Basic Emergency Shelter HMIS Workflow Document

**Checking clients in:**

* In Shelterpoint, select bed that the client is being placed in.
* Search for Client In HMIS
	+ If not in HMIS, create new client file
	+ If in HMIS, go to their existing client file
* Add a new household along with client if the client is new to HMIS
	+ If working with single client, skip this step
	+ ALL family members in the program need an intake assessment completed
	+ If client was already in HMIS, confirm Household makeup in Shelterpoint household management section
* Add Electronic ROI to Shelterpoint
* Fill out Entry Assessment in Entry data screen
	+ Check that all responses are accurate at the time of entry into shelter, especially
		- Prior Living Situation
		- History of Homelessness (# of times literally homeless in the last 3 years, # of months homeless in the past 3 years, Approximate Date Homelessness Started)
		- Income
		- Non-Cash Benefits
		- Health Insurance
		- Disabilities
		- Domestic Violence
	+ Make sure to check that HUD verifications are complete and that all records are current (Green check-box)
* Add assessment information for all other family members in Shelterpoint
* If client has a recent “unknown/disappeared” exit, update it to reflect any newly gathered information about their whereabouts at that time.

**Checking client out**

* Find the client in the Shelterpoint Bed List
* Click the checkout button
* Select all the household members associated with the initial check-in
* Fill out the client’s exit destination
* Update any information about the client’s income, non-cash benefits, health insurance, and disabilities.

**Coordinated Entry Assessment**

* Set Enter Data As provider to **Coordinated Entry NY-505**
* Navigate to the client’s profile in Clientpoint
* Add an Entry/Exit record for that client in the **Coordinated Entry NY-505** provider
* Fil out the **Coordinated Entry NY-505** provider assessment
	+ Fill out the referral and prioritization section
	+ Fill out the appropriate VI-SPDAT form
* Update each client’s Coordinated Entry assessment once a month, with particular attention to:
	+ Months homeless in the last 3 years
	+ Housing program preferences (PSH vs RRH)
* Close out client’s Coordinated Entry Assessment