

Creating Transitional Housing Applications using the HMIS.

Introduction

The HMIS system has the capability to generate a complete application form for clients who are on the HMIS system. The application form consists of a main form for the Head of Household and additional sheets for each dependant on the screen. The entire application is created automatically using the information that has been entered on the HMIS. Hence in order for the application to be accurate, it is important that all screens on the HMIS are updated with the latest information.

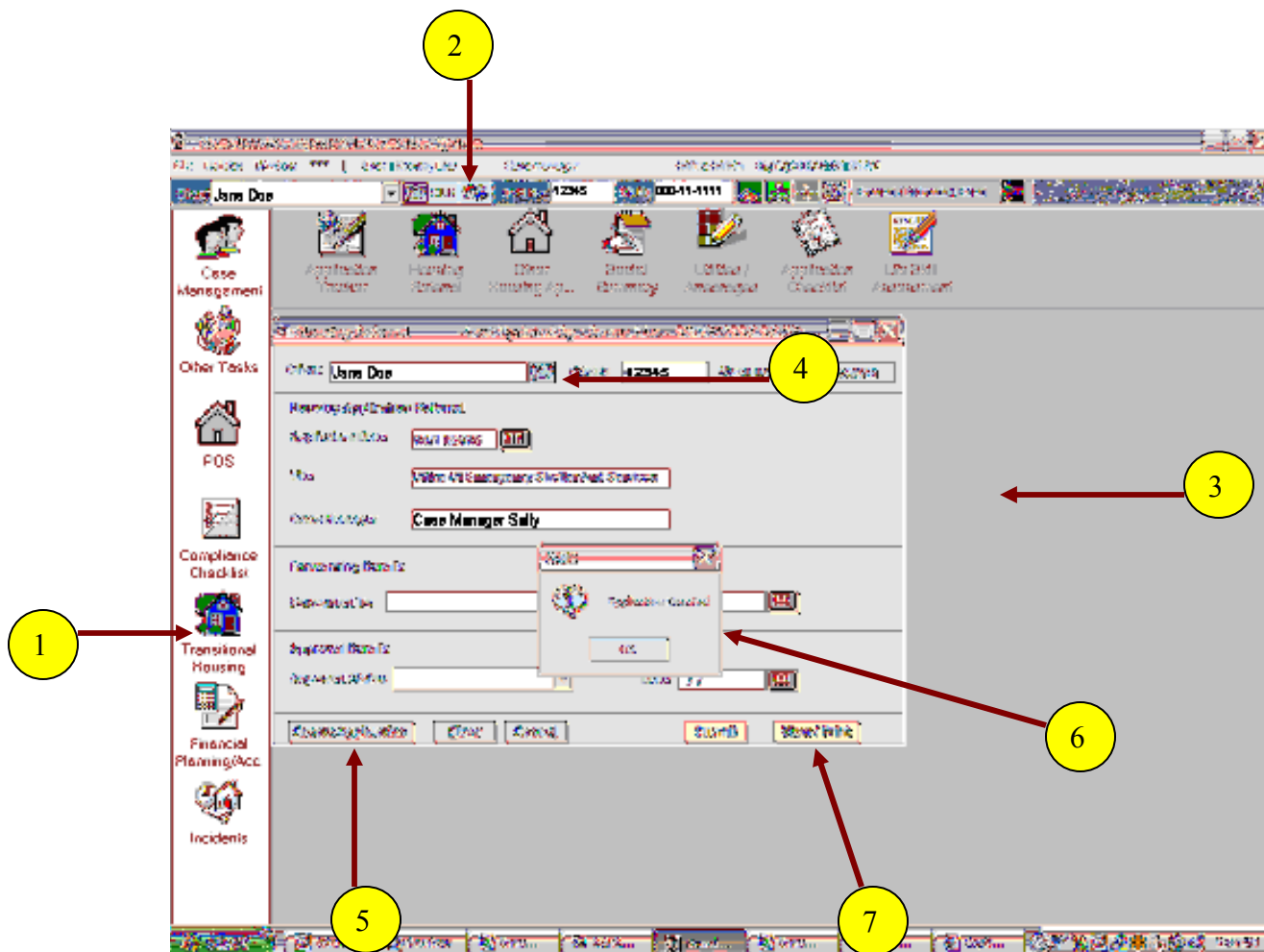
This document walks you through the flow of how to go about creating the transitional housing application. The sections below are self explanatory and the document has many illustrative pictures.

