



# GUIDE FOR RECORDING A MULTI-PERSON HOUSEHOLD ENTRY INTO SERVICEPOINT™

Version 2.0

## **Guide for Recording a Multi-Person Household Entry into ServicePoint™**

**Service Provider Type: ALL**

**Entry Type: Multi-Person Household**

### **OVERVIEW:**

This guide is designed to assist users of the ServicePoint software in **entering multi-person household data** into ServicePoint. This workflow should be used whenever two or more persons are present for services and will be assisted or enrolled as a single unit. There are various types of households: **Single Parent**, **Couple with No Children**, **Couple with children** etc. A **Household** will always include a **Head of Household (HOH)** and at least one other household member who are entering the program together.

### **INSTRUCTIONS:**

**Step 1:** Log into **ServicePoint**, <https://sp.lsndc.org>.

**Step 2:** Select the **Enter Data As** option in the top right corner of the page [Figure 1].

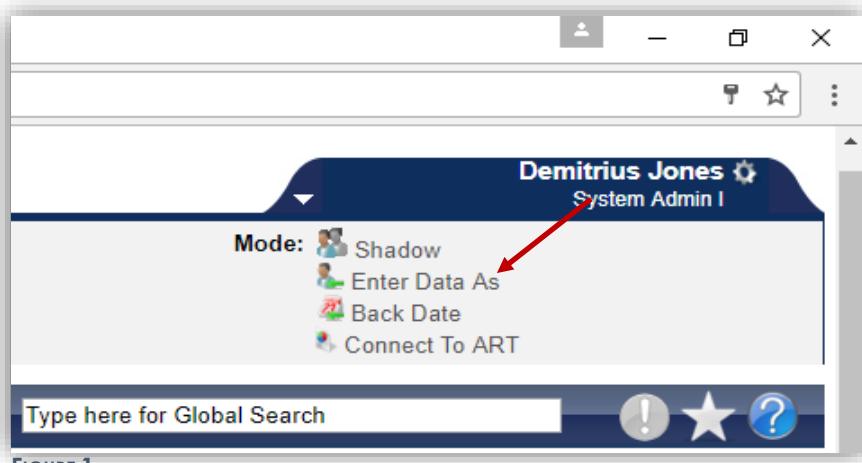


FIGURE 1

The **Enter Data As Provider Search** pop-up window will appear. Use the **Provider Search Bar** or **Provider ID # Bar** to search for your particular provider. There is also the option to scroll through the **Provider Search Results** until the appropriate provider is identified [Figure 2].

**Enter Data As Provider Search**

**Provider Search**  
Search for Providers by using keywords from the Provider Name or Description.

**Provider Number**  
Enter or scan a Provider ID number to search for that Provider.

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All	
	<b>Provider</b>																								<b>Level</b>	<b>Phone</b>	<b>Location</b>	<b>Last Updated</b>
	(31065)																								Level 4	985-646-1368	Slidell, LA 70458	06/19/2017
	BRACES (14684)																								Level 3	800-731-7996	Hammond, LA 70401	05/31/2017
	Caring Center of Slidell (13484)																								Level 3	985-646-1368	Slidell, LA 70458	06/19/2017

FIGURE 2

Click the green plus icon next to the provider to select it. The screen will return to the Dashboard Homepage. The homepage will now display the selected provider next to the “**Enter Data As**” option [Figure 3].

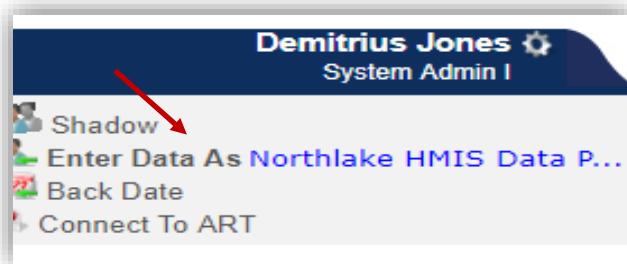


FIGURE 3

**Step 3:** From the Dashboard Homepage, click on the **ClientPoint** menu item [Figure 4].

**Home > Home Page Dashboard**

**Last Viewed**   **Favorites**

**Home**  
**ClientPoint**  
**CallPoint**

**System News (5)**

Date	Headline
07/03/2012	Are you the weal
08/18/2011	New Home page

FIGURE 4

When recording data for a new household, always begin with the **Head of Household (HoH)**. Under the **Client Search** section, type the applicant's *First* and *Last Names* and/or Social Security Number, and click on the **Search** button to see if a client record already exists in the system [Figure 5].

**ClientPoint > Client Search**

**Client Search**

Please Search the System before adding a New Client.

Items in Italics are for Data Entry ONLY and will not be used for Search Results.

Name	First Yogi	Middle	Last Bear	Suffix
Name Data Quality	-Select-	Date of Birth	/ /	MM DD YY
Alias				
Social Security Number				
Social Security Number Data Quality	-Select-	Gender	-Select-	
U.S. Military Veteran?	-Select-	If Other Gender, specify	Primary Race	Secondary Race
Exact Match	<input type="checkbox"/>	Ethnicity	-Select-	

Search Clear Add New Client With This Information Add Anonymous Client

FIGURE 5

Alternately, if the Client ID number is known, under the **Client Number** section, type in the **Client ID #** and click on the **Submit** button [Figure 6].

Search INACTIVE / DELETED Clients

Search ALL Clients

Search Clear Add New Client With This Information Add Anonymous Client

**Client Number**

Enter or scan a Client ID number to go directly to that Client's profile.

Client ID # 8346060 Submit

Legal Notices

FIGURE 6

If the client record was searched using name or SSN, under the **Client Results** section, select the correct client record by clicking on the yellow pencil icon or the linked name [Figure 7].

**Client Results**

ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count
8346060	Bear, Yogi	***-**-5222	02/02/1982		Male	1	
8446556	Boobear, Yogi					0	

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FIGURE 7

If the search results yield client records, be sure to match the name, date of birth, SSN, or client number to the **HOH** to ensure that the correct client is selected from the list. It is not unusual for clients with same/similar names to populate the search results. In some instances clients may already have information entered into the system by other service providers. It is the responsibility of the user to ensure that the information that was previously collected is still current and accurate by re-interviewing the client or matching the information to the most current responses given by the client, if data entry is not being completed in real time.

If client search DOES NOT yield a Match under the **Client Results** section [Figure 8], a new record will need to be created.

