](#)

Start Date *	Health Insurance Type	Covered?	End Date
<input type="button" value="Add"/>			
Has anyone in your household ever been diagnosed with an intellectual or developmental disability, or think they may have an intellectual or developmental disability? <input type="text" value="-Select-"/> G			
<i>If yes, the person may be eligible for housing and other services from the Multnomah County Developmental Disabilities Services Division. Number to refer: (503) 988-6258</i>			
Is anyone in your household HIV positive? <input type="text" value="-Select-"/> G			
<i>If yes, the person may be eligible for a HIV specific housing and case management program through Cascade AIDS Project (CAP). Number to refer: (503) 223-5907</i>			

**Hint:** Select No for “Select the Covered? value for all incomplete Health Insurance Type records” to prefill all of the Insurance Types and then choose Yes for the appropriate type.

**HUD Verification: Health Insurance for 05/16/2017**

Per Health Insurance Type, the current records for Health Insurance as of 05/16/2017 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

Yes  
 No  
 Data Not Collected  
 Incomplete

Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
MEDICAID	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Children's Health Insurance Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran's Administration (VA) Medical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer - Provided Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance obtained through COBRA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Pay Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Health Insurance for Adults	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Services Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

**11** Answer the remaining questions.

Does any of the following apply to you?  G

What other agencies or providers are you (or your family) working with (for example: NARA, a medical social worker, etc.)?

Do you have any time-sensitive housing resources, such as Section 8, a DV grant or anything else like that?

Do you have a landlord or property manager willing to work with you?

Do you need an ADA accommodation?  G

Does client want shelter?  G

Answer the recovery-oriented housing questions below if they are relevant to the person.

A few housing programs are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery. I'm going to ask you a few questions that relate to this. If these questions aren't relevant, we can skip to the next section.

Do you have a history of drug or alcohol use?  G

If NO, stop and proceed to contact information. If YES, continue.

Are you in recovery?  G

If NO, stop and proceed to contact information. If YES, continue.

If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?  G

If NO, stop and proceed to contact information. If YES, continue the Recovery questions on the OR-501 Recovery Housing assessment.

If the person answered YES to all three recovery questions, continue with the contact information sections below, click save, and then scroll to the top of the screen to access the OR-501 Recovery Housing assessment.

The below sections are important because they are used for recording the person's contact information. This section must be answered in order to locate/contact the person when services become available for them. If the person does not have an address or telephone number, you can accept a number for a friend, family, business, or etc.

How would you like to be contacted? Please indicate how, when, where to find you, etc...	<input type="text"/>
Primary Contact Phone	<input type="text"/>
Email Address	<input type="text"/>
OK to leave voicemail?	<input type="text" value="-Select-"/>
OK to send texts?	<input type="text" value="-Select-"/>
Other Contacts	<input type="text"/>

The remaining section is for the person who is completing the assessment. **Please avoid entering protected or sensitive information in the Assessor Notes.** Once you are done answering all the questions, scroll to the top of the screen and answer the VETS or RECOVERY questions if applicable.

Assessor Name and Organization	<input type="text"/>
Assessor Phone and/or Email Address	<input type="text"/>
Assessor Notes: are there any additional details about this person's situation that you think we should have to help in the prioritization or matching process?	<input type="text"/>

Save Save & Exit Exit



To VETS & RECOVERY questions

# ENTERING VETERAN QUESTIONS

**Entry Assessment**

Select an Assessment

SEE INSTRUCTIONS BELOW

OR-501: HUD Coordinated Entry Questions

OR-501: Coordinated Access for Adults

OR-501: Coordinated Access for Families with minor children

OR-501: Veterans Questions

OR-501: Recovery Housing Questions

Click Add to enter Veteran Information

If Client has served in the military in any capacity please complete the Veteran Assessment

**Veteran Information**

Year entered military service *	Year separated from military service
10/01/1990	10/01/1995

Showing 1-1 of 1

Answer the following:

- Year entered military service
- Year separated from military service
- Add Yes/No/Other response for each conflict
- Branch of Military
- Discharge Status

Click Save when done

**Veteran Information**

Year entered military service *	01 / 01 / 1990
Year separated from military service	01 / 01 / 1999
World War II	-Select-
Korean War	-Select-
Vietnam War	-Select-
Persian Gulf War	Yes (HUD)
Afghanistan	Yes (HUD)
Iraq Freedom	-Select-
Iraq Dawn	-Select-
Other Peace-keeping Operations or Military Interventions	-Select-
Branch of the Military	Army (HUD)
Discharge Status	Honorable (HUD)

