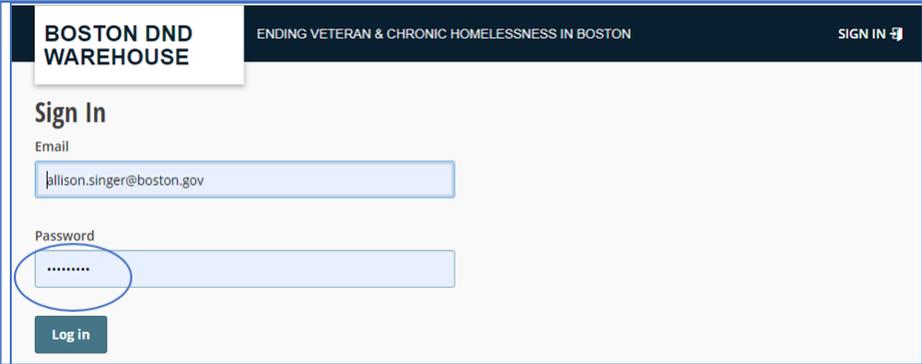


How to Enter the RRH to PSH Transfer Assessment in Clarity

| Steps | Tasks |
|--|--|
| <p>Step 1</p> <p>Log into Warehouse</p> | <p>Quick Tip 1: Keep the Warehouse window open as you work in Clarity – it will provide helpful information for some of the assessment questions.</p> <p>A. Go to hmis.boston.gov and click Sign In or go directly to hmis.boston.gov/users/sign_in</p>  <p>B. Enter your username and password and click Log In</p>  <p>C. If you already see a “Clients” search bar, skip to Step 2. If not, in the menu on the right side of the page, click Window into the Warehouse</p>  <p>D. Search for the client by entering one of the following:</p> <ul style="list-style-type: none"> • Full or partial first and last name (For example, for Jane Smith, type “ja sm”) • Full date of birth (MM/DD/YYYY) • Full SSN (XXX-YY-ZZZZ) • Warehouse ID number (you can find this by looking at the web address on the client’s profile page — http://hmis.boston.gov/window/clients/123456 — 123456 is the client’s Warehouse ID number)  <ul style="list-style-type: none"> • If there are multiple clients with the same name, make sure to click on the client with the correct age and year of birth |

Step 2

Check the warehouse to see if the participant has already signed and uploaded a HAN or Limited CAS Release.

Please Note: A client must have a Han Release or a Limited CAS release to be eligible for housing resources.

- A. On the client's warehouse profile, right below basic information like places the client was last seen, is a section called **"Consent Form"**. If a HAN or Limited CAS Release is listed, it means it has been uploaded. If none is listed, it means the client needs to sign and upload a HAN or Limited CAS Release.

GRDA Ken David Yurka

Basic Info & Programs History File Uploads

Last Seen: 4 days ago
Last Seen Location: Northern Red Oak Center
Days in Last 3 Years: 438 homeless, 438 literally homeless
Enrolled in: [icon]

Homeless Span: Nov 2017 to Apr 29, 2019 438 in total S, SO, TH, and SH
Veteran: No
Disabled: Yes

Consent Form: Full HAN Release (checked), Long-term Stayer (not checked)

CAS Client ID: 195330 Cohorts: March 2019 Chronic List

- B. If there is a HAN or Limited CAS release uploaded, **move to Step 3**.
- C. If there is not a HAN release uploaded to the Warehouse, have the client sign a [HAN release](#), then **move to Step 3**.
- D. Click on the "File Uploads" tab on the client's page.

WAREHOUSE [STAGING] « Client Search

GRDA Ken David Yurka

Basic Info & Programs History File Uploads

Last Seen Last Seen Location Days

- E. Click the Upload a file button on the right side of the page.

Window into the Warehouse Cohorts

Edit Account Sign Out

+ Upload a file

F. Select Han Release from the available options.

| | |
|--|---|
| Citizenship Verification | |
| <input type="radio"/> Birth Certificate <i>(includes: DoB, citizenship)</i> | <input type="radio"/> Federal Government ID <i>(includes: Photo ID)</i> |
| <input type="radio"/> Social Security Card <i>(includes: SSN)</i> | <input type="radio"/> Shelter ID <i>(includes: Photo ID)</i> |
| <input type="radio"/> Green Card <i>(includes: SSN)</i> | Release of Information |
| Disability Verification | <input type="radio"/> HAN Release <i>(includes: Network Data Sharing Release)</i> |
| <input type="radio"/> Verification of Disability | <input type="radio"/> Limited CAS Release <i>(includes: Verification of interest in housing)</i> |

G. Note the details of the document and attach the file, then click Upload File.

Effective date or date signed

Note

(Optional except if other is chosen above.) Give a reason for including this file.

Visible in the Window?

* File

Choose File No file chosen

UPLOAD FILE

The date of the document will help us track when an income verification maybe expiring as an example. If this is an Other file type, please be detailed as to what type if it doesn't fit in a file type above.

H. To view a file, click Preview. To download it, click Download.

| Select | Preview | Download | Document | Effective Date / Signed On | Consent Type | Consent Confirmed |
|--------------------------|---------|----------|---|----------------------------|------------------|-------------------------------------|
| <input type="checkbox"/> | | | HAN Release Contains: Network Data Sharing Release Note: CAS HAN ROI Apr 24, 2018 2:39 pm by [redacted] | Mar 17, 2017 | Full HAN Release | <input checked="" type="checkbox"/> |

If the client does not want to share information across providers, have the client sign a [Limited CAS release](#).

Step 3

Find the Client's Cumulative Days Homeless

To complete the Pathways Assessment, you will need to know the clients cumulative days homeless in the last three years. It is best if this is done in advance of entering information into the assessment.

A. Cumulative Nights Homeless in the Warehouse

- At the top of the client's warehouse profile page, look at **Days in Last 3 Years: # homeless**. There are two ways days are listed: # homeless and # literally homeless, which does not include days in transitional housing. For the purposes of the Pathways assessment, **use the # homeless**.

| Last Seen Location | Days in Last 3 Years | Homeless Span |
|--------------------------------------|--|---|
| Black Cherry Home and Red Maple Hill | 305 homeless ⓘ 305 literally homeless ⓘ | Nov 27, 2017 to Nov 17, 2019 586 days ⓘ |

B. Calculating Boston homeless nights you are adding to their record

- Use [Documenting Current Boston Homelessness](#) to add overnight stays in shelters, outside, or places not meant for human habitation that do not appear in the warehouse. 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 that are not recorded in the warehouse.

Homeless Situation: This verifies that the participant meets the HUD definition of literally homeless (Category 1).
_____ (participant name) sleeps or resides in one of the following situations (check off the applicable option):

| | |
|---|--|
| <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 | |

- Add Location information and dates that the client stayed there

Location: Specify where the participant resides (agency name, institution name, etc): _____
Dates: Specify the dates the participant has resided in the above situation: _____

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.

1. Third Party Verification
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.

Provider staff signature Provider Agency Name Date

- Oral Verification** – Only use if the client is remote or for any reason cannot sign for themselves but is able to state that they agree to the verification. Staff member writes in their own name, signs, enters agency name and date.