Client Results								
ID	Name ▲	Social Security Number	Date of Birth	Alias	Gender	Banned	Household Count	
No matches.								

FIGURE 8

**NOTE:** If you are not recording the *Initial Contact* information in real time, you will need to use the **Back Date** feature. Click on the **Back Date** link in the upper right hand corner of the screen, and set the date to reflect the day the information was collected. Click on the **Set Back Date** button [Figure 9].

FIGURE 9

After selecting **Set Back Date**, the banner at the top of the screen will turn yellow.

**STEP 4:** Under the **Client Search** section, complete the remaining applicable fields. The following fields should be completed: (A) First and Last Name, (B) Name Data Quality, (C) Date of Birth, (D) DOB Data Quality, (E) Social Security Number, (F) Social Security

Number Data Quality, (G) Gender, (H) U.S. Military Veteran?, (I) Primary Race {and Secondary Race, if applicable}, and (J) Ethnicity. **Note:** Secondary race is optional and only needs to be recorded if the client self-reported a secondary race category response. Click on the **Add New Client With This Information** button [Figure 10].

Region IX: Northlake Homeless Coalition  
July 18, 2017

Type here for Global Search

ClientSearch

Please Search the System before adding a New Client.

Items in Italics are for Data Entry ONLY and will not be used for Search Results.

Name	First Yogi	Middle	Last Bear	Suffix
Name Data Quality	-Select-	A	B	C
Alias				D
Social Security Number	902 - 22 - 5222	E	F	G
Social Security Number Data Quality	Full SSN Reported (HUD)			H
U.S. Military Veteran?	-Select-	I	J	
Exact Match	<input type="checkbox"/>			

Search Clear Add New Client With This Information Add Anonymous Client

FIGURE 10

The following screen appears **Add New Client Information**. Select **Add Client and Add New Household**. Click the **Ok** button. [Figure 11]

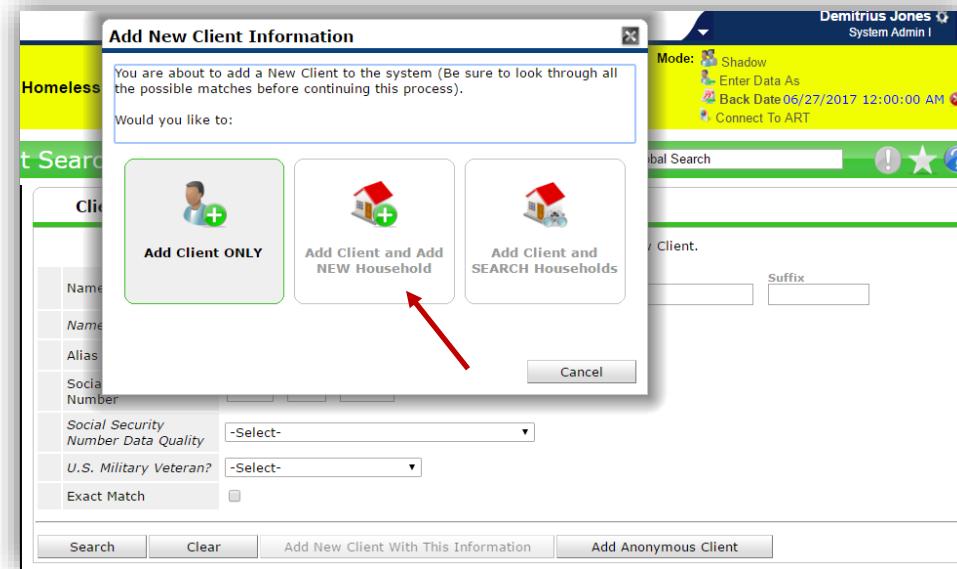


FIGURE 11

**STEP5:** The **Add New Household** pop-up window will appear. Click the dropdown list for **Household Type**, and choose the appropriate household type label from the options given. Under the Client Search section, type the additional household member's **First and Last Names [A]** and/or **Social Security Number [E]**, and click the **Search** button to see if a client record already exists in the system.

Note: The last name of the Head of Household will auto-populate the field and may need to be updated, if the additional household member has a different last name. [Figure 12]

FIGURE 12

Alternately, if the Client ID number is known, under the **Client Number** section, type in the **Client ID #** and click on the **Submit** button [See Figure 6].

If the client record was searched using name or SSN, under the **Client Results** section, select the correct client record by clicking on the yellow pencil icon or the linked name [See Figure 7].

If the search results yield client records, be sure to match the name, date of birth, SSN, or client number to the **Additional Household Member** to ensure that the correct client is selected from the list. It is not unusual for clients with same/similar names to populate the search results. In some instances clients may already have information entered into the system by other service providers. It is the responsibility of the user to ensure that the

information that was previously collected is still current and accurate by re-interviewing the client or matching the information to the most current responses given by the client, if data entry is not being completed in real time.

If client search DOES NOT yield a Match under the **Client Results** section [See Figure 8], a new record will need to be created. Under the **Client Search** section, complete the remaining applicable fields. The following fields should be completed: (A) First and Last Name, (B) Name Data Quality, (C) Social Security Number, (D) Social Security Number Data Quality, (E) U.S. Military Veteran? **Note:** Secondary race is optional and only needs to be recorded if the client self-reported a secondary race category response. Click on the **Add New Client With This Information** button [Figure 13].

The screenshot shows the 'Add New Household' window with the 'Client Search' tab selected. The following fields are highlighted with red boxes:

- A:** Name (First, Middle, Last, Suffix)
- B:** Name Data Quality
- C:** Social Security Number
- D:** Social Security Number Data Quality
- E:** U.S. Military Veteran?

At the bottom of the search section, there is a red box around the **Add New Client With This Information** button, which is also indicated by a red arrow pointing to it from Figure 13A.

FIGURE 13

The following screen will appear: **Add New Client Information**. [Figure 13A]

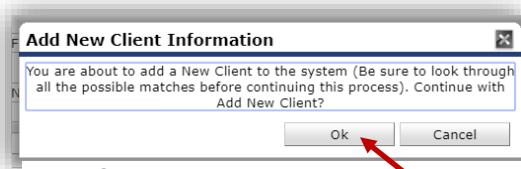


FIGURE 13A

Since there are no matches in the **Client Results** section, click **Ok**

You will now see the additional household member in the Selected Clients section at the bottom of the screen. Click the **Continue** button [Figure 14].

