

How to Enter the RRH to PSH Transfer Assessment in CAS

Version Nov 2021

Developed by: The Supportive Housing Department, Department of Neighborhood Development, City of Boston

Step	Tasks						
<p>Step 1</p> <p>Documenting Homeless Nights</p>	<p>Before beginning the assessment you will need to determine the number of Boston homeless nights you are adding to the client’s record. This is required for all deidentified clients.</p> <ul style="list-style-type: none"> Use Documenting Current Boston Homelessness to add overnight stays in shelters, outside, or places not meant for human habitation You will need to retain this to share with any agencies to which the client is matched. Enter the client’s name and check off any location where the client has slept in the last three years. Note – this document will not be shared with any other agency, including DND, until the client has agreed to move forward with a CAS match. Adding their name to the document will not reveal the client’s identity to anyone outside of your agency. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Homeless Situation: This verifies that the participant meets the HUD definition of literally homeless (Category 1).</p> <p>_____ (participant name) sleeps or resides in one of the following situations (check off the applicable option):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> A place not meant for human habitation (unsheltered) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> A hotel funded by public dollars </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> An emergency shelter </td> <td style="vertical-align: top;"> <input type="checkbox"/> An institution (hospital, treatment, corrections, etc.) for less than 90 days; and was in one of the above situations prior to entry into the institution </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> A transitional housing/VA GPD program </td> <td></td> </tr> </table> </div> <ul style="list-style-type: none"> Add Location information and dates that the client stayed there <p>Location: Specify where the participant resides (agency name, institution name, etc): _____</p> <p>Dates: Specify the dates the participant has resided in the above situation: _____</p> <ul style="list-style-type: none"> Verifications – only fill out one of the three options Third party verification – Only use this if you are submitting dates based on personal or agency observation. Staff member writes in their own name, signs, enters agency name and date <p style="text-align: center;">1. Third Party Verification</p> <p>I, _____ (provider name + agency) verify the participant resides in the above situation because my agency provides direct services to shelter or outreach to the participant; or I work at an institution where the participant temporarily resides.</p> <p>_____ <i>Provider staff signature</i> <i>Provider Agency Name</i> <i>Date</i></p> <ul style="list-style-type: none"> Oral Verification – Only use if the client is remote or for any reason cannot sign for them selves but is able to state that they agree to the verification. Staff member writes in their own name, signs, enters agency name and date <p style="text-align: center;">2. Oral Verification to the Intake Worker or Intake Worker Observations</p> <p>I, _____ (provider name + agency) verify I received oral verification from the provide agency or my observations indicate that the participant resides in the above situation</p> <p>_____ <i>Program staff signature</i> <i>Provider Agency Name</i> <i>Date</i></p> <ul style="list-style-type: none"> Participant Self-Certification – Only use if the client is present and able to sign their own name. Client enters name, signs, and dates 	<input type="checkbox"/> A place not meant for human habitation (unsheltered)	<input type="checkbox"/> A hotel funded by public dollars	<input type="checkbox"/> An emergency shelter	<input type="checkbox"/> An institution (hospital, treatment, corrections, etc.) for less than 90 days; and was in one of the above situations prior to entry into the institution	<input type="checkbox"/> A transitional housing/VA GPD program	
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<input type="checkbox"/> An emergency shelter	<input type="checkbox"/> An institution (hospital, treatment, corrections, etc.) for less than 90 days; and was in one of the above situations prior to entry into the institution						
<input type="checkbox"/> A transitional housing/VA GPD program							

3. Participant Self-Certification

I, _____ (participant name) verify I reside in the above situation

Participant Signature

Date

- Due Diligence Documentation – Enter reasons for not being able to get third party verification of homelessness and why observance, oral, or self-certification was used.