2. Oral Verification to the Intake Worker or Intake Worker Observations

I, _____ (provider name + agency) verify I received oral verification from the provider agency or my observations indicate that the participant resides in the above situation

Program staff signature *Provider Agency Name* *Date*

3. Participant Self-Certification – Only use if the client is present and able to sign their own name. Client enters name, signs, and dates

3. Participant Self-Certification

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

Participant Signature *Date*

Due Diligence Documentation - If you were unable to obtain Third-Party or HMIS verification, you must 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. _____

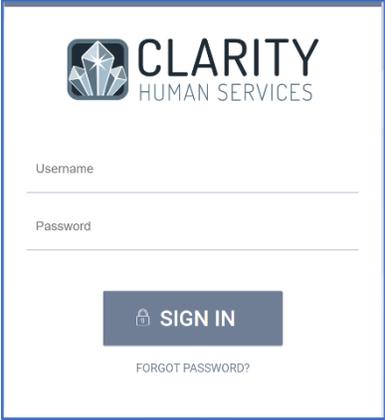
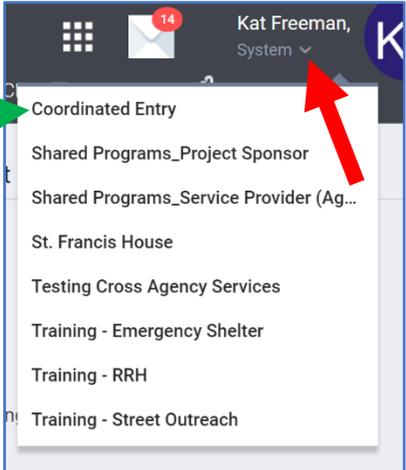
- Adding non-HMIS Boston Homeless Days to a Participant’s Record. Note location, check whether or not the location was in Boston, and the total # of homeless days being added. Outside stays of 1 night in any given month give a client the full month’s nights. This can be done for as many locations as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

- **Reminder: These are only for non-HMIS nights.**

| <p>Step 4</p> <p>Log into Clarity</p> | <p>Please Note: If you do not log onto Clarity at least once in 60 days, your username will be deactivated.</p> <p>Quick Tip: Bookmark this URL: boston.clarityhs.com/login</p> <p>A. To log into Clarity Live, type “boston.clarityhs.com/login” into your internet browser’s address bar.</p> <p>B. Enter the Username and Password provided in your Clarity live site Welcome Letter.</p> <p>Click “Sign In”. You are now logged into Clarity.</p>  | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------|--|--|-------------|-----|-----|----------|------------|--------------|---------------|------------|--------------|---------------|------------|--------------|-----------|------------|--------------|---------------|------------|--------------|
| <p>Step 5</p> <p>Selecting Agency in Clarity</p> | <p>If you only have access to the Coordinated Entry Agency in Clarity, move to Step 6 (Search for Client).</p> <p style="text-align: center;">OR</p> <p>If you have access to more agencies than Coordinated Entry, click the “more” arrow under your name (see red arrow) and select the Coordinated Entry agency (see green arrow). Move to Step 6 (Search for Client).</p>  | | | | | | | | | | | | | | | | | | | | | |
| <p>Step 6</p> <p>Check for existing Clarity record</p> | <p>A. Click on “Search”.</p>  <p>B. In the search bar, type in the first 3 letters of the client’s first name, a space, and the first three letters of the client’s last name.</p>  <table border="1" data-bbox="589 1434 1214 1703"> <thead> <tr> <th colspan="3">SEARCH FOR A CLIENT</th> </tr> <tr> <th>Client Name</th> <th>DOB</th> <th>SSN</th> </tr> </thead> <tbody> <tr> <td>Jen Fake</td> <td>01/12/1999</td> <td>Age: 22 3322</td> </tr> <tr> <td>Jennifer Fake</td> <td>01/19/1999</td> <td>Age: 22 5678</td> </tr> <tr> <td>Jennifer Fake</td> <td>01/01/1979</td> <td>Age: 42 5678</td> </tr> <tr> <td>Jen Faker</td> <td>01/25/1996</td> <td>Age: 25 1111</td> </tr> <tr> <td>Jennifer Fake</td> <td>02/16/1979</td> <td>Age: 42 7890</td> </tr> </tbody> </table> <p>C. If client exists in Clarity, click on the client’s name to open their Client Profile. Review the profile information. Add or correct information as needed.</p> <p>D. Click on “Save Changes”. Move to Step 8.</p> <p style="text-align: center;">OR</p> <p>If the client DOES NOT exist in Clarity, Move to Step 7.</p> | SEARCH FOR A CLIENT | | | Client Name | DOB | SSN | Jen Fake | 01/12/1999 | Age: 22 3322 | Jennifer Fake | 01/19/1999 | Age: 22 5678 | Jennifer Fake | 01/01/1979 | Age: 42 5678 | Jen Faker | 01/25/1996 | Age: 25 1111 | Jennifer Fake | 02/16/1979 | Age: 42 7890 |
| SEARCH FOR A CLIENT | | | | | | | | | | | | | | | | | | | | | | |
| Client Name | DOB | SSN | | | | | | | | | | | | | | | | | | | | |
| Jen Fake | 01/12/1999 | Age: 22 3322 | | | | | | | | | | | | | | | | | | | | |
| Jennifer Fake | 01/19/1999 | Age: 22 5678 | | | | | | | | | | | | | | | | | | | | |
| Jennifer Fake | 01/01/1979 | Age: 42 5678 | | | | | | | | | | | | | | | | | | | | |
| Jen Faker | 01/25/1996 | Age: 25 1111 | | | | | | | | | | | | | | | | | | | | |
| Jennifer Fake | 02/16/1979 | Age: 42 7890 | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| <p>Step 7</p> <p>Create a New Client Record</p> | <p>A. On the right-hand side of the Search bar, Click on “Add Client”.</p>  <ul style="list-style-type: none"> • Enter client’s social security number • Quality of SSN – Select the option that best describes the quality of the SSN - a full SSN, a partial SSN, if the client doesn’t know, refused to report, or if it wasn’t collected. The last option should only be used if a client does not have an SSN. • Enter the client’s last name • Enter the client’s full first name – do not use a nickname (Ex. Greg should be listed as Gregory) • Quality of name – Select the option that best describes the quality of the name - a full name, a partial name, if the client doesn’t know, refused to report, or if it wasn’t collected. • Quality of DoB – this is for the client’s birthday. Select the option that best describes the quality of the date of birth - a full DoB, a partial DoB, if the client doesn’t know, refused to report, or if it wasn’t collected. • Enter the client’s Date of Birth – enter the client’s birthday. It is important that this is accurate as it will determine eligibility for certain youth- and elder-specific programs. If the exact date is unknown, estimate the month and/or year and enter “01” for the date. • Middle name – this isn’t required not required but can be helpful if client shares it. • Suffix – there is no prompt here but appears on the same line as middle name. Please select the correct suffix (Sr, Jr, etc.) from the drop down.  <ul style="list-style-type: none"> • Gender – Select the client’s response in the dropdown box. Possible selections are female, male, a gender other than singularly female or male (non-binary), transgender, questioning, client doesn’t know. • Race – Select the client’s response in the dropdown box. Possible selections are American Indian/Alaska Native/Indigenous, Asian or Asian American, Black/African American/African, Native Hawaiian or Pacific Islander, White, doesn’t know, and refused. • Ethnicity – Select the client’s response in the dropdown box. Possible selections are Hispanic/Latino, non-Hispanic/non-Latino, doesn’t know, refused. • VETERANS: If the client is a veteran, select “Yes” under the Veteran Status. A veteran does not need to provide documentation/verification at this time. If “Yes” is selected for Veteran Status, a new series of questions related to the Veteran’s service will appear and must be answered. <u>Please note that all the Veteran Information fields must be completed in order to save the client’s record.</u> For “Year Entered Military Service” and “Separated (Year), estimates are okay. Select “Yes” or “No” for each Theater of Operations. Select the |
|--|--|

client's response for "Branch of Military". Select the client's response for "Discharge Status".