Selected Clients						
ID	Name	Social Security Number	Date of Birth	Alias	Gender	Banned Household Count
8448834	Bear, Cindy	***-**-5679	08/07/1981		Female	0
8346060	Bear, Yogi	***-**-5222	02/02/1982		Male	0

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Continue Cancel

FIGURE 14

Repeat this process for any additional persons in the household who need to be included with the Project Entry.

**STEP 6:** Once all household members have been added to the household, apply the appropriate labels for defining the household member's ('s') relationships to the Head of Household; a response for the **Head of Household** and **Relationship to Head of Household** dropdown lists must be selected for each household member. Ensure that the date under the **Joined Household** column reflects the date in which the clients joined the household. Once all information has been entered, click **Save & Exit** button [Figure 15].

**Example:** Yogi Bear has been identified as the **Head of Household**; thus, the “**Yes**” response is selected from the **Head of Household** dropdown list, and the “**Self**” response is selected from the **Relationship to Head of Household** dropdown list.

BooBoo Bear has NOT been identified as the **Head of Household**; thus, the “**No**” response is selected from the **Head of Household** dropdown list, and the “**Son**” response is selected from the **Relationship to Head of Household** dropdown list.

Cindy Bear has NOT been identified as the **Head of Household**; thus, the “**No**” response is selected from the **Head of Household** dropdown list and the “**Wife**” response is selected from the **Relationship to Head of Household** dropdown list. [Figure 15]

Household Information - (149014) Two Parent Family							
(149014) Two Parent Family				Save	Save & Exit	Exit	
Household Type *		Two Parent Family					
Income		US\$0.00 monthly (US\$0.00 annual)					
Client Count		3					
Household Members							
A	Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Household Associations Count	
A	(8346060) Bear, Yogi	35	Yes	Self	07 / 25 / 2017	0	1
B	(8448916) Bear, BooBoo	9	No	Son	07 / 25 / 2017	0	1
C	(8448834) Bear, Cindy	36	No	Wife	07 / 25 / 2017	0	1
<input type="button" value="Add/Delete Household Members"/> <input type="button" value="Household History Report"/>							

FIGURE 15

The screen will return to the **Households** tab under Client Profile.

**Step 7:** Select the **ROI** tab to the right of **Households**, and click the **Add Release of Information button**. [Figure 16].

The screenshot shows the ServicePoint software interface. At the top, there is a navigation bar with tabs: Summary, Client Profile, Households, ROI (which is highlighted with a red circle), Entry / Exit, Case Managers, Case Plans, Measurements, and Assessments. Below the navigation bar, there is a sub-menu titled "Release of Information" with a "Provider" section. A red arrow points to the "Add Release of Information" button. The main content area shows a table with columns: Permission, Start Date, and End Date. The message "No matches." is displayed. In the bottom right corner of the window, there is an "Exit" button.

FIGURE 16

The **Release of Information Data** pop-up window will appear. Click the check box next to the Household Type to select all household members at once. The provider should already be preselected at this point; however, if there is no provider, or if the selected provider is not the appropriate one, use the search button to the right to locate and select the right provider.

For the Release Granted option (must be entered in order to proceed), select **Yes** or **No** in the dropdown list [A]. Next, record the **Start Date** and the **End Date** for the client. The "**Start Date**" reflects the day the data was collected, and the "**End Date**" reflects the appropriate time frame stated in the paper ROI. The End Date is three years following the start date for all projects, except for NHC CAAS-IND and NHC, CAAS-FAM.

**Example:** Start Date = 7/25/2017, End date = 7/25/2020

**NOTE:** While you are not required to record a response for the Documentation pulldown menu and identify the **Witness** who signed the paper **ROI**, it is a good practice.

Select **Save Release of Information** button to continue [Figure 17].

The screenshot shows the "Release of Information" dialog box. It has two main sections: "Household Members" and "Release of Information Data". In the "Household Members" section, there is a note: "To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected." Below this note, there is a list of household members with checkboxes: (149014) Two Parent Family, (8346060) Bear, Yogi, (8448916) Bear, BooBoo, and (8448834) Bear, Cindy. In the "Release of Information Data" section, there is a "Provider" dropdown set to "Northlake HMIS Data Project - Northlake Homeless Coalition (14564)", a "Search" button (highlighted with a red circle), and "My Provider" and "Clear" buttons. Below the provider section are fields for "Release Granted" (set to "Yes" with a red letter "A" over it), "Start Date" (set to 07/25/2017), "End Date" (set to 07/25/2020), "Documentation" (set to "Signed Statement from Client"), and "Witness" (set to "Demitrius Jones"). At the bottom of the dialog box are "Save Release of Information" and "Cancel" buttons, with the "Save Release of Information" button highlighted by a red box.

FIGURE 17

The screen will return to the ROI tab.

**Step 8:** Select the **Entry/Exit** tab to the right of the ROI tab. Click the **Add Entry/Exit** button at the bottom left side [Figure 18].

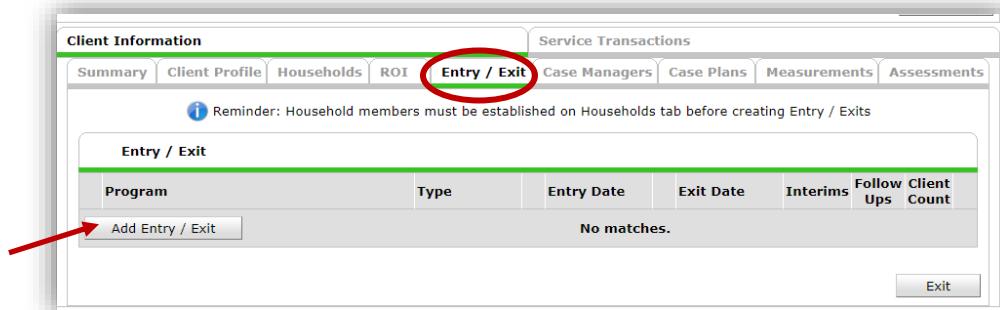


FIGURE 18

The **Entry Data** pop-up window will appear. Click the check box next to the Household Type to select all household members at once. The Service Provider name will auto-populate to the provider name you selected for *Enter Data As (EDA)*, where applicable. Select **HUD** from the **Entry Type** pull-down menu.