Step	Task	Pages
1.	Create the Transitional Housing Application and choosing to view or print the application.	2-3
2.	Reviewing the application form for accuracy and a cross reference of areas of the application form with the associated screens to be used for accurate information.	4-7
3.	Other tasks to be completed before submitting the application	8-10
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CREATING THE TRANSITIONAL HOUSING APPLICATION.

Please follow the numbered steps listed below. The diagram below shows you the buttons to click on associated with each number

1. Click on the Transitional housing icon on the vertical menu bar (main menu)
2. Click on the Housing Referral icon on the horizontal menu bar (sub menu)
3. The Housing Referral screen is then displayed on the screen.
4. If there is no client loaded on the housing referral screen or if the client is not the correct one, click on the search icon to load your client.
5. Click on the Create Application icon to create the application.
6. Once the application is created, you will see the “Application Created” message appear. Click OK.
7. Click on VIEW/Print to view the application form.



When you choose to view the application form, the system displays the family composition on the case. You can choose to PRINT all the client applications at the same time. To VIEW you have to SELECT the client you want to see and then click VIEW

1. Select check box next to the client to VIEW (OR) Select Multiple check boxes next to the clients to PRINT.
2. Click on VIEW or PRINT.

The screenshot shows a software interface with a sidebar on the left containing icons for 'Management', 'Other Tasks', 'POS', 'Compliance Checklist', 'Transitional Housing', and 'Financial Planning/Acc.'. The main window displays a 'View/Print Application' dialog box. The dialog box has a title bar and a close button. Below the title bar is a header: 'VIEW / PRINT - " Select HOH for Application, Select others for Supplemental Info."'. Below the header is a table with the following data:

	Client name	Relationship	DOB	SS Number
<input checked="" type="checkbox"/>	Jane Doe	Head of Household	12/17/1970	000-11-1111
<input type="checkbox"/>	John Doe	Child	03/17/2000	000-22-2222
<input type="checkbox"/>	Child Doe	Child	01/01/2002	000-33-3333
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Below the table is a 'Select All' checkbox. At the bottom of the dialog box are three buttons: 'View', 'Print', and 'Cancel'. A yellow circle with the number '2' is positioned over the 'View' and 'Print' buttons, with red arrows pointing to them. At the bottom of the main window, there are several buttons: 'Create Application', 'Clear', 'Cancel', 'Submit', and 'View / Print'.

REVIEW THE APPLICATION FOR ACCURACY

Once you have printed the application, you can review it for accuracy. The application form is created by extracting the information needed on the form from the screens on the HMIS system. Most of the screens used are found at the bottom of the Client master form. The other screens where information is taken from are displayed also.

On the screen shot of the application below, the numbers pointing to the boxes refer to the specific screens that need to be reviewed and updated in order for the application to be generated correctly.

NOTE: Unless listed on the numbers below, all other information on the application can be found on the *Client Master Information screen*.

1. *Income Info*
2. *Client Savings* (Refer 3rd picture below)
3. *Education*
4. *Employment*
5. *Other Dependant*
6. *Drug & Alcohol*
7. *Medication*
8. *Criminal Information*
9. *Other Housing Application* (Refer 2nd picture below)
10. *Utilities/Arrearages.* (Refer 2nd picture below)

The next 3 pictures display the areas of the system where the above screens can be found.

The screenshot displays a software interface with a table at the top and a form below. The table lists client information:

Client	Relationship	SS Number	DOB	Age	Sex	Opening dt	Closing dt
Jane Doe	Head of household	000-11-1111	12/17/1970	36 Yrs 6 Month(s)	Female	01/05/2007	
John Doe	Child	000-22-2222	07/04/2006	11 Month(s)	Male	07/31/2006	
Child Doe	Child	000-33-3333	01/01/2002	5 Yrs 5 Month(s)	Female	04/17/2006	

Below the table is a form with a "Problem" section and a "Secondary Problems" list. At the bottom of the form, a red circle highlights a navigation menu with the following items:

- * [Education](#)
- * [Employment](#)
- * [Income Info.](#)
- * [Insurance](#)
- * [Medical Info.](#)
- * [Mental Health](#)
- * [Drug & alcohol](#)
- * [Housing Info.](#)
- * [Abuse History](#)
- * [Criminal Background](#)
- * [Personal Contact](#)
- * [Agency Contact](#)
- * [Client Alias](#)
- * [Program Info.](#)
- * [Medication](#)
- * [Identification](#)
- * [Other Dependents](#)
- * [POS](#)
- * [Referral](#)

At the bottom of the interface are buttons for "Save", "Delete", "Clear", "Clear All", "Cancel", "Readmit", "Remove Readmitted Clients", and a checkbox for "Duplicate SS Number".