| VETERAN INFORMATION | |
|---|---|
| Year Entered Military Service (Year) | Separated (Year) |
| Theater of Operations: World War II | Select <input type="button" value="v"/> |
| Theater of Operations: Korean War | Select <input type="button" value="v"/> |
| Theater of Operations: Vietnam War | Select <input type="button" value="v"/> |
| Theater of Operations: Persian Gulf War | Select <input type="button" value="v"/> |
| Theater of Operations: Afghanistan | Select <input type="button" value="v"/> |
| Theater of Operations: Iraq (Iraqi Freedom) | Select <input type="button" value="v"/> |
| Theater of Operations: Iraq (New Dawn) | Select <input type="button" value="v"/> |
| Theater of Operations: Other Operations | Select <input type="button" value="v"/> |
| Branch of Military | Select <input type="button" value="v"/> |
| Discharge Status | Select <input type="button" value="v"/> |

A. Click "Add Record"

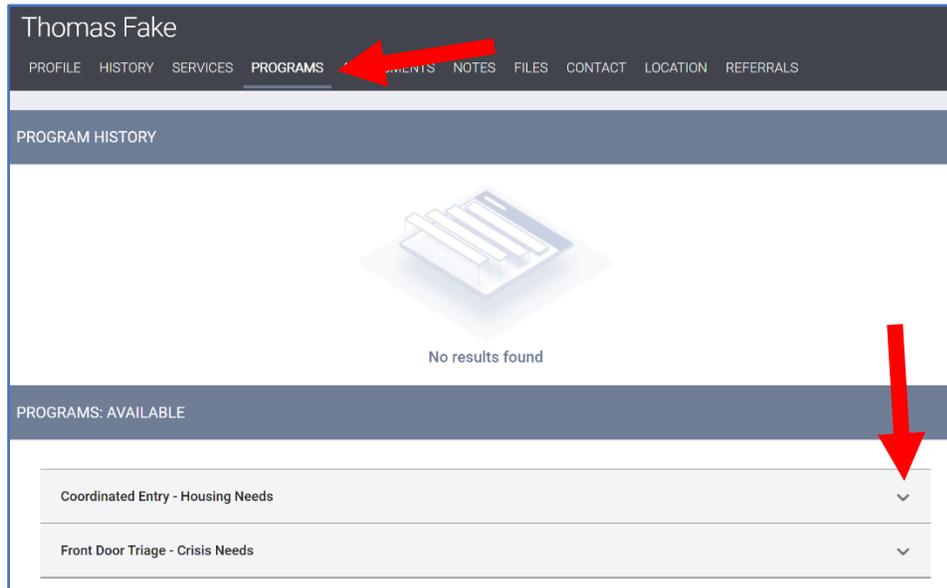


Move to Step 8.

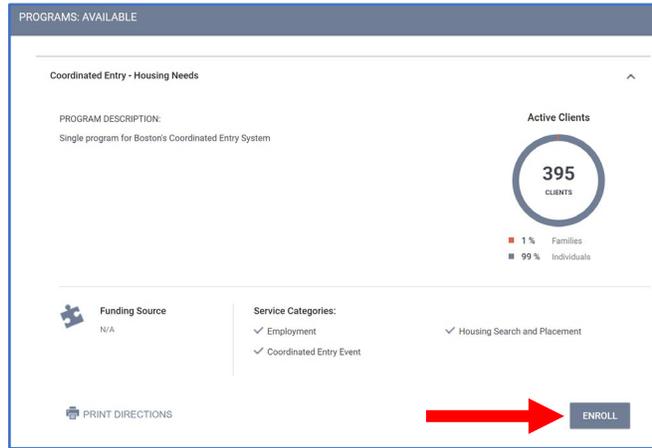
Step 8

Enroll the Client in the Clarity Coordinated Entry – Housing Needs program

- A. From the top of your screen, Click on "Programs".
- B. Click on the down arrow to the right of the Coordinated Entry – Housing Needs program name.



C. Scroll down and click on “Enroll”.



Move to Step 9.

Understanding if the Client is Already Enrolled in the “Coordinated Entry – Housing Needs” Program.

Clarity ensures that a client cannot be double enrolled in a single program at the same time. You can only select to enroll clients in programs that appear in the “Programs Available” section. If the client is already enrolled in the “Coordinated Entry – Housing Needs” program, the program name will not appear in the “Programs Available” section.

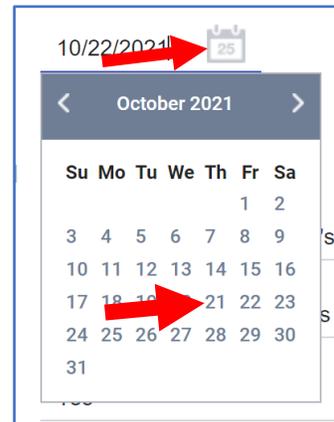


Step 9

Complete the HUD Intake Assessment

PLEASE NOTE: The information on this screen is required for all clients per HUD regulations. It will appear automatically after clicking “enroll” button on previous step.

- A. Pathways Assessing Agency: Select your agency.
- B. Program Start Date: This is the date you completed the assessment with the client. You may need to change this date in Clarity as it defaults to the day you are entering the data. To choose a date other than the default date, Click on the Calendar Icon to the right of the date field. Navigate through the months/years using the left and right arrows. Select the date by clicking on the date in the correct Month/Year.