Make sure the **Entry Date** reflects the correct date of assessment, and set the time to **8:00 AM**. If you are in **Back Date** mode, the **Entry Date** will reflect the date that you previously selected (i.e. the date the data was collected). If the information is being entered the same day as the assessment it will reflect today's date by default.

Click the **Save & Continue** button [Figure 19].

FIGURE 19

The window will expand, and the Entry Assessment will appear, including a list of the household members. The client name highlighted in blue is the client record that is

currently open and editable. To toggle between client records of the other household members, click on a different client's name.

**Step 8A:** Scroll down to the section of the assessment labeled, **GENERAL CLIENT INFORMATION**. Responses recorded under the Client Profile tab should populate for the questions: *Date of Birth*, *Date of Birth Type*, *Primary Race* {and *Secondary Race*, if applicable}, *Ethnicity*, and *Gender*. Verify the accuracy of this information [Figure 20].

The screenshot shows the 'Entry Assessment' software interface. On the left, there's a 'Select an Assessment' panel with several options. In the center, there's a 'Household Members' list and a 'Household Data Sharing' section. On the right, the 'GENERAL CLIENT INFORMATION - Required of All Clients' section is displayed, which includes fields for Date of Birth, Date of Birth Type, Primary Race, Secondary Race, Ethnicity, Gender, and a question about disabilities. The 'Does the client have a disabling condition?' field has a dropdown menu with 'Yes (HUD)' selected. A red circle highlights this specific field.

FIGURE 20

Scroll down to the question, **Does the client have a disabling condition?**. Record the “**Yes**” or “**No**” response of the client [Figures 21& 22].

If client has self-identified as not having a disability, record a **No** response the question, and click on the link for **HUD Verification**. A pop-up window labeled **HUD Verification: Disabilities for MM/DD/YYYY** will appear. Click on the **radio button** for **No** response for the function, “Select the Disability determination value for all incomplete Disability Type records”. Click the **Save & Exit** button [Figure 21].

The screenshot shows a software interface for recording client information. At the top, a question asks "Does the client have a disabling condition?" with a dropdown menu showing "No (HUD)". Below this is a table for "Disabilities" with columns for "Disability Type", "(If yes) Currently receiving services or treatment?", "Above condition is going to be long term?", "Start Date\*", "Disability determination", and "End Date". An "Add" button is at the bottom of this table.

A red arrow points from the "No (HUD)" dropdown in the main window to the "No (HUD)" radio button in the "HUD Verification" pop-up. Another red arrow points from the "Save & Exit" button in the pop-up to the "Save & Exit" button at the bottom of the main window.

**HUD Verification: Disabilities for 06/20/2017**

Per Disability Type, the current records for Disabilities as of 06/20/2017 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 06/20/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Disability determination value for all incomplete Disability Type records

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
Alcohol Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Alcohol and Drug Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Health Condition (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Problem (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Buttons at the bottom of the pop-up: Cancel, Full Note, Save, Save & Exit, Exit.

FIGURE 21

If the client does self-identify as having a disabling condition, record a **Yes** response the question, and click on the link for **HUD Verification**. To save time, click on the **radio button** for No response [A] for the function “Select the Disability determination value for all incomplete Disability Type records”, THEN click on the **radio button** under the Yes column [B] for the appropriate disability type(s).

A pop-up window labeled **Disabilities** will appear. **Record responses** to the following questions: “*If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently*” and “*If Yes, Documentation of the disability and severity on file*”. Click on the **Save** button [Figure 22].

**Example:** The client has self-identified that he has a mental health problem that will be of long-duration, but he has not provided documentation that verifies the disability.

The screenshot shows the ServicePoint software interface. On the left, there's a main form with sections like 'TANF (HUD)', 'Unemployment Insurance (HUD)', 'Transportation', and 'Is the client have a disabling condition?'. Below these are sections for 'Domestic violence', 'Final Background', 'Screening', and 'Client Notes'. A red arrow points from the 'Is the client have a disabling condition?' dropdown to the 'Yes (HUD)' dropdown in the 'Add Recordset' dialog.

The 'Disabilities' section on the left includes fields for 'Ability Type', '(If yes)Currently receiving services or treatment?', 'Above condition is going to be long term?', and 'Start Date \*'. A red arrow points from the 'Start Date \*' field to the date input field in the 'Add Recordset' dialog.

A modal window titled 'HUD Verification: Disabilities for 06/20/2017' is open. It contains instructions about disability types and documentation. A red box labeled 'A' highlights the 'Select the Disability determination value for all incomplete Disability Type records' section, which includes radio buttons for 'No (HUD)', 'Client doesn't know (HUD)', 'Client refused (HUD)', 'Data not collected (HUD)', and 'Incomplete'. Another red box labeled 'B' highlights the 'Disability Type' table below, which lists categories like 'Alcohol Abuse (HUD)', 'Both Alcohol and Drug Abuse (HUD)', etc., each with a row of radio buttons for selection.

The 'Add Recordset' dialog box has tabs for 'Disabilities' and 'Mental Health Problem (HUD)'. It contains fields for 'Disability Type', '(If yes)Currently receiving services or treatment?', 'Above condition is going to be long term?', 'Start Date \*', 'Disability determination', 'If Yes, Expected to be of long-continued and indefinite duration and substantially Impairs ability to live independently', 'If Yes, Documentation of the disability and severity on file', 'If Yes for Mental Health Problem, Alcohol Abuse, Drug Abuse, or Both Alcohol and Drug Abuse, How confirmed (PATH only)', 'If Yes for Mental Health Problem (PATH only) Serious mental illness (SMI) and, if SMI, how confirmed', 'Disability verification on file?', 'Note on Disability', and 'End Date'. Red arrows point from the 'Disability determination' dropdown in the main window to the 'Disability determination' dropdown in the dialog, and from the 'Incomplete' radio button in the verification window to the 'Incomplete' radio button in the dialog.

FIGURE 22

Click on the **Save & Exit** button to close the HUD Verification window for recording **Disabling Conditions** [Figure 23].

DISABILITY DETERMINATION							
	Disability Type	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
	Alcohol Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Both Alcohol and Drug Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Chronic Health Condition (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Developmental (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Drug Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	HIV/AIDS (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Mental Health Problem (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Physical (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIGURE 23

**Note:** The **HUD Verification** link may initially be labeled with a red warning symbol,

**HUD Verification**

, as a visual cue to complete the verification process.

