

ClientPointTM

**Coordinated Entry
Workflow For Shelter
Providers**

Working with the Referral List

When there is a vacancy, a referral will be sent by HCAA. You will pull a Referrals report that will list all households that have been referred for shelter.

The screenshot displays a dashboard interface with the following structure:

- Dashboard** (Header)
- Report Dashboard** (Section Header)
- Audit Reports** (Category Header)
 - Audit Report
 - User Information
 - User Login
- Provider Reports** (Category Header)
 - Annual Homeless Assessment Report (AHAR)
 - Call Record Report
 - Client Served Report
 - Entry/Exit Report
 - ESG CAPER (HDS V5)
 - Needs Report
 - Referrals** (Highlighted with a green border and an arrow from the text on the left)
 - Service Transaction

Working with the Referral List

1. Choose Provider
2. Set Referral Type to “incoming referrals to provider”
3. Set Status and Outcomes to “all”
4. Choose date range and Build Report
5. You can now access the record to review the household’s/individual’s record for consideration for the vacancy by selecting one of the household names in **BLUE**.

5 Type here for Global Search   

Report Options

Provider *	Anna's House Emergency Shelter (265) ▼
	<input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY
Referral Type *	Incoming referrals to provider ▼
Referral Status	<input type="radio"/> Outstanding <input type="radio"/> Closed <input checked="" type="radio"/> ALL
Referral Outcome	-All- ▼
Referral Date Range	05 / 01 / 2018    06 / 18 / 2018   
Sort Order	Please Select a Sort Order <input type="button" value="Select"/> <input type="button" value="Clear"/>

Report Results

Referral Date ▼	Name	Group ID	Ranking	VI-SPDAT	VI-FSPDAT	Need Type	Referred By	Referred To	Referral Outcome	Need Notes
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(7) Reynolds, John	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter		
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(8) Reynolds, Christine	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter		
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(6) Reynolds, Amanda	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter		

Showing 1-3 of 3

Reviewing the Referral

1. On the Summary tab, you will now see the entire Household, any Outstanding Incoming Referrals and the VI-SPDAT or VI-FSPDAT for the head of household.
2. Choose the Head of Household to work from if a multi-person household.

Name	Reynolds, Amanda	Gender	Female
Date of Birth	02/27/1987 (Age 31)	Primary Race	Black or African American (HUD)
Social Security	420-11-0256	Secondary Race	
		U.S. Military Veteran?	No (HUD)

Release of Information			
Provider	Permission	Start Date	End Date
No matches.			

Entry/Exits			
Program	Type	Project Start Date	Exit Date
Coordinated Access	HUD	05/07/2018	

Households			
ID	Type	Head of Household	Relationship
2	Female Single Parent		
	*Reynolds, Amanda	Yes	Self
	Reynolds, Christine	No	Daughter
	Reynolds, John	No	Son

Shelter Stays		
Start Date	End Date	Provider
No matches.		

Outstanding Incoming Referrals		
Referral Date	Referring Provider	Need Type
06/04/2018	Family Priority List	Housing/Shelter

VI-FSPDAT 2.0							
Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL
05/07/2018	1	0	0	1	3	2	7

Reviewing the Referral

Under the Client Profile Tab you have access to a supplemental assessment, client notes from Coordinated Entry and any additional file attachments that have been uploaded (benefit letters, ID, birth certificates, discharge summaries, etc.)

Supplemental Assessment

Number in Household	3
Female Head of Household	Yes
Speaks English?	Yes
Primary Language Spoken *	English
Phone Number	443-201-2207
Phone number where you can receive messages.	
Email Address	
Highest Level of Education Attained	High School Diploma (HUD)
Zip Code	21085
Household Type	Female Single Parent
Employed?	No (HUD)
Primary reason for homelessness	Mental Health

Arrest/Conviction Record

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	No (0 Points)
Convicted Sex Offender?	No
On Probation?	No

Cancel

Client Notes

Provider	Note Date	Note Preview	Full Note
Coordinated Access	05/07/2018	Amanda is a single mom who has struggle...	

Add New Client Note Print Showing 1-1 of 1

File Attachments

Date Added	Name	Description	Type	Provider	Added From
No matches.					

Add New File Attachment

Reviewing the Referral

1. Providers have 7 days to contact, interview and either accept or deny the referral for placement.
2. Once a determination has been made, this decision must be communicated back to the Family or Single Adult Priority List maintained by HCAA.