- C. Prior Living Situation: Where did the client stay last night?
- Select the type of residence the client says they stayed in last night.
 - Additional questions will appear and must be answered if the following types of residence are selected:
 - Place Not Meant for Habitation
 - Emergency Shelter
 - Safe Haven
 - How long have they been staying there?
 - This is how long the client stayed in the type of residence indicated in the prior question, not how long they stayed at a particular location. For example, how long have they been staying with friends and family, not how long have they stayed with a specific friend or family member. Select the option that most closely matches what the client reports.
 - Approximate date homelessness started – Ask the client if there’s no record in the warehouse, otherwise, select the date from the warehouse.
 - Number of times on the streets, in ES, or Safe Haven in the past three years, including today. This is strictly a client’s self-report. There is no definition of what constitutes an episode of homelessness. Select the option that most closely matches what the client reports.
 - Total number of months on the streets, in ES, or Safe Haven in the past three years, including today. This is strictly a client’s self-report. This is asking for the number of calendar months, not a cumulative number of days broken up into months.
- D. Community of Origin: This is the place they last had a permanent place to live.
- Complete at least the City/State (actual address is not required)
 - How long since lived there? Select the period of time since the client was last living in that place. Options are Less than one week, about a month, less than 6 months, more than 6 months, more than one year.
 - Were they homeless prior to living in that community? (Y/N) Answering “Yes” will trigger a new set of questions. These are the same questions as above regarding location. Try to collect City and State, zip code and address is not required.
 - Do they currently have a job? (Y/N) Answering “Yes” will generate questions about the employer’s address and whether the client takes public transportation to that work.
- E. Disabling Conditions:
- All conditions must have a “Yes” or “No” answer.
 - If answered “Yes”, some conditions may ask additional questions, such as whether the condition is long-term. If you say "Yes" to any disability (see red arrow), you must confirm that it is long term (see green arrow) and you must also select "Yes" for the Disabling Condition (see blue arrow).
 - Long-term means the condition is long-continuing or of indefinite duration.

DISABLING CONDITIONS AND BARRIERS

| | | | | | |
|-----------------------------------|-----|---|-----------------|----------------------|---|
| Disabling Condition | Yes | ▼ | | | |
| Physical Disability | Yes | ▼ | Long Term | Yes | ▼ |
| Developmental Disability | No | ▼ | | | |
| Chronic Health Condition | No | ▼ | | | |
| HIV - AIDS | No | ▼ | | | |
| Mental Health Disorder | No | ▼ | | | |
| Substance Use Disorder | No | ▼ | | | |
| Domestic Violence Victim/Survivor | Yes | ▼ | Last Occurrence | One year ago or more | ▼ |
| Are you currently fleeing? | No | ▼ | | | |

- Domestic Violence Victim/Survivor – answer “Yes” if the client is a DV survivor. Enter the time period of last occurrence. Enter whether or not the client is currently fleeing. **Answering yes to this question will trigger specific DV questions in the assessment. Be sure to answer correctly.**

F. Monthly Income and Sources:
 Income from Any Source (Y/N). If the client has income, select “Yes”. A list of income sources will appear. Choose the applicable income sources by clicking on the button next to the income source name. When selected as “Yes”, the button will turn blue and a new field will appear asking for the monthly amount of the income. Clarity will automatically calculate the total monthly income.

Income is any income received by the client within the 30 days prior to the assessment date.

| MONTHLY INCOME AND SOURCES | |
|--|---|
| Income from Any Source | Yes |
| Earned Income | <input type="checkbox"/> |
| Unemployment Insurance | <input type="checkbox"/> |
| Supplemental Security Income (SSI) | <input checked="" type="checkbox"/> Amount 1535 |
| Social Security Disability Insurance (SSDI) | <input type="checkbox"/> |
| VA Service-Connected Disability Compensation | <input type="checkbox"/> |
| VA Non-Service Connected Disability Pension | <input type="checkbox"/> |
| Private Disability Insurance | <input type="checkbox"/> |
| Worker's Compensation | <input type="checkbox"/> |
| Temporary Assistance for Needy Families (TANF) | <input checked="" type="checkbox"/> Amount 750 |
| General Assistance (GA) | <input type="checkbox"/> |
| Retirement Income from Social Security | <input type="checkbox"/> |
| Pension or Retirement Income from a Former Job | <input type="checkbox"/> |
| Child Support | <input type="checkbox"/> |
| Alimony and Other Spousal Support | <input type="checkbox"/> |
| Other Income Source | <input type="checkbox"/> |
| Total Monthly Income for Individual | 2285.00 |

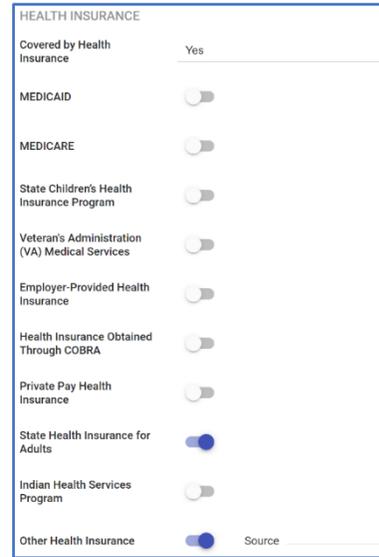
G. Non-Cash Benefits:
 Receiving Non-Cash Benefits (Y/N): If the client is receiving benefits, select “Yes”. A list of non-cash benefit sources will appear. You can select the benefits being received by clicking the button to the right of the benefit name. The button will turn blue to indicate “Yes”.

| NON-CASH BENEFITS | |
|---|---|
| Receiving Non-Cash Benefits | Yes |
| Supplemental Nutrition Assistance Program (SNAP) | <input checked="" type="checkbox"/> |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="checkbox"/> |
| TANF Childcare Services | <input type="checkbox"/> |
| TANF Transportation Services | <input type="checkbox"/> |
| Other TANF-Funded Services | <input type="checkbox"/> |
| Other Non-Cash Benefit | <input checked="" type="checkbox"/> Source Transportation Voucher |

H. **Health Insurance:**
 Covered by Health Insurance (Y/N): If the client is covered by health insurance, select "Yes". A list of Health Insurance sources will appear. You can select the Health Insurance Coverage being received by clicking the button to the right of the benefit name. The button will turn blue to indicate "Yes".

I. Click "Save and Close". The client is now enrolled in the Coordinated Entry – Housing Needs program. Your screen will automatically refresh to the Assessments tab for the program enrollment.

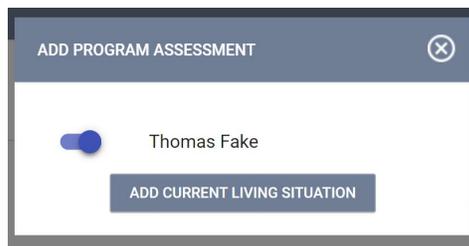
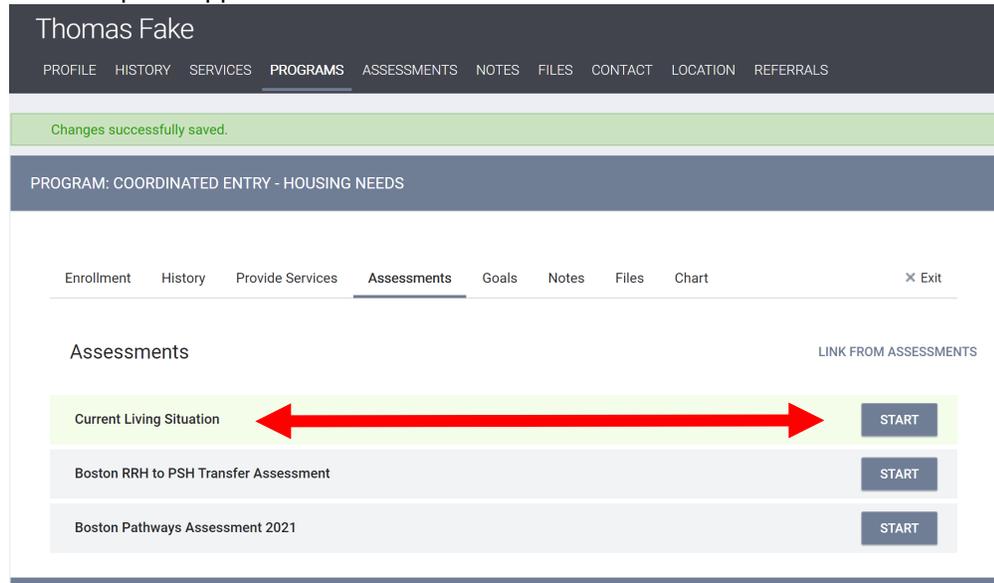
Move to Step 10.