Once completed, the label will change to a green check mark, **HUD Verification**

**STEP 8B:** Scroll down to the section of the assessment labeled, **HEALTH INSURANCE INFORMATION**. Record the client's response for the question, **Covered by Health Insurance**. [Figures 24 & 25].

Click the link for **HUD Verification**. A pop-up window labeled **HUD Verification: Health Insurance for MM/DD/YYYY** will appear that allows for specific information about health insurance to be recorded.

If client has self-identified as NOT having any health insurance, click on the **radio button** for No response for the function "Select the Covered? value for all incomplete Health Insurance Type records". Click the **Save & Exit** button [Figure 24].

If the client has self-identified as having health insurance, to save time, click on the **radio button** for No response [A] for the function "Select the Covered? value for all incomplete Health Insurance Type records", THEN click on the **radio button** under the **Yes** column [B] for the appropriate source(s) of non-cash benefits. Click on the **Save & Exit** button [Figure 25].

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

FIGURE 24

If the client has self-identified as having health insurance, to save time, click on the **radio button** for the No response [A] for the function "Select the Covered? value for all incomplete Health Insurance Type records", THEN click on the **radio button** under the **Yes**

column [B] for the appropriate source(s) of non-cash benefits. Click on the **Save & Exit** button [Figure 25].

**HUD Verification: Health Insurance for 06/27/2017**

Per Health Insurance Type, the current records for Health Insurance as of 06/27/2017 are displayed below. Any Previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 06/27/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for a Incomplete Health Insurance Type records

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

Save    Save & Exit    Exit

FIGURE 25

**STEP 8C:** Scroll down to the section of the assessment labeled, **HOUSING INFORMATION**. Complete the following fields [Figure 26].

**Relationship to Head of Household** is "Self (head of household)", and the response for **Client Location** is "LA-506" [Figure 26].

**Parish Preference** refers to the parish the client has identified as the preferred location for housing identification and placement, while **Parish** is the parish of current residence.

**Residence Prior to Project** Entry refers to the primary dwelling type/situation where the resident was residing in immediately prior to entry into the project.

**Length of Stay in Previous Place** refers to the length of time the client was residing in the previous place of residence.

**Approximate date homelessness** started refers to the date of the last time the client had a place to sleep that was not on the streets, in emergency shelter, or in a Safe Haven. This an approximation that must be recorded in the MM/DD/YYYY format.

**Regardless of where they stayed last night - Number of times the client has been homeless on the streets, in ES, or SH in the past three years including today** refers to the number of separate episodes a client has experienced living in one or more of these locations within the previous 3 years, wherein there were breaks in time when the client was not residing in one of these locations.

**Total number of months homeless on the (street, in ES or SH) in the past three years** refers to the number of months a client has been in one or more of these locations. This number must be cumulative, but not necessarily consecutive.

FIGURE 26

Projects providing Permanent Housing must record the **HOUSING MOVE-IN DATE**. This date should be recorded in the MM/DD/YYYY format **ONLY** after the client has entered housing [Figure 26A]. (See Page 21 for further instructions on completing an Interim Review)

**Important:** Do not record Housing Move-in date in the Entry Assessment.

FIGURE 26A

**STEP 8D:** Scroll down to the section of the assessment labeled, **INCOME AND BENEFITS INFORMATION**. Record the client's response for the question, **Total Monthly Income**, and record whether the client has one or more sources of income at the time of project entry for the question, **Income from Any Source** [Figures 27 & 28]. If the client has no income, record "0" for *Total Monly Income*, and "No" for *Income from Any Source*.

Click the link for **HUD Verification**. A pop-up window labeled **HUD Verification: Monthly Income for MM/DD/YYYY** will appear that allows for specific information about income sources to be recorded. If client has self-identified as NOT having any income, click on the **radio button** for No response for the function "Select the Receiving Income Source? value for all incomplete Source of Income records". Click the **Save & Exit** button [Figure 27].

If the client has self-identified as having income , to save time, click on the **radio button** for No response [A] for the function "Select the Receiving Income Source? value for all incomplete Source of Income records", THEN click on the **radio button** under the **Yes** column [B] for the appropriate source(s) of income. A pop-up window labeled **Monthly Income** will appear; record the monthly amount, and click on the **Save** button [Figure 28].

**Example:** The client has reported that he is receiving \$500 per month in Alimony or Spousal Support.

The screenshot shows the 'HUD Verification: Monthly Income for 06/27/2017' window. In the 'Source of Income' dropdown, 'Alimony or Other Spousal Support (HUD)' is selected. In the 'Receiving Income Source?' dropdown, 'Yes' is selected. The 'Save & Exit' button at the bottom right of the window is highlighted with a red box.

FIGURE 28

Click on the **Save & Exit** button to close the HUD Verification window for recording Income Sources [Figure 29].

The screenshot shows the 'Non-cash Benefit from Any Source' window. It lists four benefit categories: Unemployment Insurance (HUD), VA Non-Service Connected Disability Pension (HUD), VA Service Connected Disability Compensation (HUD), and Worker's Compensation (HUD). The 'Save & Exit' button at the bottom right of the window is highlighted with a red box.

FIGURE 29

Scroll down to the non-cash benefits questions. Record whether the client has one or more sources of non-cash benefits at the time of project entry for the question, **Non-cash benefit from any source** [Figures 30 & 31].

Click the link for **HUD Verification**. A pop-up window labeled **HUD Verification: Non-Cash Benefits for MM/DD/YYYY** will appear that allows for specific information about non-cash benefits sources to be recorded.

If client has self-identified as NOT having any non-cash benefits, click on the **radio button** for No response for the function “Select the Receiving Benefit? value for all incomplete Source of Non-Cash Benefits records”. Click the **Save & Exit** button [Figure 29].

FIGURE 30

If the client has self-identified as having non-cash benefits, to save time, click on the **radio button** for No response [A] for the function “Select the Receiving Benefit? value for all incomplete Source of Non-Cash Benefits records”, THEN click on the **radio button** under the **Yes** column [B] for the appropriate source(s) of non-cash benefits. Click on the **Save & Exit** button [Figure 31].