Name	Reynolds, Amanda	Gender	Female
Date of Birth	02/27/1987 (Age 31)	Primary Race	Black or African American (HUD)
Social Security	420-11-0256	Secondary Race	
		U.S. Military Veteran?	No (HUD)

Release of Information

Provider	Permission	Start Date	End Date
No matches.			

[Add ROI](#)

Entry/Exits

Program	Type	Project Start Date	Exit Date
Coordinated Access	HUD	05/07/2018	

[Add Entry / Exit](#) Showing 1-1 of 1

Households

ID	Type	Head of Household	Relationship
2	Female Single Parent		
	*Reynolds, Amanda	Yes	Self
	Reynolds, Christine	No	Daughter
	Reynolds, John	No	Son

[Search Existing Households](#) [Start New Household](#)

Shelter Stays

Start Date	End Date	Provider
No matches.		

Outstanding Incoming Referrals

Referral Date	Referring Provider	Need Type
06/04/2018	Family Priority List	Housing/Shelter

[Add Referral](#) Showing 1-1 of 1

VI-FSPDAT 2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL
05/07/2018	1	0	0	1	3	2	7

[Add](#) Showing 1-1 of 1

[Cancel](#)

Responding to the Referral

Communicating the outcome back to HCAA can be done by in 2 ways:

Search Existing Households | Start New Household

Outstanding Incoming Referrals

Referral Date	Referring Provider	Need Type
 06/04/2018	Family Priority List	Housing/Shelter

Add Referral Showing 1-1 of 1

VI-FSPDAT 2.0

Option 1: Click on the pencil next to the referral on the Client Summary Page

Option 2: Choosing “Update Referral Outcome” on the Referral Report Results

Report Options

Provider * Anna's House Emergency Shelter (265) ▾

This provider AND its subordinates This provider ONLY

Referral Type * Incoming referrals to provider ▾

Referral Status Outstanding Closed ALL

Referral Outcome -All- ▾

Referral Date Range 05 / 01 / 2018    06 / 18 / 2018   

Sort Order Please Select a Sort Order Select Clear

Export Report

Report Results

Referral Date ▾	Name	Group ID	Ranking	VI-SPDAT	VI-FSPDAT	Need Type	Refe
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(7) Reynolds, John	65	High		7	Housing/Shelter	Fami
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(8) Reynolds, Christine	65	High		7	Housing/Shelter	Fami
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(6) Reynolds, Amanda	65	High		7	Housing/Shelter	Fami

Select ALL Clear

Update Referral Outcome

Option 1: Responding from the Client Summary Page

Click on the pencil next to the referral in “Outstanding Incoming Referrals”

Client Information | Service Transactions

Summary | Client Profile | Households | ROI | Entry / Exit | Case Managers | Case Plans | Measurements | Assessments

Added to the system 03/19/2018 08:21 AM

Name	Reynolds, Amanda	Gender	Female
Date of Birth	02/27/1987 (Age 31)	Primary Race	Black or African American (HUD)
Social Security	420-11-0256	Secondary Race	
		U.S. Military Veteran?	No (HUD)



Release of Information

Provider	Permission	Start Date	End Date
No matches.			

Add ROI

Entry/Exits

Program	Type	Project Start Date	Exit Date
Coordinated Access	HUD	05/07/2018	

Add Entry / Exit

Showing 1-1 of 1

Households

ID	Type	Head of Household	Relationship
2	Female Single Parent		
	*Reynolds, Amanda	Yes	Self
	Reynolds, Christine	No	Daughter
	Reynolds, John	No	Son

Search Existing Households | Start New Household

Shelter Stays

Start Date	End Date	Provider
No matches.		

Outstanding Incoming Referrals

Referral Date	Referring Provider	Need Type
06/08/2018	Family Priority List	Housing/Shelter

Edit Referral | rral

Showing 1-1 of 1

Responding from the Client Summary Page

1. Update the “Referral Outcome”
2. If Canceled or Declined, select the Reason
3. Save & Exit-Be sure to follow instructions on the “Declining a Referral” slide

[Include Additional Household Members](#)

Need Information

Need	Housing/Shelter (BH)
Provider	Family Priority List (313)
Date of Need	06/08/2018 12:00:00 PM
Amount if Financial	No amount entered.
Notes	No notes entered.