Step 10
 Complete the Current Living Situation Assessment

Please Note: The Current Living Situation assessment must be completed for all clients enrolled in the Coordinated Entry – Housing Needs program. This assessment is required by HUD for all Coordinated Entry Programs.

A. Click on the "Start" button for the Current Living Situation assessment. A pop-up will appear.



- B. Make sure the button is blue, then click “Add Current Living Situation”. Your screen will refresh to the assessment.

Add Current living situation for client Thomas Fake

Program Date 11/08/2021 

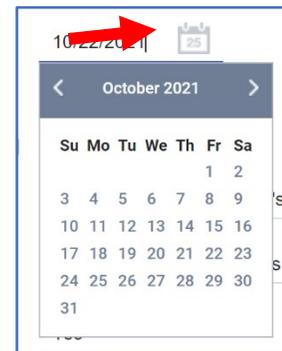
Current Living Situation Place not meant for habitation (e.g., a vehicle, an abandoned building, bu▼

Living Situation Verified By Coordinated Entry - Housing Needs ▼

If this were a street assessment, where did it occur? Downtown North ▼

Location Details

- C. Program Date: Must match the date the assessment was completed. You may need to change this date. To choose a date other than the default date, Click on the Calendar Icon to the right of the date field. Navigate through the months/years using the left and right arrows. Select the date by clicking on the date in the correct Month/Year.



- D. Current Living Situation: This is the TYPE of residence the client identifies as their current living situation.
- It is not necessarily the type of residence where they stayed last night and is not necessarily the type of residence where they think they might stay tonight. For example, the client may state that they spent last night with a friend (Residence Type: Living with Friends/Family, temporary) but will not be able to stay with them again tonight. The client may hope to be in a shelter bed tonight (Type of Residence: Emergency Shelter), but unless they are enrolled in a bed, that is not their current living situation. This element is self-reported by the client about what their type of residence living situation is at the moment of the assessment and should not be assumed by the assessor.

Add Current living situation for client Thomas Fake

Program Date 11/08/2021 

Current Living Situation Place not meant for habitation (e.g., a vehicle, an abandoned building, bu▼

Living Situation Verified By Coordinated Entry - Housing Needs ▼

If this were a street assessment, where did it occur? Downtown North ▼

Location Details

SAVE & CLOSE CANCEL

E. Living Situation Verified by: This is the Coordinated Entry – Housing Needs program. You will need to select “Boston CoC”, “Coordinated Entry”, “Coordinated Entry”, then “Coordinated Entry – Housing Needs”

Select

- ▼ MA-500 (Boston CoC)
 - ▼ Coordinated Entry
 - ▶ Commonwealth Land Trust
 - ▼ Coordinated Entry
 - Coordinated Entry - Housing Needs**
 - Front Door Triage - Crisis Needs

F. If this were a street assessment, where did it occur? *For assessments of outside stayers only.* The assessment location is the location of the assessing agency and is automatically assigned to the assessment. However, some assessments may occur on the streets. Select the option that most closely matches the assessment location. If this is not a street assessment, no action is required.

Select

- Back Bay
- Boston Common
- Downtown Crossing
- Downtown North
- Downtown South
- Haymarket
- Hurley Building
- Mass and Melnea Area
- NBOR II
- North Station
- Other (please specify)
- South Station

G. Add Location Details. If the assessment has been conducted on the street, additional information about the assessment location can be added. Example, if “Downtown North” is the general location of the assessment, then an additional detail might be “West End” or “MGH”.

Click “Save and Close”. **Move to Step 11.**

Step 11

Complete the Boston RRH to PSH Transfer Assessment

Click on the “Start” button for the Boston RRH to PSH Transfer Assessment.

The screenshot shows a web application interface with a top navigation bar containing links: PROFILE, HISTORY, SERVICES, PROGRAMS, ASSESSMENTS, NOTES, FILES, CONTACT, LOCATION, and REFERRALS. Below the navigation bar is a green notification bar that says "Changes successfully saved." The main content area is titled "PROGRAM: COORDINATED ENTRY - HOUSING NEEDS" and has a sub-navigation bar with links: Enrollment, History, Provide Services, Assessments, Goals, Notes, Files, Chart, and an X Exit button. The "Assessments" tab is active. Underneath, there is a "LINK FROM ASSESSMENTS" link. A list of assessments is shown with "START" buttons: "Current Living Situation", "Boston RRH to PSH Transfer Assessment", and "Boston Pathways Assessment 2021". A red double-headed arrow highlights the "START" button for the "Boston RRH to PSH Transfer Assessment".

Please Note: A client may have already had a Pathways Assessment completed by another organization. If you receive a warning message when you click on “Start”, that means a recent Pathways

assessment has already been started and/or completed. If you wish to start a new Pathways assessment, click “Ok”. Otherwise, click “Cancel”. See the end of Step 11 for instructions on how to view or edit an existing Pathways Assessment.

boston.clarityhs.com says

A recent assessment of this type already exists for this client. Are you sure you wish to create another assessment?

OK

Cancel

Read the client eligibility conditions, housing resources that don't require the Pathways Assessment, and key points to share with the client. If you are familiar with this information, scroll down until you get to “1a. Permission to Share Your Information with Partner Agencies”

Section 1: Document Information Sharing Permissions

1a. Indicate if the client agrees to allow sharing of their information with other agencies. If yes, check to see if there is a HAN Release uploaded to client's record in the warehouse.

Complete the remaining general information about the assessment. **PLEASE NOTE: This general information is required by HUD.**

| | |
|---------------------|--------------------------|
| Assessment Date | 10/21/2021 |
| Assessment Location | Boston Rescue Mission |
| Assessment Type | Phone |
| Assessment Level | Housing Needs Assessment |

Assessment Date is the date the assessment was completed. You may need to backdate this date.

Assessment Location: Enter the name of the agency who completed the assessment.

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.