Due Diligence Documentation

Indicate the reason(s) you were unable to obtain third party or HMIS verification and had to use the oral, observation or self-certification methods. _____

- Adding non-HMIS Boston Homeless Days to a Participant’s Record. Note location, check whether or not the location was in Boston, and the total # of homeless days being added. Outside stays of 1 night in any given month give a client the full month’s nights. This can be done for as many locations as needed over the past three years. Use an additional sheet if needed

Location:	
Located in Boston? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Boston Homeless Days (calculated from date estimates above):
Dates:	
<i>*If participant was sleeping unsheltered (outside, place not meant for habitation) one night in a given month counts for that full month of days- ex. 1 night in November would count for 30 days in November when you add up the total days.</i>	

- Total # of Boston Homeless Days added to record – Add up the number of days from each location and enter the total here

Total # of Boston Homeless Days Adding to Record:

Step 2

How to Log into CAS

- Go to cas.boston.gov
- Enter your user name and password in the upper right and click blue button

The image shows a login form with two input fields labeled 'email' and 'password', and a blue button with a white login icon.

- From the menu on the right, select “Non-HMIS Clients”

Matches in Progress

- Chronic Match Route
- Provider Only Route
- Homeless Set-Aside Route
- Landlord Match Route

Non-HMIS Clients

Help

Edit Account

Sign Out 

D. Make sure that the “Deidentified Clients” tab in the upper left is highlighted

Non-HMIS Clients

Deidentified Clients Identified Clients

Step 3
Selecting an Existing Deidentified Client

If you are adding a new deidentified client, skip to Step 4

A. If your agency has already added the Deidentified client to CAS for a past assessment, enter their Client Identifier in the search box in the upper left.

B. Click on the appropriate client identifier on the left

Client Identifier	Agency
DND007	

C. Click “+ Add New Assessment” in the upper right

ASSESSMENTS + Add New Assessment

Date Taken	Last Updated
Oct 30, 2020 <i>COVID Pathways</i>	Oct 30, 2020 10:31 am

D. Click on "Transfer Assessment" in the upper right

TRANSFER ASSESSMENT

Gather information about a rapid re-housing (RRH) participant's housing stability.

Step 4
Add a new Deidentified Client in CAS

A. Click "+ Add a Deidentified Client" beneath the search bar

+ Add a Deidentified Client

B. Create a client identifier and enter in the first box. This should be in a form that is used universally by your agency. It should include your agency's initials or another agency reference and then a series of three numbers. For example, if DND were to enter a client, the first client would be DND001, the second would be DND002 and so on. **As the COC and DND will have no way to identify the client in CAS. It is your agency's responsibility to keep track of the client identifier given to an individual client.**

C. Check the box if the client is currently considered a youth – 24 years or younger. Ignore if they are older

D. Default Shelter Agency Contact. This is the person who will be receiving emails from CAS if the client is matched to a resource. This will default to you but other people at your agency can be selected from the drop down if they are working more closely with the client and have CAS access.

E. Click the box by "Limited Coordinated Access System Release" if there is a Limited CAS on file There must be a release on file and this box must be checked for clients to be matched to a resource through CAS. [Limited CAS Release](#)

F. Active status – Select "active" from the drop down. This will allow the client to match to resources through CAS. **NOTE If a client disappears or disengages for more than 90 days, if they are housed, or if they are deceased then their active status should be changed to "Inactive" to prevent them from being matched to a resources that they are not available to accept.**

G. Click "Create Client" to complete adding the new De-identified client.

H. Click on "Transfer Assessment" in upper right

Step 5

Complete the Boston Pathways Assessment 2021

Section 1: Document Information Sharing Permissions:

1a. Indicate if the client agrees to allow sharing of their information with other agencies. This is just a confirmation with the client. There should already be a Limited CAS Release on file at your agency for the client. **PLEASE NOTE: This general information is required by HUD.**

Date of Assessment is the date the assessment was completed. You may need to backdate this date if you are entering the information on a later date than the assessment was administered.

Assessment Type: Enter how the assessment was conducted (Phone, Virtual, or In Person).

Assessment Level: The software will automatically default to "Housing Needs Assessment" and cannot be changed.

Proceed to Section 2 of the Assessment.