Referral Data [Send Summary](#)

Referred-To Provider	Harford Family House Transitional Housing (4)
Needs Referral Date *	06 / 08 / 2018 12 : 00 : 00 PM
Referral Ranking	-Select-
VI-SPDAT Score	Please Select a VI-SPDAT Score <input type="button" value="Search"/> <input type="button" value="Clear"/>
VI-FSPDAT Score	7 Recorded using VI-FSPDAT v2.0 on 05/07/2018 by Coordinated Access (65) <input type="button" value="Search"/> <input type="button" value="Clear"/>
Referral Outcome	<div style="border: 1px solid black; padding: 2px;"><ul style="list-style-type: none">-Select--Select-<li style="background-color: #007bff; color: white;">AcceptedAccepted on Wait ListDeclinedCanceled</div>
Follow Up Information	
Projected Follow Up Date	
Follow Up User	Coordinated Access (65) Candace Coates
Follow Up Made	-Select-
Completed Follow Up Date	

Need Status and Outcome

Responding from the Client Summary Page

1. If Accepted, provide a service
2. Select "Provide Service" under Service Information

Referral Outcome	Accepted
Follow Up Information	
Projected Follow Up Date	06 / 15 / 2018   
Follow Up User	Coordinated Access (65) Candace Coates
Follow Up Made	-Select-
Completed Follow Up Date	/ /   
Need Status and Outcome	
Need Status *	Identified
Outcome of Need	Service Pending
If Need is Not Met, Reason	-Select-
Service Information	
Provide Service	 A Service has not yet been provided for this Referral.

Save Save & Exit Exit

Responding from the Client Summary Page

1. Be sure to include the entire household
2. Service Provider=the project accepting referral
3. Set the Start Date and End Date to the date of acceptance
4. Make the Service the Same as the Need
5. Save & Continue

Add Service

Household Members

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

(2) Female Single Parent

- (6) Reynolds, Amanda (Primary Client)
- (8) Reynolds, Christine
- (7) Reynolds, John

Include Additional Household Members

Referral Information

Referred-To Provider	Harford Family House Transitional Housing (4)
Needs Referral Date	06/08/2018 12:00:00 PM
Referral Ranking	
VI-SPDAT Score	
VI-FSPDAT Score	<input type="checkbox"/> Recorded using VI-FSPDAT v2.0 on 05/07/2018 by Coordinated Access (65)
Referral Outcome	Accepted

Service Provider *	Harford Family House Transitional Housing (4) ▼
Creating User	Renee Duzan
Start Date *	06 / 12 / 2018    12 : 00 : 00 PM ▼
End Date	06 / 12 / 2018    12 : 00 : 00 PM ▼
Service Type *	Make Service same as Need Housing/Shelter (BH) ▼ <input type="button" value="Look Up"/>
Provider Specific Service	-Select- ▼

Save & Continue

Cancel

Responding from the Client Summary Page

You can include a note about the service if applicable

Referral Information	
Referred-To Provider	Harford Family House Transitional Housing (4)
Needs Referral Date	06/08/2018 12:00:00 PM
Referral Ranking	
VI-SPDAT Score	
VI-FSPDAT Score	7 Recorded using VI-FSPDAT v2.0 on 05/07/2018 by Coordinated Access (65)
Referral Outcome	Accepted

Service Provider*	
Creating User	Renee Duzan
Start Date*	06/12/2018 12:00:00 PM
End Date	06/12/2018 12:00:00 PM
Service Type*	Housing/Shelter (BH)
Provider Specific Service	-Select-
Service Notes	Family will be moving in tomorrow.

Set the Need Status to “Closed” and Outcome to “Fully Met”
Save & Exit

From this point you are ready to place the household into the bed using Shelterpoint

Completed Follow Up Date	
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Need Information	
Need Status*	Closed
Outcome of Need	Fully Met
If Need is Not Met, Reason	-Select-

Save Save & Exit Exit

Option 2: Responding from the Referral Report

1. Put a check mark in box(s) next to record-be sure to include entire family
2. Select “Update Referral Outcome”

The screenshot displays a web application interface for managing referrals. At the top, there is a navigation bar with the text 'ning Site' and a user profile for 'Shadow Imarpoe'. Below this is a search bar with the placeholder text 'Type here for Global Search'. The main content area is divided into two sections: 'Report Options' and 'Report Results'. The 'Report Options' section includes a dropdown for 'Provider' (Anna's House Emergency Shelter (265)), radio buttons for 'Referral Type' (Incoming referrals to provider), radio buttons for 'Referral Status' (Outstanding, Closed, ALL), a dropdown for 'Referral Outcome' (-All-), and a date range selector (05/01/2018 to 06/18/2018). The 'Report Results' section shows a table with columns for 'Referral Date', 'Name', 'Referred To', 'Referral Outcome', and 'Need Notes'. Three rows are visible, all with a checkmark in the first column. A modal window titled 'Update Referral Outcome' is open, displaying a message: 'The selected (3) Referrals will all receive the same outcome selected below.' The modal contains a dropdown menu for 'Referral Outcome*' with options: Accepted, Accepted on Wait List, Declined, and Canceled. There are 'Save Referral Information' and 'Exit' buttons at the bottom of the modal. The 'Update Referral Outcome' button is visible at the bottom of the main interface.