Section 2: Contact Information

- 2f. Enter the names of agencies, organizations, or businesses where the client can be contacted. **Do not enter contact information for specific persons, such as case managers, in this field. See Step 13 for instructions on how to enter contact information.**
- 2g. Enter the names of the places where the client can be contacted during the day. This can be shelters, medical centers, or places where they generally hang out.
- 2h. Enter the names of the places where the client can be contacted during the nights and weekends. This can be shelters, medical centers, or places where they generally hang out.
- 2i. Ask client if there are other ways of contacting them that haven't been discussed yet. (ex. Friend or family phone number)

| | |
|---|---|
| 2i. Are there other ways we could contact you that we have not asked you or thought of yet? | local VFW; Beth's Diner on Channel Street |
|---|---|

- **NOTE: Client contact information and case manager/navigator contact information will be collected at another point during the process.**

Section 3: Household Composition

- 3a. Select “No” if the client will be living alone.
- Select “Yes” if the client will have more people staying with them. A new section will appear. Enter the client's information as Household Member #1 and Select “Self (Head of Household)” for “Relationship to Head of Household”. Add the name, relationship to client, gender, and age for up to three additional household members.
 - If there are more than 4 people in the household, enter information for the next three oldest household members.
 - Gender and age are required as BHA uses this information to determine the bedroom size of a voucher.

| | |
|---|---|
| Household Member 1: Name | |
| Household Member 1: Relationship to Head of Household | Self (Head of Household) ▼ |
| Household Member 1: Gender | Select ▼ |
| Household Member 1: Age | |
| Household Member 2: Name | |
| Household Member 2: Relationship to Head of Household | Select ▼ |
| Household Member 2: Gender | Select ▼ |

- 3b. Veteran Status: This is client self-reported. Select “Yes” or “No” from the dropdown box.
- The Veteran Status (Marker) is pre-populated based on the information in the HUD Intake and cannot be changed. This tells you how the client answered the question during the HUD Intake. Please note that Veteran Status as reported by the client during the assessment may be different from what was self-reported during the HUD Intake, particularly if the assessment is completed at a date later than the HUD Intake.

Section 4: Income

- 4a. Enter client’s estimated total gross income (i.e., before taxes) for a year. You may need to assist the client in calculating this amount.

| | |
|--|----------|
| 4a. What is your total household's estimated gross annual income? We ask because some of these units have income requirements. | 15600.00 |
|--|----------|

Section 5: Youth and Survivor Choice

- 5. Youth Choice (for heads of household who are 24 yrs. or younger). Ask if they would like to be referred to programs that are Youth-specific, Adult Programs, or both. Select the option in the dropdown box that matches the client’s choice. **Please Note: This field only appears if the client being assessed is 18-24 years old.**

| |
|--|
| Select |
| Youth-specific only: (Youth-specific programs are with agencies wh |
| Adult programs only: (Adult programs serve youth who are 18-24, t |
| Both Adult and youth-specific programs |

- 5d. Survivor Choice: Survivors who are fleeing domestic violence. Ask if they would like to be referred to programs that are DV specific, non-DV specific, or both. Select the option in the dropdown box that matches the client’s choice.

5d. Survivor Choice (for those fleeing domestic violence): you indicated you are currently experiencing a form of violence. Would you like to be considered for housing programs that are:

Select

Select

Domestic Violence (DV)-specific only: (

Non-DV programs only (serve people fl

UNIT SIZE AND PREFERENCES

Both DV and non-DV programs

- **Note: There are no questions 5a, 5b, or 5c.**

Section 6: Unit Size and Preferences

- 6a. Indicate if the client will the client consider a Single Room Occupancy unit by selecting “Yes” or “No”. Remind the client that most 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. If they only need 1 bedroom, select “Not Applicable”.

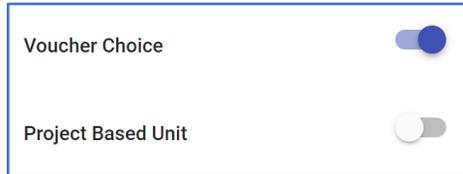
A screenshot of a dropdown menu. The menu is open, showing a list of options: "Select", "2 bedroom", "3 bedroom", "4 bedroom", "5 bedroom", and "Not applicable". The "Select" option at the top is highlighted in blue.

- 6c. If the client needs a wheelchair accessible unit, first floor/elevator unit, both, or another accessibility (hearing, sight), select the appropriate level of need from the dropdown box. If the client does not need an accessibility unit, select “Not Applicable”.

A screenshot of a dropdown menu. The menu is open, showing a list of options: "Select", "Wheelchair accessible unit", "First floor/elevator (little to no stairs to your unit)", "Both Wheelchair accessible and First Floor/Elevator", "Other accessibility", and "Not applicable". The "Select" option at the top is highlighted in blue.

- 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. Select “Yes” or “No” in the dropdown box.
- 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. Select “Yes” or “No” in the dropdown box.
- 6f. Select the types of affordable housing the client is interested in receiving. To select “Yes”, click the button to the right of the voucher/unit type and the button will turn blue. A blue colored button indicates “Yes”, and a white button indicates “No”.

- Voucher Choice means the rental assistance is a voucher that moves with them as they move from unit to unit.
- A project-based unit means the rental assistance only applies to the specific unit and does not move with the client if they move out of the unit.



Section 7: Neighborhood Preferences

- Select the client’s preferences for unit neighborhoods.
 - Selecting “Select All” will select all neighborhoods in the list. **Please note that using “Select All” will not cause the buttons for the individual neighborhoods to turn blue.**

Section 8: Current Situation and Housing History

- 8a. Record if the client has ever been diagnosed with a disabling condition. This is a “Yes” or “No” field.
 - A disabling condition can be physical health, mental health, substance misuse disorder, etc.
 - The client will not have to disclose the nature of the condition.
- 8b. Record potential housing admission barriers self-reported by the client. **None of these automatically deny a client access to a resource and can be mitigated.** They may not affect the client at all. Answering these questions honestly helps staff know what work might need to be done to get a client a resource. Select “Yes” by clicking on the button to the right of the barrier description. It will turn blue. A blue button indicates “Yes”, and a white button indicates “No”. If none of the barriers apply, click the “None of the Above” button.
 - There are two circumstances where clients will be automatically denied a housing resource. These are: lifetime sex offender registration and a conviction of methamphetamine manufacture in federally assisted housing. These limitations apply to all members of a household and will prevent a client from matching to a BHA resource, including the EHV’s.
 - However, clients who answer yes to either situation will still be eligible for CoC matches through CAS.
- 8c. Record the last date the client can receive financial assistance through their current Rapid Rehousing program (when does it end?). This date may be in the future. To change the date, select the Calendar icon and choose the correct month by using the right and left arrows. Click on the correct date in the chosen month.

8c. Latest Date Eligible for Financial Assistance

KEY POINTS TO SHARE WITH THE PA

SOME HOUSING PROGRAMS ARE RE TO ENTERING RAPID RE-HOUSING.

HOUSEHOLD HISTORY WILL ONLY AI

Section 9: Length of Time Homeless

- A. 9a. Enter the Cumulative Nights Homeless from the Warehouse
 - At the top of the client’s warehouse profile page, look at **Days in Last 3 Years: # homeless**. These are days homeless as reported through the HMIS. There are two ways days are listed: # homeless and # literally homeless, which does not include days in transitional housing. For the purposes of the RRH to PSH Transfer assessment, **use the # homeless**.

