



HMIS Document

ClientTrack User Guide

Client Intake and Enrollment

Homeless Services Network of Central Florida

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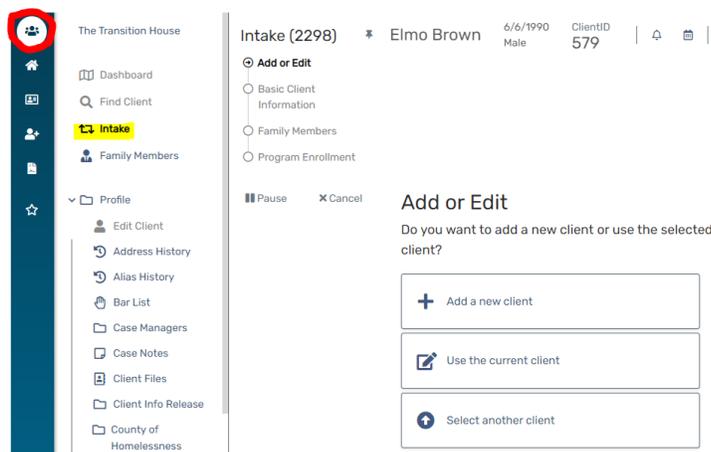
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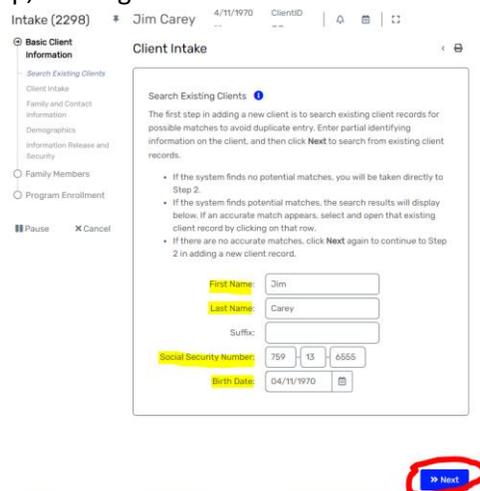
ClientTrack User Guide – Completing an Intake and Enrollment

Completing a Client Intake

1. Once logged in to ClientTrack, go to the Client workspace by clicking on the second item in the blue menu bar to the far left.
2. Click on “Intake” in the white menu. You will be prompted to select one of the three options:
 - a. Add a New Client – click this to add a new person to the system and complete an intake/enrollment. **Note: this example will use a new client.**
 - b. Use the Current Client – click this to complete an intake for a client you are currently viewing in the system
 - c. Select Another Client – click this to search for and start an intake for an existing client in the system.



3. Select the desired option. For adding a new client, enter client’s first/last name, social security number and date of birth.
 - a. Click “Next” at the bottom right corner. The system will search for possible matches to reduce the possibility of creating a duplicate. If there are possible matches, review them at the bottom of the screen. If there are no possible matches, the workflow will move into the next step, starting the intake workflow.



4. Enter the client's identifying information and click "Next" at the bottom right corner.
 - a. Required fields include first and last name, date of birth, birth date quality, and gender.
 - i. Gender is a multi-select field if the client identifies as more than one gender.
 - b. Social security number and marital status is optional, but encouraged.
5. Enter details regarding family and contact information
 - a. Search the system to associate this client with an existing family/household.
 - b. Select the "relationship to head of household"
 - i. If this is a new person, select "self"
 - c. Enter contact information if available.
 - i. You can enter a mailing address and separately, a residential address if needed.
 - d. Identify the county they became homeless.
 - i. If they are not homeless at the time of intake, select "not applicable"
 - ii. If they are coming from outside the three counties as homeless, select "Other" and enter county, city, state and zip code details to the right.
 - e. If available, enter emergency contact details.
 - f. Click "Next" at the bottom right corner of the screen

Family and Contact Information

Family Information

If the client is a member of a family household, link the client to a Family user search for a family member and associate the member's family to this client. relationship to the family's head of household. The family's contact informat

Family:

Relationship to Head of Household:

Family Address:

Family Zip Code:

Family Home Phone:

B

Client Contact Information

Identify the client's current mailing address and telephone contact information update the client's Address History. Check "Different Residential Address" If the residential address differs from their mailing address

Default Address From Family

Mailing Address:

Address 2:

City/State/Zip Code:

Different Residential Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

C

County of Homelessness

No records found (+2).

<input type="checkbox"/> Recorded Date	What county were you in when this episode of homelessness began?	City/State/Zip Code
<input checked="" type="checkbox"/> 07/20/2022	-- SELECT --	<input type="text" value="City"/> <input type="text" value="State"/> <input type="text" value="Zip Code"/>

D

Emergency Contact

Enter an emergency contact for the client, which will update the client's Interested Others.