ning Site

Mode: Shadow Imarpoe
Enter Data As Anna's House Emergen
Back Date

Type here for Global Search

Report Options

Provider* Anna's House Emergency Shelter (265) ▼
 This provider AND its subordinates This provider ONLY

Referral Type* Incoming referrals to provider ▼

Referral Status Outstanding Closed ALL

Referral Outcome -All- ▼

Referral Date Range 05 / 01 / 2018 06 / 18 / 2018

Sort Order Please Select a Sort Order

Export Report Build Report Clear

Report Results

Referral Date ▼	Name	Referred To	Referral Outcome	Need Notes
<input checked="" type="checkbox"/> 06/04/2018 12:00:00 PM	(7) Reyn	Anna's House Emergency Shelter		
<input checked="" type="checkbox"/> 06/04/2018 12:00:00 PM	(8) Reynolds, Christine 65 High 7	Anna's House Emergency Shelter		
<input checked="" type="checkbox"/> 06/04/2018 12:00:00 PM	(6) Reynolds, Amanda 65 High 7	Anna's House Emergency Shelter		

Select ALL Clear

Showing 1-3 of 3

Update Referral Outcome

Responding from the Referral Report

1. Choose Referral Outcome
2. If Canceled or Declined, select the Reason

ng Site Mode:  Shadow  Imarpoe
 Enter Data As Anna's H
 Back Date

Type here for Global Search

Report Options

Provider * Anna's House Emergency Shelter (265) ▼
 This provider AND its subordinates This provider ONLY

Referral Type * Incoming referrals to provider ▼

Referral Status Outstanding Closed ALL

Referral Outcome -All- ▼

Referral Date Range 05 / 01 / 2018    06 / 18 / 2018   

Sort Order Please Select a Sort Order

Report Results

Referral Date ▼	Name	Referred To	Referral Outcor
<input checked="" type="checkbox"/> 06/04/2018 12:00:00 PM	(7) Reyn	Anna's House Emergency Shelter	
<input checked="" type="checkbox"/> 06/04/2018 12:00:00 PM	(8) Reyn	Anna's House Emergency Shelter	
<input checked="" type="checkbox"/> 06/04/2018 12:00:00 PM	(6) Reynolds, Amanda	Anna's House Emergency Shelter	

Update Referral Outcome

 The selected (3) Referrals will all receive the same outcome selected below.

Referral Outcome * Declined ▼

If Canceled or Declined, Reason -Select- ▼

- Select-
- Client moved out of the CoC area
- Client Refused Placement
- Client unresponsive to multiple communication attempts
- Does not meet disability criteria (PSH only)
- Does not meet homelessness criteria (PSH and RRH only)
- Drug manufacturing and/or distribution conviction
- Household larger than can be accommodated in vacancy
- Medical/Health needs cannot be met
- No placement needed-housing crisis resolved
- Other (explanation required to be sent to HCAA)
- Placed in shelter by other Provider
- Property Management denial (documentation from mgmt. required)
- Registered Sex Offender
- There is no vacancy
- Violent crime conviction

Responding from the Referral Report

The Referral Outcome is now updated

5

! 6 ★ ?

Report Options

Provider * Anna's House Emergency Shelter (265) ▼

[This provider AND its subordinates](#) [This provider ONLY](#)

Referral Type * Incoming referrals to provider ▼

Referral Status [Outstanding](#) [Closed](#) [ALL](#)

Referral Outcome -All- ▼

Referral Date Range 05 / 01 / 2018 06 / 18 / 2018

Sort Order Please Select a Sort Order Select Clear

Export Report Build Report Clear

Report Results

Referral Date ▼	Name	Group ID	Ranking	VI-SPDAT	VI-FSPDAT	Need Type	Referred By	Referred To	Referral Outcome	Need Notes
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(7) Reynolds, John	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter	Declined	
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(8) Reynolds, Christine	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter	Declined	
<input type="checkbox"/> 06/04/2018 12:00:00 PM	(6) Reynolds, Amanda	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter	Declined	

