

Wisconsin Balance of State CoC Coordinated Entry and Referral Process for Prevention

Institute for Community Alliances

CONTENTS

Contents.....	1
Introduction.....	2
1. Requirements for Adding Clients to the Priority Lists.....	2
2. How to Add an Individual or Household to the Priority Lists.....	2
A. Add the Client to ServicePoint.....	2
B. Complete the Client Record and the Coordinated Entry Assessment – WI BoS CoC.....	2
3. Referral Process.....	4
A. Answer all the questions on the coordinated entry prevention assessment.....	4
B. Add a Referral to the prevention Priority List.....	5
5. Updating a Referral when assessment answers have changed.....	8
A. Updating a Referral.....	8
6. Viewing the Priority Lists.....	8
A. Prevention Priority Report.....	10
7. How to Accept an Individual or Household off the Priority List for Program Enrollment.....	11
8. Returning a Client to the Priority List.....	12
9. Canceled Referral.....	14
10. Documenting a 90-day Client Follow-up.....	15

INTRODUCTION

The Wisconsin Balance of State Continuum of Care (WI BoS CoC) has implemented a streamlined process for referring and enrolling individuals and households into Prevention programs. This process is now part of the CoC coordinated entry system. The WI BoS CoC will maintain community-wide Prevention priority lists for each LCAS. Individuals and households in need of housing, will be placed on this priority list and ranked in order of greatest need. All Prevention programs that are funded through the State of Wisconsin ETH Grant are required to enroll clients using the priority list, and other community programs are encouraged to use the priority list as well. Additional information about the WI BoS CoC Coordinated Entry process can be found here, <http://www.wiboscoc.org/coordinated-entry.html>.

1. REQUIREMENTS FOR ADDING CLIENTS TO THE PRIORITY LISTS

Anyone with a ServicePoint user license can add an individual or household to the priority list. It is not necessary for the individual or household to be enrolled in a program at your agency in order for you to add the person to the priority list. In order to make a referral to a priority list, you will need to have completed the Coordinated Entry Prevention Assessment in ServicePoint.

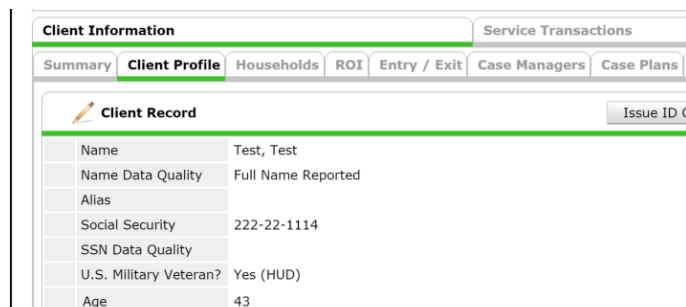
2. HOW TO ADD AN INDIVIDUAL OR HOUSEHOLD TO THE PRIORITY LISTS

A. ADD THE CLIENT TO SERVICEPOINT

- If the client or household you're referring is not enrolled in any program at your agency, it will be easiest to enter the client into ServicePoint and make the referral from your main agency provider (not a program-specific provider). This is not a requirement if you do not have access to your main agency (Level 2) provider, or if you would rather enter the referral under a program provider.
- Use the Client Search to look for an existing client file or add a new client to ServicePoint. If you're referring a household, use the Client Search to look for the head of household, and enter this household member first.
- The minimum data needed in order to add someone to ServicePoint is a name, the client's gender and date of birth. In order to make a good referral, you will need some additional information including the questions contained in the Coordinated Entry Prevention Assessment.

B. COMPLETE THE CLIENT RECORD AND THE COORDINATED ENTRY ASSESSMENT – WI BOS COC

The client record is found at the top of the Client Profile tab.



The screenshot shows the ServicePoint interface for a client profile. The 'Client Information' tab is active, and the 'Client Profile' sub-tab is selected. The 'Client Record' section is highlighted, showing the following data:

Name	Test, Test
Name Data Quality	Full Name Reported
Alias	
Social Security	222-22-1114
SSN Data Quality	
U.S. Military Veteran?	Yes (HUD)
Age	43

The Coordinated Entry Prevention Assessment – WI BoS CoC can be found under the Assessments Tab. You will need to go to the Assessments tab and choose the CE Prevention Assessment. Fill in as much of the information as you have for

the client. All questions on the CE Prevention Assessment must be answered. The questions contained on this page make up the prioritization tool that is being used for Prevention programs. Once these questions are answered, the Coordinated Entry Prioritization for BOS Prevention report will calculate the score. There will not be any score that will need to be attached when doing a referral, but the score will only be calculated accurately if all questions are answered.