Section 2: Contact Information

- 2A Enter client phone number, if they have one
- 2B Enter client email address, if they have one
- 2C Enter name of shelter, street outreach, or other agency that the client is primarily working with
- 2D Enter client's case manager name and email address
- 2E Enter client's mailing address
- 2F Enter any shelters/agencies/locations where the client hangs out during the day
- 2G Enter any shelters/agencies/locations where the client hangs out during the night
- 2H Ask if the client can think of any other way to contact them that hasn't been asked. (ex. Family member's phone or email.)

Section 3: Household Composition

3A. Enter the number of people in the client's household, including themselves. Please note that if a number of two or higher is selected, new fields will appear to gather information about the other people in the household. Add the name, relationship to client, gender, and age for the client and then up to three additional household members. If there are more than 4 people in the household, enter information for the four oldest. Gender and age are required as BHA uses this information to determine the bedroom size of a voucher.

Name	Relationship to Head of Household	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3B. Veteran Status. Ask if the client served in the military or if they have veteran status. Yes, no, client doesn't know, client refused

Section 4: Income

- 4a. Enter client's estimated total gross income (ie. before taxes) for a year. If it's helpful, determine the monthly income and multiply by 12.

Section 5: Survivor Choice

- 5d. Survivors who are fleeing domestic violence. Ask if they would like to be referred to programs that are DV specific, non-DV specific, both, or not applicable

Section 6: Unit Size and Preferences

- 6a. Will the client consider an SRO. Remind the client that the majority of available units in the CoC are SROs
- 6b. If the client needs more than a single person unit (SRO, Studio, 1br) note how many bedrooms they need
- 6c. Does the client need a wheel chair accessible unit, first floor/elevator unit, both, or another accessibility (hearing, sight). Enter all that are relevant.
- 6d. Is the client interested in applying for opportunities for clients with disabilities? This is for all disabilities and the client will not be asked to disclose the nature of the disability. Check the box to respond.
- 6e. Is the client interested in applying for an HIV+ unit? They will likely have to provide documentation if they respond yes and are matched to an HIV+program
- 6f. Is the interested in different types of affordable housing? Tick the circle for each that they are interested in. Voucher choice means a mobile, tenant based voucher where the client takes the voucher with them and has to do housing search. A project based unit means the client can move into an existing unit but will lose financial assistance if they move out of the unit.

Section 7: Neighborhood Preferences

- Enter the client's preferences for unit neighborhoods.
 - Selecting "Select All" will select all neighborhoods in the list. Please note that the boxes for individual neighborhoods will not be affected if you click "Any neighborhood"

Section 8: Current Situation and Housing History

- 8a. Ask if the client has ever been diagnosed with a disabling condition. This can be physical health, mental health, etc. Client will not have to disclose the nature of the condition.
- 8b. There are circumstances where criminal history may affect a client's ability to match to PSH. Lifetime sex offender registration and/or conviction of methamphetamine manufacture in federally assisted housing will prevent a client from matching to a BHA resource, including the EHV's. However, clients who answer yes to either circumstance will still be eligible for CoC matches through CAS. Tick off Background factors that may be barriers to housing. Answering these questions honestly helps staff know what work might need to be done to get a client a resource.
- 8c. Last Date Eligible for Financial Assistance – Enter the date that a client's financial assistance (ie rental assistance) from RRH will end. This should be the last day their landlord receives payment from the RRH program.

Section 9: Length of Time Homeless

9A) Cumulative Nights Homeless in the Warehouse. **This should be ignored for all deidentified clients. Move to 9b.**

9B) Boston homeless nights you are adding to their record

- Using the [Documenting Current Boston Homelessness](#) document from Step 1 as a reference, enter the number from

Total # of Boston Homeless Days Adding to Record:

9c CAS will display the number of bed nights from 9b here.