Continue answering the questions in sections 1-3

**If Client is VBNL entry only please be sure to complete these:**

Section 1: General Information

Date of Birth	10 / 01 / 1982
Date of Birth Type	Full DOB Reported (HUD)
Race	Black or African American (HUD)
Race-Additional	American Indian or Alaska Native (HUD)
Ethnicity (Hispanic/Latino)	Non-Hispanic/Non-Latino (HUD)
Gender	Male
Prior Living Situation	Client refused (HUD)
Length of Stay in Previous Place	Client refused (HUD)
Did you stay less than 7 nights?	No
Does the client have a disabling condition?	Yes (HUD)
Convicted Sex Offender?	No

Section 2: Veteran Status

Have you ever served on active duty in the U.S. Armed Forces (e.g. served in full-time capacity in the Army, Navy, Air Force, Marine Corps, or Coast Guard)?	Yes (HUD)
Were you ever called into active duty as a member of the National Guard or as a reservist?	No (HUD)
Are you receiving any type of benefit through Department of Veteran Affairs?	No

Once you are done answering all the questions, scroll to the top of the screen and answer the RECOVERY questions if applicable.

To RECOVERY questions



Section 3: Contact Information

Primary Contact Phone	
How would you like to be contacted? Please indicate how, when, etc...	
What other agencies or providers are you (or your family) working with (for example: NARA, a medical social worker, etc.)?	
Staff Name	

Save Save & Exit Exit

**If RECOVERY services not needed, Save & Exit**

## ENTERING RECOVERY HOUSING QUESTIONS

A few housing programs are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery.

- If these questions are not relevant, you can skip this section.
- If the person answered YES to the first three recovery questions, continue to the OR-501 Recovery Housing assessment to answer the remaining questions.

To enter the recovery housing questions, scroll to the top of the screen and choose the **Recovery Housing Questions** button.

**Entry Assessment**

Select an Assessment

SEE INSTRUCTIONS BELOW
  OR-501: HUD Coordinated Entry Questions
  OR-501: Coordinated Access for Adults
  OR-501: Coordinated Access for Families with minor children

OR-501: Veterans Questions
  **OR-501: Recovery Housing Questions**

Answer the questions regarding the person's substance use and recovery and click "Save" when you are finished.

A few housing programs are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery. I'm going to ask you a few questions that relate to this. If these questions aren't relevant, we can skip to the next section.

Do you have a history of drug or alcohol use?  G

*If NO, stop and proceed to contact information. If YES, continue.*

Are you in recovery?  G

*If NO, stop and proceed to contact information. If YES, continue.*

If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?  G

*If NO, stop and proceed to contact information. If YES, continue the Recovery questions on the OR-501 Recovery Housing assessment.*

**OR-501: Recovery Housing Questions**

Do you have a history of drug or alcohol use?  G

Are you in recovery?  G

If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?  G

.....

Are you currently engaged in or have you completed detox services?  G

Past or anticipated date of completion (best estimate):  /  /

Are you stabilized on medication for a Substance Use Disorder (e.g. methadone, buprenorphine, naltrexone, etc.)?  G

Medications:  G

What was the date of last drug or alcohol use?  /  /

Are you currently enrolled in or have you completed Substance Use Treatment other than detox?  G

If yes, with what agency?  G

Past or anticipated date of completion (best estimate):  /  /

If available, would you be interested in recovery housing that is focused on employment services?  G

Print Assessment

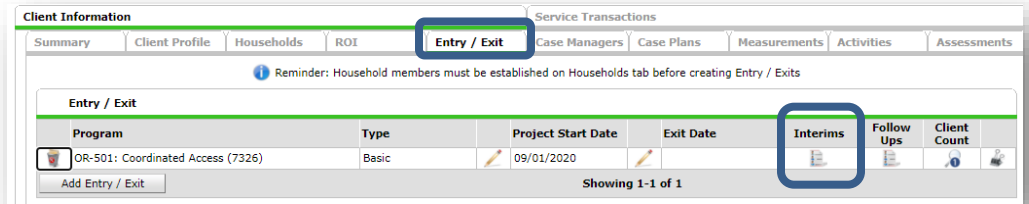
## UPDATES / SCORE APPEALS / INTERIM REVIEWS

Updates to client information (Current Living Situation changes, Coordinate Entry Assessments, Score Updates) will happen through the Interims icon on the Entry/Exit tab.