Type:

Name:

Office Phone:

Home Phone:

E

6. Enter client demographics (ethnicity and race). Optionally, respond to the additional fields (religious preference, veteran status, primary language, and citizenship). Click "Next".
7. Review the client consent to share information and release form. With client's consent, sign in the signature box with your mouse, or on a touch-screen device. Click "Finish" at the bottom right corner.
 - a. The begin date should be when the client intake was completed/consent provided and the end date should be 3 years from the begin date.
 - b. Click on the links to view and download hard copies of the Privacy Policy and Release of Information (ROI) Agreement.

Select **Ethnicity** based on whether or not the client identifies as Hispanic. Select the most appropriate category for **Race** based on how the client self-identifies. Complete language information.

Click **Next** to continue.

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x)

Race: American Indian, Alaska Native, or Indigenous
Asian or Asian American
Black, African American, or African
Native Hawaiian or Pacific Islander
✓ White

Religious Preference: None

Veteran Status: Yes

Primary Language: English

Citizenship

Select Citizenship Status. If the client is not a US Citizen, Alien Number and Entry Date (into the United States) are required.

Citizenship Status: U.S. Citizen

Country of Origin:

<< Previous **>> Next**

Information Release and Security

By signing below the client's record will be shared with other organizations in our CoC FL-507. Enter the **Begin Date** and optional **End Date** for sharing this client's record. By default the End Date is 3 years from the date of signing. Select **Page Help (?)** for more information.

To view a current version of our Privacy Policy please [click here](#)
To view a current version of our ROI agreement please [click here](#)

Click **Finish** to save the Client Intake.

Begin Date: 07/22/2022

End Date: 07/22/2025

Signature:

Jim Carey

Clear Signature

<< Previous **Finish**

8. If providing services to a household of two or more people, add additional household members by entering their information in the row(s) below the initial person (head of household) created.
 - a. Use the scroll bar at the bottom to move across the row and complete all the required data fields (first/last name, DOB, SSN, relationship to head of household, veteran status, race, ethnicity, and if applicable, pregnancy status/due date).
 - b. After entering the last name, the system will automatically search for a possible match before allowing you to continue filling out the row.
 - c. Click "Save" to save/create the new member(s), ensure all names are checked, then click "Save & Close".

Family Members



The selected client's family members are displayed below. You may search for existing clients to add to this family or add new clients to the database and associate them with this family.

It's important to note that family members are the people who the client is related to. Family isn't always the same as a client's household. According to HUD "[a] household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed." (Data Manual)

This workflow will allow you to enroll all family members or select which family members you want to enroll.

1 result found (+2).

<input type="checkbox"/>	ClientID	First Name*	Middle Name	Last Name*	Suffix
<input checked="" type="checkbox"/>	703	Jim		Carey	
<input checked="" type="checkbox"/>		Ashton		Carey	<input type="text"/>
<input type="checkbox"/>					<input type="text"/>

Save **Save & Close**

Creating a Program Enrollment during an Intake Workflow

9. After creating household members in the previous step, select the enrollment project.
 - a. Check all the associated household members below the selected project.
 - b. Adjust the project start date and listed case manager as needed.
 - c. Verify that relationships to head of household has one person set as “Self”.
 - d. Click “Save” at the bottom right corner to begin the enrollment assessment.

HUD Program Enrollment

indicates they have a serious disability and have been homeless long enough to qualify - though all documentation may not yet have been gathered
 2. The client has indicated they want to be housed in this project
 3. The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
 • For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: * Coalition for the Homeless-DCF ESG-CV Housing & Support Services:RRH

Household

Excerpt from the HMIS Data Standards Manual: "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manager	Relationship to Head of Household*	Housing Move-in Date
<input checked="" type="checkbox"/>	Carey, Jim	Male	50	07/22/2022	MM/DD/YYYY	Racquel McGlashen	Self	MM/DD/YYYY
<input type="checkbox"/>	Carey, Ashton	Male	12	07/22/2022	MM/DD/YYYY	Racquel McGlashen	Son	

10. At the top of the assessment, select “yes or no” for the “Disabling Condition”. All other fields should populate with appropriate data.
 - a. Respond to all questions under the “Living Situation” section. All questions on this section are required.

Default Client's Last Assessment ⓘ

Assessment Date: * 07/22/2022

Age at Assessment: 50

Assessment Type: * Entry

Assessor: * Racquel McGlashen

Program: * Coalition for the Homeless-DCF ESG-CV Housing & Support Services:RRH

Disabling Condition: * -- SELECT --

Client Location

Select or enter the CoC code assigned to the geographic area where the head of household is staying at the time of project entry. Client location will be defaulted to the program's CoC within a workflow.

Client Location: * FL-507 - Orlando/Orange, Osceola, Seminole Counties CoC

Living Situation

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Prior Living Situation: * Place not meant for habitation

Length of stay in the prior living situation: * One year or longer

Approximate date homelessness started: * 10/01/2020

Regardless of where they stayed last night—Number of times the client has been on the streets, in ES, or SH in the past three years including today: * Four or more times

Total number of months homeless on the street, in ES, or SH in the past three years: * More than 12 months

- b. Respond to “Health Insurance” status (yes or no), and select all applicable health insurance types in the sub-assessment. Click “Save” at the bottom right corner.
 - i. Tip: Respond “No” to the Yes/No question, then adjust the applicable insurance type(s) to “Yes” as needed.