- **Reminder: The total number of days in 9c cannot exceed 1,096 – the maximum number of days in the last three years. If the number you submit for 9b is more than 1,096 please check the Documenting Current Boston Homelessness. Clients with more than 1,096 will not be matched to a resource until their nights are corrected.**

Section: Key points to Share Regarding Housing Stability

- **RRH Moves** – Select the number of times the client has had to move since moving into housing through RRH – none, once, or 2 or more
- **Health Status** – Select the drop down option that best describes the client’s health status – No health issues, mild symptoms that only slightly affect day-to-day functioning and/or 1-2 ER visits in past 6 months, Moderate symptoms that impact some day-to-day functioning, or 3-5 ER visits in the past six months, or 1 hospitalization in the past 6 months, Severe symptoms that impact nearly all day-to-day functioning, or 6-8 ER visits in the past six months, or 2-3 hospitalizations in the past 6 months, Client is in crisis – life is at imminent risk; and/or medical prognosis is less than 1 year, or 9+ ER visits in the past 6 months, or 4+ hospitalizations in the past 6 months
- **Domestic Violence and/or On-Site Assaults** – Select the drop down option that best describes the client’s recent experience with DV. Client has never experienced domestic violence or an on-site assault, History of DV or on-site assaults, though environment is currently safe, Safety is moderately adequate, Current level of safety is minimally adequate – ongoing safety planning is needed, In-crisis – life at serious imminent risk due to DV or on-site assaults
- **Risk of Eviction** - Is the client currently at-risk of being evicted from their unit. *Please be sure to talk through this question with the client as they may not be aware of the difference between a notice to quit and eviction notice or the different reasons why they may be facing eviction.* Client is not currently at risk of eviction from their current unit, Property owner has verbally threatened eviction to either the tenant or the case manager but not taken any formal steps, Client has received a notice-to-quit terminating their tenancy, Client has received a court summons & complaint and is facing eviction for non-payment of rent, Client has received a court summons & complaint and is facing eviction for cause (e.g. lease violations, criminal activity, etc.)
- **Activities of Daily Living** – Determines if a client struggles with ADLs and, if so, to what level. ADLs are daily things like eating, bathing/showering, dressing. Select the most accurate response from the drop down. Client requires little to no assistance with tasks of daily living, Client requires minimal assistance w/some tasks of daily living, Client requires assistance with minor tasks of daily

living (eg, brushing teeth, etc), Client requires assistance with nearly all major tasks of daily living (eg, eating, bathing, etc)

- **Income** – Is the client receiving income? Select the level of income from the drop down. This is not a set dollar amount and is instead asking whether the client received enough to pay bills, eat, etc. Client has a consistent and adequate source of income, Client has an unstable and/or inadequate source of income, Client has no income
- **Income Source** – Where the client is receiving their income from. Select the most appropriate answer from the drop down. Client's income is fully documented and reportable, Case manager has observed that client may be relying on unreportable income (i.e. under the table work, sex work, etc.) for daily living expenses. **Note: if the client is not receiving any income select "Client's income is fully documented and reportable".**
- **Support Systems** – Does the client currently have positive family or friend relationships in their support network? Select the appropriate answer from the drop down and be sure to note the difference between friend/family and staff support. Client has consistent and adequate support systems in the form of friends and/or family, Client has some support systems in the form of friends and/or family, though it is not always stable or sufficient, Client has no support systems and is entirely dependent on staff for support
- **Legal Issues** – Does the client have any active legal concerns, open court cases, or convictions that may come up when we apply for other housing? Select the most appropriate response from the drop down. Client has no legal concerns, Legal concerns will not significantly impair access to housing, Client has major legal concerns that significantly impair access to housing
- **Healthcare Coverage** – Does the client currently have healthcare coverage? Select the appropriate answer from the drop down. Client has stable, sufficient healthcare coverage, Client has unstable or insufficient healthcare coverage.
- **Childcare** – If the client has children, do they have sufficient childcare. This can include themselves, friends, family, babysitters, etc. Select the most appropriate answer from the drop down. Client has no childcare concerns, Client has unstable or insufficient access to childcare. **Note: If the client doesn't have children that they are responsible for, select "Client has no childcare concerns".**

Section: Client Acknowledgements

- Document the client's acknowledgements of expectations and next steps. Tick off each circle to verify that each detail has been shared with the client. It is important that you read through each section with the client so they understand what will happen after the assessment is completed.

Click "Submit Assessment". The assessment will save the input information.

Cancel

Submit Assessment