Non-cash benefit from any source Yes (HUD)

**HUD Verification: Non-Cash Benefits for 06/27/2017**

Per Source of Non-Cash Benefit, the current records for Non-Cash Benefits as of 06/27/2017 are displayed below. Any previous records for Non-Cash Benefits not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Non-Cash Benefit as of 06/27/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Benefit value for all incomplete Source of Non-Cash Benefit records

Source of Non-Cash Benefit	Receiving Benefit?	Yes	No	Data Not Collected	Incomplete
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	B	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Supplemental Nutrition Program for WIC (HUD)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF Child Care Services (HUD)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF Transportation Services (HUD)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other TANF-Funded Services (HUD)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section 8, Public Housing, or other ongoing rental assistance (HUD)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Source (HUD)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary rental assistance (HUD)		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

FIGURE 31

**STEP 8E:** Scroll down to the section of the assessment labeled, **FAMILY / DOMESTIC VIOLENCE INFORMATION**. Record the client's response for the question, **Domestic violence victim/survivor**.

If the client self-identifies as NOT having a history of family/domestic violence, record a "No" response to the question, and skip the follow-up questions, **If yes, for Domestic violence victim/survivor, when experience occurred**, and **If yes for Domestic violence Victim/Survivor, are you currently fleeing?** [Figure 32].

If the client self-identifies as having a history of family/domestic violence, record a "Yes" response to the question, and record the client's responses for the follow-up questions, **If yes, for Domestic violence victim/survivor, when experience occurred**, and **If yes for Domestic violence Victim/Survivor, are you currently fleeing?** [Figure 33].

**FAMILY/DOMESTIC VIOLENCE INFORMATION - Required of All Adult/HoH Clients**

Domestic violence victim/survivor No (HUD)

If yes for Domestic violence victim/survivor, when experience occurred -Select-

If yes for Domestic Violence Victim/Survivor, are you currently fleeing? -Select-

FIGURE 32

**FAMILY/DOMESTIC VIOLENCE INFORMATION - Required of All Adult/HoH Clients**

Domestic violence victim/survivor Yes (HUD)

If yes for Domestic violence victim/survivor, when experience occurred From six to twelve months ago (HUD)

If yes for Domestic Violence Victim/Survivor, are you currently fleeing? No (HUD)

FIGURE 33

**STEP 8F:** Scroll down to the section of the assessment labeled, **FOSTER CARE INFORMATION**. Record the client's response for the question, **Have you ever been in foster care?**

If the client self-identifies as NOT having a history of foster care, record a "No" response to the question, and skip the follow-up questions, **If yes, for foster care, at what age did**

**you exit foster care?, and If yes for foster care, where did you reside immediately after exiting foster care? [Figure 34].**

FOSTER CARE INFORMATION - Required of All Adult/HoH Clients	
Have you ever been in foster care?	No (HUD) G
If yes for foster care, at what age did you exit foster care?	-Select- G
If yes for foster care, where did you reside immediately after exiting foster care?	-Select- G

FIGURE 34

**If the client self-identifies as having a history of foster care, record a "Yes" response to the question, and record the client's responses for the follow-up questions, If yes, for foster care, at what age did you exit foster care?, and If yes for foster care, where did you reside immediately after exiting foster care? [Figure 35].**

FOSTER CARE INFORMATION - Required of All Adult/HoH Clients	
Have you ever been in foster care?	Yes (HUD) G
If yes for foster care, at what age did you exit foster care?	6 - 12 G
If yes for foster care, where did you reside immediately after exiting foster care?	Staying or living in a friend's room, apartment or house (HUD) G

FIGURE 35

Projects providing **Street Outreach Assistance** must complete the sub-assessment, **Outreach, Date of Engagement and a VI-SPDAT v2.0**.

To record data from contact(s) with the client, click on the **Add** button of the sub-assessment. A pop-up window labeled **Outreach** will appear. Record the first **Date of Contact** outreach staff had with the client, in the MM/DD/YYYY format, the **Location** type, and the **Start Date**. The Start Date will reflect the date that you had previously selected (i.e. the date the data was collected), if you are in Backdate mode. If the information is being entered the same day as the assessment it will reflect today's date by default. Click on the **Save** button or **Save and Add Another** button, based upon whether there have been multiple dates of contact prior to the recording of data in the system [Figure 36].

Outreach	
Date of Contact	03 / 01 / 2017 G
Location	Service setting, non-residential G
Start Date *	06 / 27 / 2017 G
End Date	

FIGURE 36

Record the **Date of Engagement** in MM/DD/YYYY format. This is the date when outreach staff completed a deliberate client assessment or began a case plan with the client; it should be on or after the Entry Date. [Figure 37].

\*\*STREET OUTREACH CLIENT INFORMATION - Required for Street Outreach Adult/HoH Clients Only\*\*

Outreach			
Date of Contact	Location	Start Date *	End Date
03/01/2017 12:00:00 PM	Service setting, non-residential	06/27/2017	
<b>Add</b>			
Showing 1-1 of 1			
Date of Engagement <input type="text"/> / <input type="text"/> / <input type="text"/>			

FIGURE 37

To record the **VI-FSPDAT v2.0** responses, click on the **Add** button of the sub-assessment. A pop-up window labeled **VI-FSPDAT v2.0** will appear. Verify the **Start Date** of the assessment is accurate, and complete all fields for the 41 questions that comprise the assessment [Figure 38].

immediately after exiting  Staying or living in a friend's room, apartment or house (HUD)

Add Recordset - (8346060) Bear, Yogi

**VI-FSPDAT v2.0**

Start Date \* 07 / 25 / 2017

**BASIC INFORMATION**

1. Is either head of household 60 years of age or older? No

2. How many parents are included in this family? 2

**CHILDREN**

1. How many children under the age of 18 are currently with you? 1

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? 0

3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? No

4. If your family includes children, are any of them...  
 4. a) ages 6 or younger? No   
 4. b) ages 11 or younger? Yes   
 4. c) You may use this area to provide a list of children's names and ages:

**A. HISTORY OF HOUSING AND HOMELESSNESS**

5. Where do you and your family sleep most frequently? (choose one) Shelters

If Other, please specify

6. How long has it been since you and your family lived in permanent stable housing? Less than 1 year

**VI-FSPDAT v2.0 Recordset Summary**

Category	D. WELLNESS	GRAND TOTAL
1	2	7
E. FAMILY UNIT	GRAND TOTAL	
1	12	12
PRE-SCREEN TOTAL	GRAND TOTAL (ADJUSTED FOR v2.0)	
12	12	

FIGURE 38

Click the **Calculate** button to determine the VI-SPDAT score. Click the **Save** button to record the score and close the pop-up window [Figure 39].

anything like that?