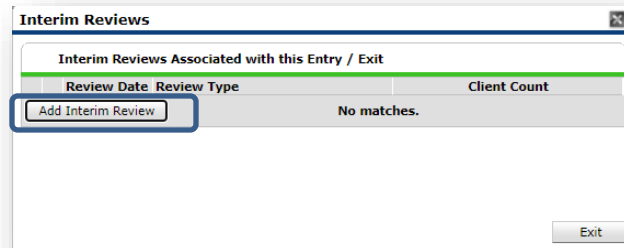
### Guidelines for when to update assessments

ASSESSMENT	WHEN TO UPDATE		
HUD Questions	<p><b>CURRENT LIVING SITUATION:</b> Anytime any of the following occurs:</p> <ul style="list-style-type: none"> <li>• A Coordinated Entry Assessment or Coordinated Entry Event is recorded</li> <li>• The client's living situation changes</li> <li>• If a Current Living Situation hasn't been recorded for longer than 365 days and the client has connected with workers for Coordinate Access support</li> <li>• Project Start</li> </ul> <p><b>COORDINATED ENTRY ASSESSMENT:</b></p> <ul style="list-style-type: none"> <li>• <b>Each new assessment</b></li> </ul>		
OR-501 Coordinated Access for Adults or Families with Children	<ul style="list-style-type: none"> <li>• If the client has an existing entry, existing scores can be updated via <u>ENTRY/EXIT INTERIM REVIEW</u></li> <li>• If a client's Entry/Exits show that they were housed and already exited the program, treat them like a new call and <b>add new</b> screening scores and new Entry/Exit – <u>ADD NEW ENTRY</u></li> </ul>		
VETS & RECOVERY	<p><b>RECOVERY</b> if the following 3 questions are YES</p> <ul style="list-style-type: none"> <li>• Do you have a history of drug or alcohol use?</li> <li>• Are you in recovery?</li> <li>• If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?</li> </ul> <p><b>VETERANS</b> if U.S. Military Veteran? = Yes</p> <div data-bbox="852 1375 1299 1543" style="border: 1px solid gray; padding: 5px;"> <p style="text-align: center;"><b>Household Members</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>(1) Protagonist, Unnamed Age: Unknown Veteran: Yes (HUD)</td> </tr> </table> </div>	<input checked="" type="checkbox"/>	(1) Protagonist, Unnamed Age: Unknown Veteran: Yes (HUD)
<input checked="" type="checkbox"/>	(1) Protagonist, Unnamed Age: Unknown Veteran: Yes (HUD)		
SCORE APPEALS	<ul style="list-style-type: none"> <li>• Score appeals discussions will happen off-line and handled administratively</li> <li>• Once score appeal has been determined, EDIT THE Most recent transaction (entry or interim) to reflect the appealed score</li> </ul>		

From the Entry/Exit tab, click on the Interims icon next to the **OR-501: Coordinated Access (7326)** entry