Homeless Management Information System

File Utilities Window ***** | User : Brown, Lisa | Case manager | Office Of Em | 06/17/2007 11:26:39 AM

Client Jane Doe CLR OSH No. 12345 SS No. 000-11-1111 Current / Returning Client

Case Management

Application Tracker Housing Referral Other Housing Ap... Social Summary Utilities / Arrearages Application Checklist Life Skill Assessment

Other Tasks

POS

Compliance Checklist

Transitional Housing

Homeless Management Information System

File Utilities Window ***** | User : Brown, Lisa | Case manager | Office Of Em | 06/17/2007 11:31:39 AM

Client Jane Doe CLR OSH No. 12345 SS No. 000-11-1111 Current / Returning Client

Case Management

Client Income Info Expense Monthly Income/Ex... Check Request Client Accounting Client Savings

Other Tasks

POS

Compliance Checklist

Transitional Housing

Financial Planning/Acc.

City of Philadelphia
OFFICE OF SUPPORTIVE HOUSING (OSH)
Transitional and Permanent Housing Referral Application

REFERRAL DETAILS

Date (Initial Referral) :06/17/2007	Referring Agency :Office Of Emergency Shelter And Services
Contact : Julie, Jennifer S	Phone :(215) 021-8734

GENERAL APPLICANT INFORMATION

Last Name	Doe	Initial		First Name	Jane
Date of Birth	12/17/1970	SSNO	000-11-1111	OSH No	12345
Gender	Female	Marital Status	Single		
Race	Black/African American				
Veteran	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Honorable Discharge	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Shelter	Office Of Emergency Shelter And Services	Phone	(215) 923-8576		

Shelter/Current Address:

Length of time in shelter or current address: _____
Current Household Composition: No of adults (age 18 or over, including the applicant) 2
No of Children (under age 18) presently residing with the applicant Males 1 Females 2

Family Member Name	Income Source	Amount
Jane Doe	Employment	\$8,718.91
Jane Doe	Social security administration	\$15,000.00

Savings Amount _____ as of 06/17/2007
(Attach Documentation (e. Savings log, Bank statement, Receipt etc.)

Applicant :- Highest Grade Completed : 12th Grade
Name of Last School/Training : HS
List any Degrees/Certificates Held : High School Diploma

Employer :Spaghetti Warehouse Tel # : (215) 980-7234

FAMILY COMPOSITION (List everyone who will go into Transitional Housing)

Family Member Name	Relationship	D.O.B	SS#
John Doe	Child	03/17/2000	000-22-2222
Child Doe	Child	01/01/2002	000-33-3333
Jane Doe	Head of Household	12/17/1970	000-11-1111

Anyone listed above in the FAMILY COMPOSITION box not live with the applicant now? Y N
List full name, current address and caretaker, if applicable

Numbers below refer to the screens that are listed on page 4

1

2

3

4

5

Anyone listed above in the FAMILY COMPOSITION box not live with the applicant now? Y N

List full name, current address and caretaker, if applicable

Family Member Name	Relationship	D.O.B	SS#

6

DOES THE APPLICANT HAVE A:

Background of Drug and/or Alcohol use? Y N If yes, Amount of Verified Clean Time: _____ months as of (dt) _____

Medical/Physical Health Issues? Y N If yes, submit documentation for all applicable household members

Mental Health/Mental Retardation Issues? Y N If yes, is the client currently on any psychiatric medications? Y N

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IF THE APPLICANT HAS ANY OF THE ABOVE CONCERNS/ DISABILITIES, WRITTEN DOCUMENTATION FROM THE TREATMENT PROVIDER MUST BE ATTACHED TO THIS APPLICATION. IF THE APPLICANT DENIES ANY D&A BACKGROUND YOU MUST SUBSTANTIATE THIS BY SUBMITTING RESULTS OF A RECENT URINE TEST OR A STATEMENT FROM THE SHELTER PROVIDER OF NON D&A USE

8

IS THE APPLICANT:

On Probation? Yes No

On Parole? Yes No

If yes, Received letter from:

Parole/Probation Officer Name: _____

Telephone Number: _____

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HOUSING DETAILS

Type of Housing Application	If Other, Name of the program	Date of Completion	Status of Application

Special Housing needs? (i.e. Physically challenged) Yes No

Please identify: _____

10

UTILITIES / ARREARAGE DETAILS

Type of Arrear	Reporting Date	Amount Owed	Payment Arrangements	Payment Amount	Payment Date

Reviewed by SWS: _____ Date of Receipt (TPH): _____

OTHER TASKS TO BE COMPLETED

Once the application has been verified and completed, Case managers also need to complete the following tasks in order to have the electronic application completed for supervisors review. Refer to the screen shots below for the tasks to be completed