<b>SCORING SUMMARY</b>	
<b>PRE-SURVEY</b>	0
A. HISTORY OF HOUSING AND HOMELESSNESS	0
B. RISKS	3
C. SOCIALIZATION & DAILY FUNCTIONS	3
D. WELLNESS	2
E. FAMILY UNIT	2
<b>GRAND TOTAL</b>	10

(9+) Recommendation: an assessment for Permanent Supportive Housing/Housing First

**Calculate**

**Save**   **Save and Add Another**   **Cancel**

FIGURE 39

**STEP 8G:** Scroll to the very bottom of the page, and click the **Save** button [Figure 40].

Print Entry/Exit Summary

**Save**   **Save & Exit**   **Exit**

FIGURE 40

Scroll to the top of the **Entry Assessment**, and click on the next household member in the Household Members list. The client name highlighted in blue is the client record that is currently open and editable. The pop-up window will refresh and open the new client record. **Repeat Steps 8A-8G**, and complete the assessment sections that are required for the client. A green checkmark will appear next to the client name, once the record update has been completed [Figure 41].

**Note:** Each heading section, labeled in green, identifies the client type for which the questions are required (*All Clients* = Ages 18+ at Entry Date AND Ages <17 at Entry Date, *Adult Clients* = Ages 18+ at Entry Date, *HoH Clients* = Designated Heads of Households)

**Entry Assessment**

**Household Members**

- (8346060) Bear, Yogi  
Age: 35  
Veteran: Yes (HUD)
- (8448916) Bear, BooBoo  
Age: 9  
Veteran: No (HUD)
- (8448834) Bear, Cindy**  
Age: 35  
Veteran: No (HUD)

**Household Data Sharing**

Client: (8448834) Bear, Cindy

Add Household Data

HUD CoC & ESG Entry SO ES SH (2016) - Northlake Homeless Coalition [NHC]

Entry Date: 07/25/2017 08:00:15 PM

**GENERAL CLIENT INFORMATION - Required of All Clients**

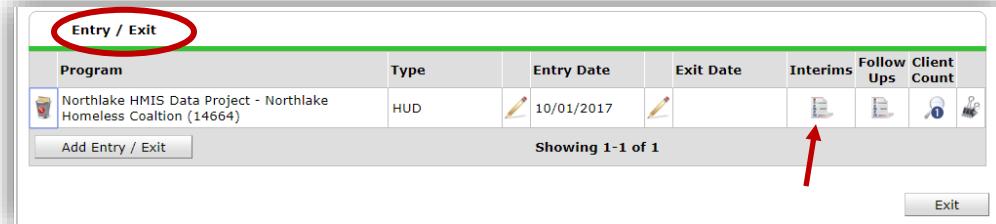
Date of Birth: 08 / 07 / 1981

FIGURE 41

**Congratulations! You have completed the process for recording a multi-person household client entry into the HMIS.**

**Important Note:** Projects with permanent Housing will need to proceed to **Step G**

**STEP G:** Projects providing permanent housing must record the **Housing Move-in Date**, which is the date of the first night the client/s resided in the permanent housing location. To achieve this an **Interim Review Update** must be completed. Under the **Entry/Exit** tab, click the document symbol  on the far right under **Interims**. [Figure 42]

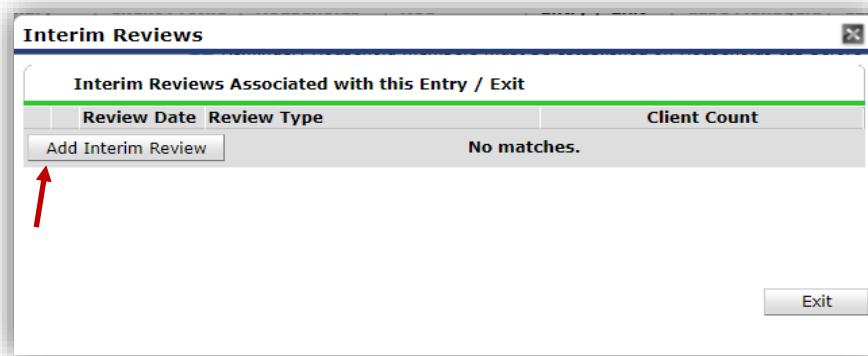


Entry / Exit						
Program	Type	Entry Date	Exit Date	Interims	Follow Ups	Client Count
Northlake HMIS Data Project - Northlake Homeless Coalition (14664)	HUD	10/01/2017				

Add Entry / Exit      Showing 1-1 of 1      Exit

FIGURE 42

Once **Interim** is clicked, the **Interim Reviews** pop-up window will appear [Figure 43].



Interim Reviews

Interim Reviews Associated with this Entry / Exit

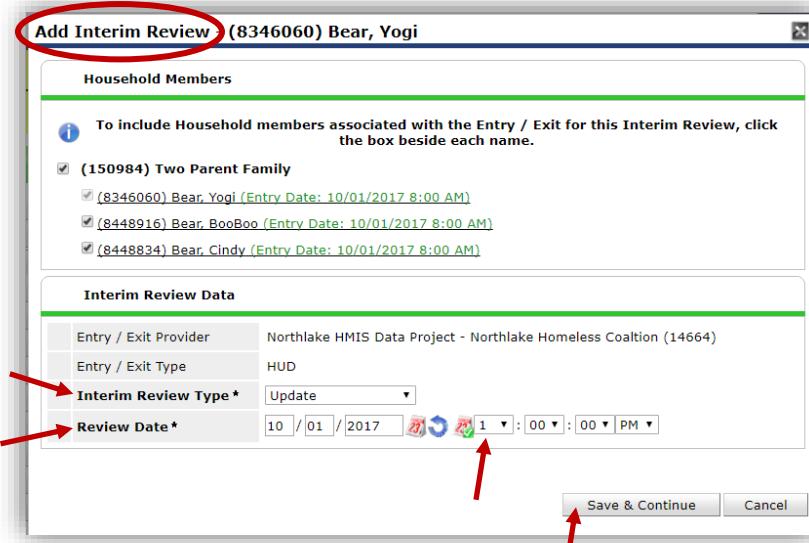
Review Date	Review Type	Client Count
No matches.		

Add Interim Review      Exit

FIGURE 43

Click the **Add Interim Review** button, and the **Add Interim Review** popup window will appear.