Covered by Health Insurance: Yes

Type	Status	Reason No	Other Coverage
Private	No	-- SELECT --	
Private - Employer	No	-- SELECT --	
Private - Individual	No	-- SELECT --	
Medicare	No	-- SELECT --	
Medicaid	Yes		
State Children's Health Insurance Program S-CHIP	No	-- SELECT --	
Military Insurance	No	-- SELECT --	
State Funded	No	-- SELECT --	
Combined Children's Health Insurance	No	-- SELECT --	

Save

11. Complete the barriers sub-assessment (disabling conditions). Check all disabilities to auto-respond as "no", then go back and adjust the applicable disability(s) to "Yes".
 - a. For any disabling conditions marked as "Yes", respond to the next column question, "Condition is Indefinite".
 - b. Once all disabilities have a response, click "Save & Close".

Barriers

Disabling Condition: Yes

Barrier ID	Barrier Present*	Condition is Indefinite	Explanation	Previous Barrier Details
<input checked="" type="checkbox"/>	Alcohol Use Disorder	No		
<input checked="" type="checkbox"/>	Chronic Health Condition	Yes	Yes	
<input checked="" type="checkbox"/>	Developmental Disability	No		
<input checked="" type="checkbox"/>	Drug Use Disorder	No		
<input checked="" type="checkbox"/>	HIV/AIDS	No		
<input checked="" type="checkbox"/>	Mental Health	No		

Save Save & Close

12. Respond to whether client is a survivor of domestic violence.
 - a. If "Yes", complete the two additional questions.

Domestic Violence Assessment

If the client has been a victim of domestic violence, select Yes for Domestic Violence Experience, and select when the experience occurred.

Default Client's Last Assessment

Assessment Active

Assessment Date: 07/22/2022

Domestic Violence Experience: Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

When Experience Occurred: Three to six months ago (excluding six months exactly)

Currently Fleeing: Yes

Save

13. Select whether client has income from any source, non-cash benefits from any source, and optionally, any expenses. If you select yes for any of the above, sub-assessments appear below.
- a. Income – check all applicable sources and enter the monthly amount in the last column.

Income

<input type="checkbox"/> Type	Description	Monthly Amount
<input checked="" type="checkbox"/>	Earned Income (i.e., employment income) PT job at Starbucks	\$900.00
<input type="checkbox"/>	Unemployment Insurance	
<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	
<input checked="" type="checkbox"/>	Veteran's Disability Payment	\$600.00
<input type="checkbox"/>	Private Disability Insurance	

- b. Non-cash Benefits – select all applicable non-cash benefits. If selecting SNAP (food stamps), enter an amount in the last column.

Non-Cash Benefits

<input type="checkbox"/> Type	Description	Monthly Amount
<input checked="" type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	\$120.00
<input type="checkbox"/>	MEDICAID	
<input type="checkbox"/>	MEDICARE	
<input type="checkbox"/>	State Children's Health Insurance Program	
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/>	Veteran's Administration Medical Services	

- c. Optionally, complete the “Expenses” sub-assessment by checking all applicable expense and adding in the amount in the last column.

Expenses

Expense Group: Automotive

3 results found.

<input type="checkbox"/> Type	Description	Amount	Details
<input checked="" type="checkbox"/>	Car Payment	\$350.00	Details
<input checked="" type="checkbox"/>	Car Insurance	\$85.00	Details
<input checked="" type="checkbox"/>	Gasoline	\$120.00	Details
Count/Total:		3	\$555.00

[Save and Close](#)

14. If there are other household members in this enrollment, continue to respond to questions on each screen until the end. Click “Finish” to close the workflow.

Creating a Program Enrollment on an Existing Client Record without a New Intake Workflow

1. Go to the client's record by either searching their HMIS ID number, or searching by first/last name, and DOB/SSN.
2. On the client's dashboard, click on the Enrollments section header. You can also get to enrollments by clicking on the menu folder item to the left, "Enrollment and Services", then selecting "Enrollments".
 - a. Click "New Enrollment" at the top right corner of the screen.

The screenshot shows the client record for Jim Carey (ClientID 703, DOB 4/11/1972, Male). The left sidebar contains a navigation menu with 'Enrollment and Services' highlighted. The main content area is divided into two sections: a client profile and an 'Enrollments' section. The profile section includes fields for Name, Age, Gender, Race, Email, Home Phone, and RCI Signed. The 'Enrollments' section has a 'New Enrollment' button circled in red. Below the button, it says '1 result found.' and a table with columns: Enrollment Description, Active Household Members, Household Type, Project Start Date, Project Exit Date, Days Enrolled, and Exit Destination. The table is currently empty.

3. Select the enrollment project, complete each screen and move to the next until all household members have completed assessments and the workflow is complete. (See steps above to review contents of each assessment screen for an enrollment).
 - a. Click "Finish" to close the workflow.