(1) Enter the Social Summary for the Client

The screenshot displays the Homeless Management Information System (HMIS) interface. The main window shows the client profile for Jane Doe, with fields for OSH No. (12345) and SS No. (000-11-1111). The 'Social Summary' icon in the top navigation bar is circled in red. Below the navigation bar, the 'Case Notes' window is open, showing a table of notes for Jane Doe. The table has columns for Date, Notes, and Entered By. A single note is visible with the date 03/02/2005 and the text 'rystysrtyrtyerty'. The 'Notes Entry' section is also visible, along with a toolbar and buttons for Save, Clear, Cancel, Print, and View Notes.

Homeless Management Information System

File Utilities Window *** | User : Brown, Lisa Case manager Office Of Em 06/17/2007 11:39:41 AM

Client Jane Doe CLR OSH No. 12345 SS No. 000-11-1111 Current / Returning Client

Case Management Application Tracker Housing Referral Other Housing Ap... Social Summary Utilities / Arrearages Application Checklist Life Skill Assessment

Other Tasks

POS

Compliance Checklist

Transitional Housing

Financial Planning/Acc.

Case Notes

Client Jane Doe OSH Case # 12345

Type of Note Social Summary Entry Date 06/17/2007

Client Notes Double click on the grid to View Case Notes

Date	Notes	Entered By
03/02/2005	rystysrtyrtyerty	

Notes Entry

Save Clear Cancel Print View Notes

(2) Ensure that all the documentation and tasks on the checklist below has been collected or completed before submitting the application.

Note: If any of the lines below are not applicable to the applicant, please click on the Inapplicable button next to the completed date.

Homeless Management Information System

File Utilities Window **** | User : Brown, Lisa Case manager Office Of Em 06/17/2007 11:37:55 AM

Client Jane Doe CLR OSH No. 12345 SS No. 000-11-1111 Current / Returning Client

Case Management Application Tracker Housing Referral Other Housing Ap... Social Summary Utilities / Arreages Application Checklist Life Skill Assessment

Other Tasks

POS

Compliance Checklist

Transitional Housing

Financial Planning/Acc.

Application Checklist

Client Jane Doe OSH Case # 12345

Task	Anticipated Completion Dt.	Completed Dt.	Inapplicable	
Detailed social summary by referral source.		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Verification from a Treatment Provider saying Client can live indepe		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Verification from a Treatment Provider saying Client is drug free		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Verification from a Treatment Provider saying Client is under treatr		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Current written verification of income source and amount.		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Copy of savings log.		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Release of information signed by the applicants		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Utility arrearage forms completed.		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Discharge of Debts letter.		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Reunification plans.		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Verification letter regarding Pera Payment.		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Received letter from the Probation officer.		06/17/2007	<input type="checkbox"/>	Brown, Lisa
Homelessness, near homelessness and/or a minimum of 30 days i		06/17/2007	<input type="checkbox"/>	Brown, Lisa

Save Cancel Refresh

(3) Complete the Life Skills Assessment

Homeless Management Information System

File Utilities Window **** | User : Brown, Lisa Case manager Office Of Em 06/17/2007 11:46:54 AM

Client Jane Doe CLR OSH No. 12345 SS No. 000-11-1111 Current / Returning Client

Case Management
Other Tasks
POS
Compliance Checklist
Transitional Housing
Financial Planning/Acc.

Application Tracker
Housing Referral
Other Housing Ap...
Social Summary
Utilities / Arrearages
Application Checklist
Life Skill Assessment

Monthly Assessment

Assessment Category: Assessment Tool

Client: Jane Doe OSH Case #: 12345

Assessment Month
Month: December Year: 2005

Comments

Evaluation Topics	Answers
Completing chores and GI	2 - Good
Cleans Dining Area after each meal	2 - Good
Children supervision	3 - Excellent
Children and Self Grooming	2 - Good
Participates in Children Activities	2 - Good
Attends to in house adult activities	3 - Excellent
Uses services available appropriately	2 - Good
Assists other consumers when needed	3 - Excellent
Observes curfew	2 - Good

WORKFLOW TO SUBMIT APPLICATION TO OSH

Once all of these tasks have been completed, go back to the HOUSING REFERRAL SCREEN and press on the SUBMIT button. This causes the whole application to be forwarded to the Case Manager Supervisor's inbox.



The Case Manager Supervisor will then load up the application and review it. Once they are satisfied that the application has been properly filled out, they will click on the SUBMIT button and move the application to the OSH staff for further processing.