GRDA Ken David Yurka

Basic Info & Programs History File Uploads

Last Seen: 4 days ago

Last Seen Location: Northern Red O

Days in Last 3 Years: 438 homeless (🕒) 438 literally homeless (🕒)

Homeless Span: Nov 27, 2017 to Apr 29, 2019 438 in total ES, SO, TH, and SH

Veteran: No

Enrolled in: 65

Disabled: Yes

Consent Form: Full HAN Release (checked)

CAS: Long-term Stayer

CAS Client ID: 195330

Cohorts: March 2019 Chronic List

- B. 9b. Enter the number of Boston homeless nights you are adding to their record (nights not recorded in the HMIS).
 - Using the [Documenting Current Boston Homelessness](#) document from Step 3 as a reference, enter the number of days being added to the client’s assessment.
- C. 9c. Clarity will automatically add the HMIS and non-HMIS nights for the client’s total.
 - **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 in 9c is larger than 1,096, please check the warehouse days against the non-HMIS days to see if there is any overlap. Clients with more than 1,096 will not be matched to a housing resource until their days homeless are corrected.**

Section 10: Housing Stability

A. For each situation impacting housing stability, select the option that most closely matches what the client self-reports or has been observed by the case manager during the stabilization relationship.

| | |
|---|--|
| RRH Enrollment - Moves | Client has had to move once while enrolled in RRH |
| Health Status | Moderate symptoms that impact some day-to-day functioning, or 3-5 ER |
| Domestic Violence and/or On-Site Assaults | Safety is moderately adequate |
| Risk of Eviction | Property owner has verbally threatened eviction to either the tenant or the |
| Activities of Daily Living | Client requires assistance with minor tasks of daily living (eg, brushing te |
| Income | Client has an unstable and/or inadequate source of income |
| Income Source | Client's income is fully documented and reportable |
| Support Systems | Client has some support systems in the form of friends and/or family, tho |
| Legal Issues | Client's legal concerns will not significantly impair access to housing |
| Healthcare Coverage | Client has stable, sufficient healthcare coverage |
| Childcare | Client has no childcare concerns |

- **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 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 option that best describes the client’s recent experience with domestic violence:
 - 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** – Select the option that best describes the client’s 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

| | |
|--|---|
| | <ul style="list-style-type: none"> ○ 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 – Select the option that best describes the level of struggle a client may be experiencing with Activities of Daily Living (ADLs). ADLs are daily things like eating, bathing/showering, dressing. <ul style="list-style-type: none"> ○ 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 (e.g., brushing teeth, etc.) ○ Client requires assistance with nearly all major tasks of daily living (e.g., eating, bathing, etc.) ● Income – Select the level of income the client is currently receiving. This is not a set dollar amount and is instead asking whether the client received enough to pay bills, eat, etc. <ul style="list-style-type: none"> ○ 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 – Select the option that best describes the client’s sources of income. <ul style="list-style-type: none"> ○ Client's income is fully documented and reportable ○ Case manager has observed that client may 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 – Select the option that best describes the client’s current, positive family or friend relationships in their support network. Be sure to note the difference between friend/family and staff support. <ul style="list-style-type: none"> ○ 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** – Select the option that best describes the client’s active legal concerns, open court cases, or convictions that may come up when as they apply for other housing.
 - 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** – Select the option that best describes the client’s current healthcare coverage.
 - Client has stable, sufficient healthcare coverage
 - Client has unstable or insufficient healthcare coverage.
- **Childcare** – Select the option that best describes the client’s childcare situation. This can include themselves, friends, family, babysitters, etc.
 - 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 11: Client Acknowledgements

- A. Document the client’s acknowledgements of expectations and next steps.
- B. Click on the button to the right of each item to indicate that the information has been shared with the client. The button will turn blue. A blue button indicates “Yes”, and a white button indicates “No”.

Click “Save”. The assessment will save the input information and the screen will refresh. Click “Cancel” to exit the assessment.

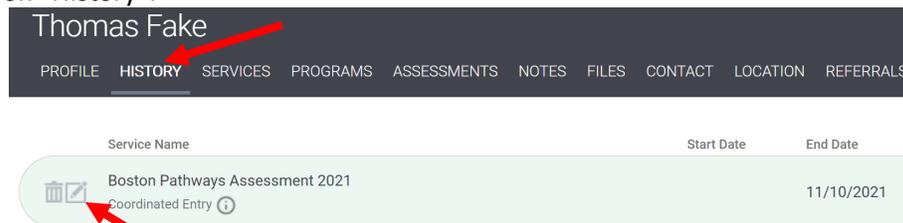


Move to Step 12.

How to View or Edit an Existing Pathways Assessment

If a Pathways Assessment already exists for the client, you can view or edit the assessment.

Click on “History”.



Then click on the “Edit” icon next to the Assessment. Remember that Assessments show as green bars.

Complete the assessment or make changes as needed. If you are only viewing the assessment, just click "Cancel".
Click "Save", let the form refresh, then Click "Cancel" to exit the form.

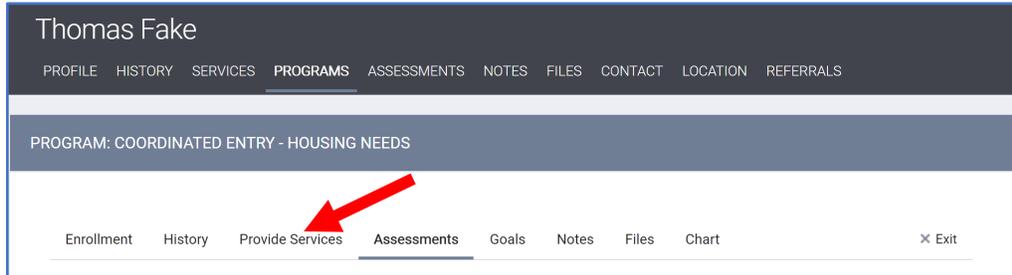


Step 12

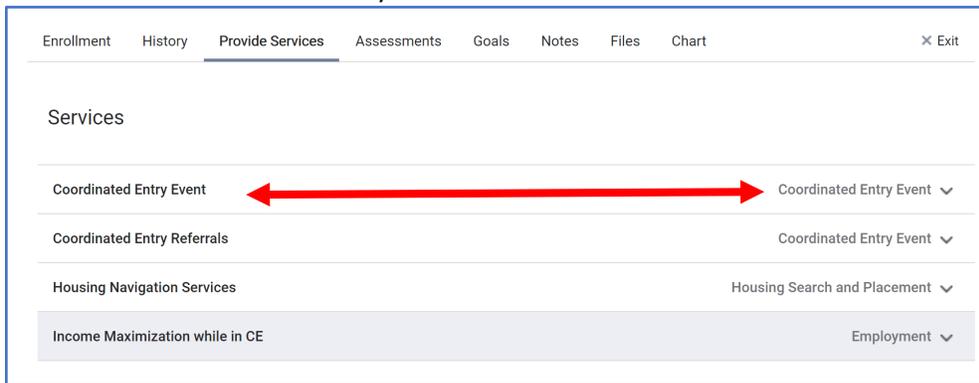
Create Coordinated Entry Event

Please Note: CE Events and Referrals are required for completion of every assessment.