Select the the check mark next to the family members associated with **Entry/Exit Interim Review**. Click the down arrow to access the picklist for **Interim Review Type\***, select **Update** from the list. Make sure the **Review Date\*** reflects the date of the first night the client resided in permanent housing, and set the time to **1:00 PM**. Once completed, click **Save & Continue** button at the bottom right of the window [Figure 44].



Add Interim Review (8346060) Bear, Yogi

Household Members

To include Household members associated with the Entry / Exit for this Interim Review, click the box beside each name.

(150984) Two Parent Family

(8346060) Bear, Yogi (Entry Date: 10/01/2017 8:00 AM)  
 (8448916) Bear, BooBoo (Entry Date: 10/01/2017 8:00 AM)  
 (8448834) Bear, Cindy (Entry Date: 10/01/2017 8:00 AM)

Interim Review Data

Entry / Exit Provider	Northlake HMIS Data Project - Northlake Homeless Coalition (14664)
Entry / Exit Type	HUD
Interim Review Type *	Update
Review Date *	10 / 01 / 2017    1 : 00 : 00 PM

Save & Continue      Cancel

FIGURE 44

Scroll to the bottom of the assessment and **Interim Review**, click the **Save & Exit** button [Figure 45].

**Entry / Exit Interim Review**

**Interim Review Data**

Entry / Exit Provider	Northlake HMIS Data Project - Northlake Homeless Coalition (14664)
Entry / Exit Type	HUD
Interim Review Type	Update
Review Date	10/07/2017 12:00:00 AM

**Interim Review Assessment**

**Household Members**

(8346060) Bear, Yogi Age: 35 Veteran: Yes (HUD)
---

**HUD CoC & ESG Update (2017) - Northlake Homeless Coalition [NHC]**

Interim Review Date: 10/07/2017 12:00:00 AM

**\*\*HOUSING MOVE-IN DATE INFORMATION - Required for PH Project HoH Clients Only\*\***

Housing Move-In Date: 10 / 06 / 2017

**HOUSING INFORMATION - Required of All Adult/HoH Clients**

Client Location: LA-506

**INCOME AND BENEFITS INFORMATION - Required of All Adult/HoH Clients**

Total Monthly Income: 0

Income from Any Source: No (HUD)

**Monthly Income**

Monthly Amount	Source of Income	Receiving Income Source?	Start Date*	End Date, If Applicable
Worker's Compensation (HUD)	No	06/27/2017		
Unemployment Insurance (HUD)	No	06/27/2017		
VA Non-Service Connected Disability Pension (HUD)	No	06/27/2017		
VA Service Connected Disability Compensation (HUD)	No	06/27/2017		
TANF (HUD)	No	06/27/2017		

**Non-cash benefit from any source**: Select-

**Non-Cash Benefits**

Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?	Start Date*	End Date, If Applicable
Temporary rental assistance (HUD)	No	06/27/2017		
Other Source (HUD)	No	06/27/2017		
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes	06/27/2017		
TANF Transportation Services (HUD)	No	06/27/2017		
Section 8, Public Housing, or other ongoing rental assistance (HUD)	No	06/27/2017		

**Health Insurance**

Start Date*	Health Insurance Type Covered?	End Date
06/27/2017	Other	No
06/27/2017	State Health Insurance for Adults	No
06/27/2017	Indian Health Services Program	No
06/27/2017	Private Pay Health Insurance	No
06/27/2017	Health Insurance obtained through COBRA	No

The screenshot shows a software window titled "FAMILY/DOMESTIC VIOLENCE INFORMATION - Required of All Adult/HoH Clients". It contains three dropdown menus: "Domestic violence victim/survivor" (Yes (HUD)), "If yes for Domestic violence victim/survivor, when experience occurred" (From six to twelve months ago (HUD)), and "If yes for Domestic Violence Victim/Survivor, are you currently fleeing?" (No (HUD)). Below this is a section titled "\*\*STREET OUTREACH CLIENT INFORMATION - Required for Street Outreach Adult/HoH Clients Only\*\*". This section has a table header "Outreach" with columns: Date of Contact, Staying on Street, ES, or SH, Start Date\*, and End Date. A single row is shown with the date 03/01/2017 12:00:00 PM and Start Date 06/27/2017. An "Add" button is available. Below the table, it says "Showing 1-1 of 1". At the bottom are buttons for "Save", "Save & Exit", and "Exit". A red arrow points to the "Save" button.

FIGURE 45

## General Information for ServicePoint Usage

### **SERVICEPOINT ICONS**

#### **Common ServicePoint Icons**

ServicePoint uses icons to assist you in completing tasks. The table below lists the most common icons you will encounter.

<b>Icon</b>	<b>Name</b>	<b>Description</b>
	<b>View as Print Friendly</b>	This page or window can be printed. Click on the icon to open a "print friendly" window, and print.  <i>See Privacy Standard below.</i>
	<b>Edit</b>	Click on the icon to edit the record.
	<b>Delete</b>	Click on the icon to delete the stored information. If you are updating information, simply enter the current response. <b>Never delete old data as a way to update.</b>
	<b>Age of Response</b>	If bar is "green" the answer is 0-90 days old. If "green and orange" the answer is 91-360 days old. If "orange" the answer is more than 360 days old.
	<b>Client Added by My Provider</b>	Icon displays on search list indicating the client was added by your agency.
	<b>Choose Date</b>	Choose a date using the calendar tool.
	<b>Clear Date</b>	Reset the date field to a blank date.
	<b>Set to Current Date</b>	Set the date field to today's date.

**PICKLISTS:** ServicePoint assessments consists of different types of data fields. Some fields require you to type in information, while others have lists that drop down called picklists.

Almost all picklists include the following responses: **Client doesn't know (HUD)**, **Client refused (HUD)**, and **Data not collected (HUD)**. These responses have specific uses and should be recorded, in lieu of response data collected from the client.

The **Client doesn't know (HUD)** response is only to be used when the client is unaware of the answer to the question. The **Client refused (HUD)** response is only to be used when the question has been asked, but the client has elected not to provide a response. The **Data not Collected (HUD)** response is to be used when the interviewer does not ask the client the question and/or does not collect the data.

Picklists are *1st letter* sensitive, which means you can navigate through the list by typing the first letter of the response. As an example, to select **Client doesn't know (HUD)**, press the "C" key on your keyboard once, and to select **Client Refused (HUD)**, press the "C" key on your keyboard twice.