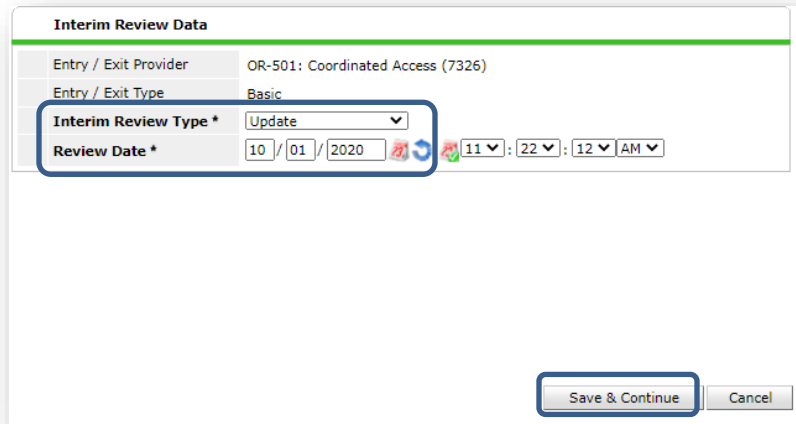


Click Add Interim Review



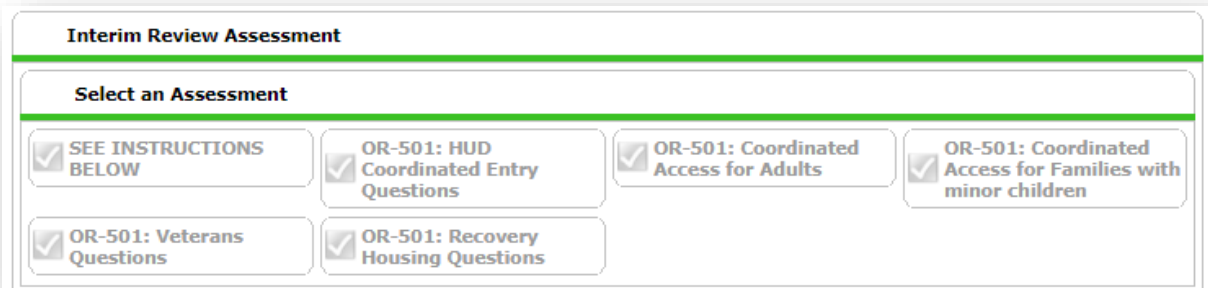
**Interim Review Type:** Update

**Review Date:** date you collected the information



Click Save & Continue

Choose which assessment you would like to update

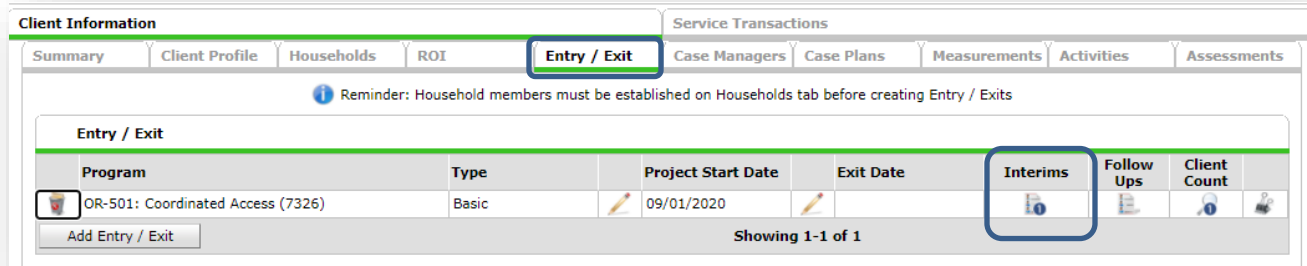


If updating multiple assessments, remember to scroll back to the top to choose each one.

When all relevant assessments have been updated, Save & Exit



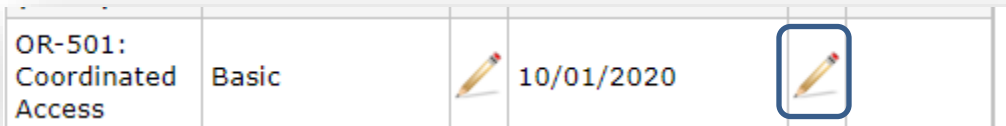
You will be returned to the Entry/Exit tab, and you will see a number 1 on the Interim icon. The number grows as more Interim Reviews are added.



## EXITS FROM COORDINATED ACCESS

- Only 211, Family Housing Navigators and JOHS staff will do exits from OR-501: Coordinated Access
- Contact [servicepoint@multco.us](mailto:servicepoint@multco.us) with any questions about exits

When participant is assigned to an agency for service, click on the Exit Date pencil



Enter Exit Date, and answer questions as if participant is successful in the next phase of housing

**Edit Exit Data - (1) James, Lebron**

Exit Date *	11 / 03 / 2020 9 : 27 : 35 AM
Reason for Leaving	Completed program
If "Other", Specify	
Destination *	Rental by client, with RRH or equivalent subsidy (HUD)
If "Other", Specify	
Notes	

You will land on this screen, Save & Exit

**Household Data Sharing**

Client: (1) James, Lebron Add Household Data

**OR-501: Coordinated Access Exit (Event)** Exit Date: 12/02/2020 12:03:56 PM

**Coordinated Entry Event**

Start Date *	Date of Event	Event *	Referral Result	Date of Result
11/30/2020	11/30/2020	Referral to RRH project resource opening	Unsuccessful referral: client rejected	11/30/2020

Add Showing 1-1 of 1

Save Save & Exit Exit

# NO CONTACT/NO REQUESTED SERVICE EXITS FROM COORDINATED ACCESS

If it is determined that there is no way to contact the participant, or if the participant says they no longer want or need services, an event sub-assessment is not required. Family Housing Navigators and 211 staff can close the entry themselves.

When it is determined that contact cannot be made or the client expresses that they no longer want services, click on the Exit Date pencil

OR-501: Coordinated Access	Basic		10/01/2020	
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Enter Exit Date, and answer questions about reason for exit and departure destination to the best of your knowledge

**Edit Exit Data - (1) Copeland, Sloan**

<b>Exit Date *</b>	09 / 20 / 2021    9 : 33 : 42 AM
Reason for Leaving	Other
If "Other", Specify	
<b>Destination *</b>	No exit interview completed (HUD)
If "Other", Specify	
Notes	

You will land on this screen, Save & Exit

**Household Data Sharing**

Client: (1) Tang, Andrea Add Household Data

**OR-501: Coordinated Access Exit (Event)** Exit Date: 05/13/2021 11:01:28 AM

**Coordinated Entry Event**

	Start Date *	Date of Event *	Event *	Referral Result	Date of Result
	05/13/2021	05/13/2021	Referral to RRH project resource opening	Successful referral: client accepted	05/13/2021

Add Showing 1-1 of 1

Save **Save & Exit** Exit