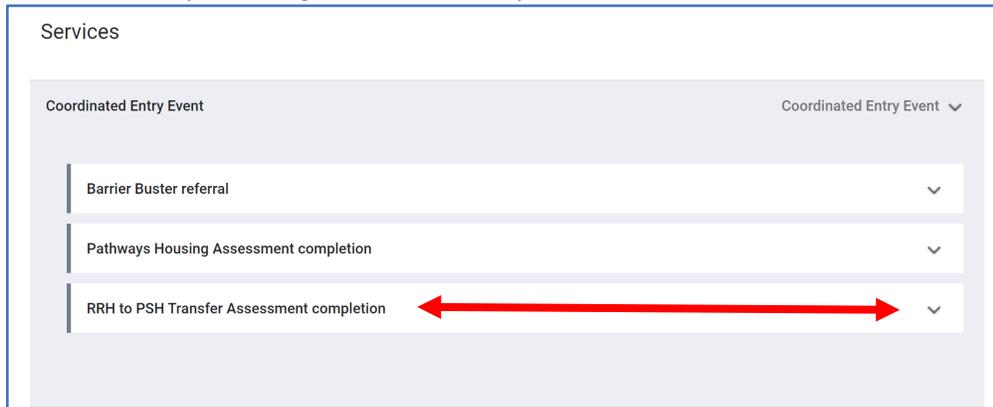
A. To record the Coordinated Entry Events and Referrals, click on “Provide Services”.



B. Click on Coordinated Entry Event.



C. To record that the RRH to PSH Transfer Assessment was completed, Click on “Pathways Housing Assessment completion”



A. Make sure the Event Date matches the date the assessment was completed. Add notes if desired. Click Submit.

Pathways Housing Assessment completion

Event Date 10/22/2021

Service Note :

B I [bulleted list] [numbered list]

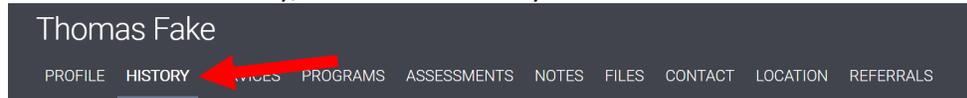
SUBMIT

Move to Step 13.

Checking that CE Events and Referrals have been recorded in the system.

Clarity does not provide a visual indicator that a CE Event or CE Referral has been successfully submitted to the database. If a user wants to verify that the events and referrals have been successfully submitted, then this information can be viewed through the "History" tab.

To view the client's history, click on the "History" tab.



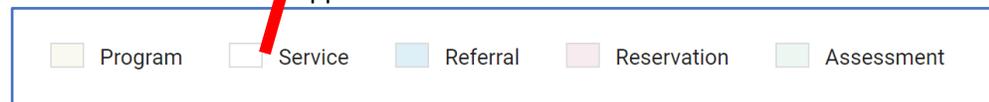
A new screen will appear with a list of the client's service history.

HISTORY

Advanced Search Options View

| Service Name | Start Date | End Date |
|--|------------|------------|
| Boston RRH to PSH Transfer Assessment Coordinated Entry | | 10/22/2021 |
| Coordinated Entry Referrals: Referred to CAS for Matching Coordinated Entry | 10/22/2021 | 10/22/2021 |
| Coordinated Entry Event: Pathways Housing Assessment completion Coordinated Entry | 10/22/2021 | 10/22/2021 |
| Coordinated Entry - Housing Needs Coordinated Entry | 10/22/2021 | Active |
| Coordinated Entry - Housing Needs Coordinated Entry | 10/21/2021 | 10/22/2021 |
| Boston Pathways Assessment 2021 Coordinated Entry | | 10/21/2021 |

CE Events and Referrals appear as rows colored in White.



Step 13

Adding Contact Information

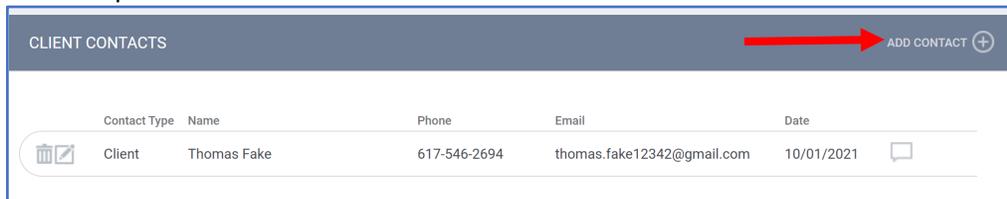
To view or add contact information for the client, click on "Contact".



You will be able to see any contact information related to the client.

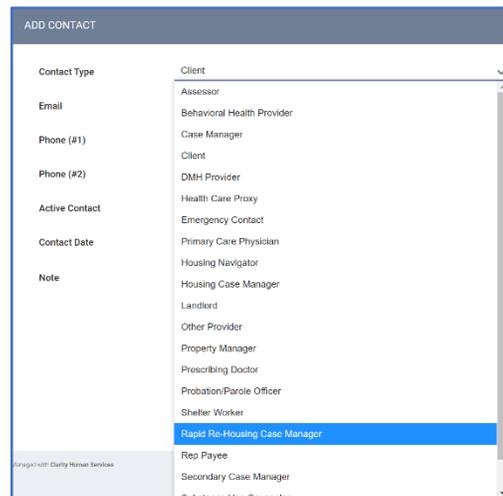
| Contact Type | Name | Phone | Email | Date | |
|-------------------------------|---------------|--------------|----------------------------|------------|--|
| Client | Thomas Fake | 617-546-2694 | thomas.fake12342@gmail.com | 10/01/2021 | |
| Emergency Contact | Jennifer Fake | 617-999-9999 | | 02/01/2021 | |
| Case Manager | Marybeth Fake | 617-888-8888 | mfake@sfn.net | 07/01/2021 | |
| Rapid Re-Housing Case Manager | Ben Fake | 617-888-7777 | bfake@sfn.net | 08/01/2021 | |
| Assessor | Noah Fake | 617-888-6666 | nfake@sfn.net | 08/01/2021 | |

To add contact information, click "Add Contact". Contacts must be added one at a time. Not all fields are required. Enter as much information about the contact as the client has provided.



Contact Type: This can include the client themselves, case managers, navigators, or others. Add the Assessor (you) as the Assessor contact for the client. If you are also the client's Rapid Rehousing Case Manager, enter a second contact with your information and select the contact type as "Rapid Rehousing Case Manager".

Note: Case manager and navigator names added here will function as the Shelter Agency Contacts for CAS and BHA.



Name: The Contact's Name

Email: The email address of the contact, if known.

Phone (#1) & (#2): phone numbers for the contact, if known.

Active Contact: The contact is still current for the client. **This should be updated is a staff member is no longer working with the client.**

Contact Date: The date the contact became active (estimate if needed).

Note: Notes about the contact, such as times/days the contact can be contacted, relationship to client, etc. May be left blank.

When the form is complete, click the "Save Changes" button.



NOTE: You will have to repeat this page for each person who is being added to the contacts for this client. This includes the client themselves, case managers, navigators, or anyone who should be connected to the client.