Select ALL Clear Showing 1-3 of 3

Update Referral Outcome

Responding from the Referral Report

1. If referral outcome is Accepted, you will need to create a service
2. Select **Housing/Shelter** under Need Type for one of the family members

The screenshot shows a web interface for a Referral Report. At the top, there are filter controls for Provider, Referral Type, Referral Status, Referral Outcome, Referral Date Range, and Sort Order. Below these are buttons for 'Export Report', 'Build Report', and 'Clear'. The main section is titled 'Report Results' and contains a table with the following data:

Referral Date	Name	Group ID	Ranking	VI-SPDAT	VI-FSPDAT	Need Type	Referred By	Referred To	Referral Outcome	Need Notes
06/04/2018 12:00:00 PM	(7) Reynolds, John	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter	Accepted	
06/04/2018 12:00:00 PM	(8) Reynolds, Christine	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter	Accepted	
06/04/2018 12:00:00 PM	(6) Reynolds, Amanda	65	High		7	Housing/Shelter	Family Priority List	Anna's House Emergency Shelter	Accepted	

Below the table are buttons for 'Select ALL' and 'Clear', and a status indicator 'Showing 1-3 of 3'. At the bottom, there is an 'Update Referral Outcome' button.

Responding from the Referral Report

Select "Provide Service" under Service Information

Referral Outcome	Accepted
Follow Up Information	
Projected Follow Up Date	06 / 15 / 2018   
Follow Up User	Coordinated Access (65) Candace Coates
Follow Up Made	-Select-
Completed Follow Up Date	/ /   
Need Status and Outcome	
Need Status *	Identified
Outcome of Need	Service Pending
If Need is Not Met, Reason	-Select-
Service Information	
<input type="button" value="Provide Service"/>	 A Service has not yet been provided for this Referral.

Responding from the Referral Report

1. Be sure to include the entire household
2. Service Provider=the project accepting referral
3. Set the Start Date and End Date to the date of acceptance
4. Make the Service the Same as the Need
5. Save & Continue

Add Service

Household Members

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

(2) Female Single Parent

(6) Reynolds, Amanda (Primary Client)

(8) Reynolds, Christine

(7) Reynolds, John

Referral Information

Referred-To Provider	Harford Family House Transitional Housing (4)
Needs Referral Date	06/08/2018 12:00:00 PM
Referral Ranking	
VI-SPDAT Score	
VI-FSPDAT Score	7 Recorded using VI-FSPDAT v2.0 on 05/07/2018 by Coordinated Access (65)
Referral Outcome	Accepted

Service Provider * Harford Family House Transitional Housing (4)

Creating User: Renee Duzan

Start Date * 06 / 12 / 2018 12 : 00 : 00 PM

End Date 06 / 12 / 2018 12 : 00 : 00 PM

Service Type * [Make Service same as Need](#)
Housing/Shelter (BH)

Provider Specific Service: -Select-

Responding from the Referral Report

You can include a note about the service if applicable

Referral Information	
Referred-To Provider	Harford Family House Transitional Housing (4)
Needs Referral Date	06/08/2018 12:00:00 PM
Referral Ranking	
VI-SPDAT Score	
VI-FSPDAT Score	7 Recorded using VI-FSPDAT v2.0 on 05/07/2018 by Coordinated Access (65)
Referral Outcome	Accepted

Service Provider*	
Creating User	Renee Duzan
Start Date*	06/12/2018 12:00:00 PM
End Date	06/12/2018 12:00:00 PM
Service Type*	Housing/Shelter (BH)
Provider Specific Service	-Select-
Service Notes	Family will be moving in tomorrow.

Set the Need Status to “Closed” and Outcome to “Fully Met”
Save & Exit

From this point you are ready to place the household into the bed using Shelterpoint

Completed Follow Up Date	
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Need Information	
Need Status*	Closed
Outcome of Need	Fully Met
If Need is Not Met, Reason	-Select-

Save Save & Exit Exit

Declining a Referral

If denial is due to property management decision or any other reason not listed, please scan and attach an explanation and/or documentation from the mgmt. in the “File Attachments” under the Client Summary Tab.

If denial is due to no response, attach documentation of attempts (date, method of contact, result) in the “File Attachments” under the Client Summary Tab.

Client Notes

Provider	Note Date	Note Preview	Full Note
  Coordinated Access	05/07/2018	Amanda is a single mom who has struggle...	

Showing 1-1 of 1

File Attachments

Date Added	Name	Description	Type	Provider	Added From
No matches.					

Incidents

Start Date	End Date	Incident	Incident Code	Provider	Ban Site	Staff
No matches.						