COORDINATED ENTRY PREVENTION ASSESSMENT ON THE ASSESSMENTS TAB

- Go to the Assessments Tab. Choose the Coordinated Entry Assessment. Click Submit.

The screenshot shows a software interface with two main tabs: 'Client Information' and 'Service Transactions'. Under 'Client Information', there are sub-tabs: Summary, Client Profile, Households, ROI, Entry / Exit. Under 'Service Transactions', there are sub-tabs: Case Managers, Case Plans, Measurements, Activities, and Assessments. The 'Assessments' tab is highlighted. Below the tabs, there is a 'Select an Assessment' dropdown menu with 'Coordinated Entry Prevention Assessment - WI BoS CoC' selected. A 'Submit' button is located to the right of the dropdown. Red arrows point to the 'Assessments' tab and the 'Submit' button.

- When completing the assessment, make sure that the questions used to determine the prioritization score have been completed accurately. The questions are shown below:

Please answer for Head of Household

Annual household gross income amount	More than 30% of AMI for household size (0 points)	G
What is the last grade of school you completed?	Post Graduate	G
At least one dependent child under age 6	No (0 Points)	G
Single parent with minor child(ren)	No (0 Points)	G
Household size of 5 or more?	No	G
Pregnant?	No (HUD)	G
Does the client have a disabling condition?	Client refused (HUD)	G
Number of times literally homeless in the past 3 years?	Never	G
Total number of months of literal homelessness in the past 3 years?	Less than a month	G
Number of times you have had to move because of economic factors in the last 2 years?	0	G
Court ordered rental evictions on your record within the past 3 years?	No prior rental evictions (0 points)	G
Domestic violence victim/survivor	No (HUD)	G
If yes for Domestic Violence Victim/Survivor, are you currently fleeing?	No (HUD)	G
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	No (0 Points)	G
Registered sex offender	No (0 Points)	G
Means of Transportation	Bus	G

3. REFERRAL PROCESS

A. ANSWER ALL THE QUESTIONS ON THE COORDINATED ENTRY PREVENTION ASSESSMENT

Interviewer's Information

Interviewer's Name	<input type="text"/>	G
Agency's Full Name	<input type="text"/>	G
Job Title at Agency	<input type="text" value="-Select-"/>	G
Today's Date (date of interview)	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	G

Client ROI Signed

Has the client consented to participate?	<input type="text" value="Yes"/>	G
--	----------------------------------	---

Please answer for Head of Household

Annual household gross income amount	<input type="text" value="More than 30% of AMI for household size (0 points)"/>	G
What is the last grade of school you completed?	<input type="text" value="Post Graduate"/>	G
At least one dependent child under age 6	<input type="text" value="No (0 Points)"/>	G
Single parent with minor child(ren)	<input type="text" value="No (0 Points)"/>	G
Household size of 5 or more?	<input type="text" value="No"/>	G
Pregnant?	<input type="text" value="No (HUD)"/>	G
Does the client have a disabling condition?	<input type="text" value="Client refused (HUD)"/>	G
Number of times literally homeless in the past 3 years?	<input type="text" value="Never"/>	G
Total number of months of literal homelessness in the past 3 years?	<input type="text" value="Less than a month"/>	G
Number of times you have had to move because of economic factors in the last 2 years?	<input type="text" value="0"/>	G
Court ordered rental evictions on your record within the past 3 years?	<input type="text" value="No prior rental evictions (0 points)"/>	G
Domestic violence victim/survivor	<input type="text" value="No (HUD)"/>	G
If yes for Domestic Violence Victim/Survivor, are you currently fleeing?	<input type="text" value="No (HUD)"/>	G
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	<input type="text" value="No (0 Points)"/>	G
Registered sex offender	<input type="text" value="No (0 Points)"/>	G
Means of Transportation	<input type="text" value="Bus"/>	G

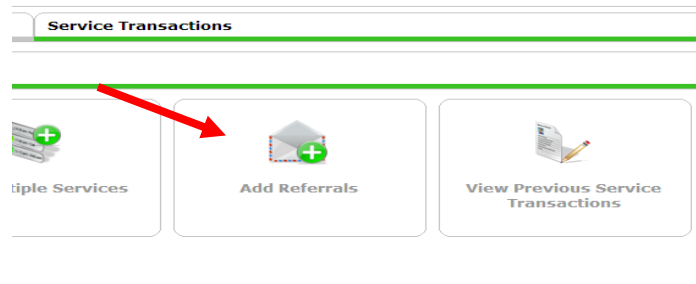


Client Contact Information

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	<input type="text" value="CVI Vets Place Central"/>	G
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	<input type="text" value="123-456-7891, test.test@gmail.com"/>	G

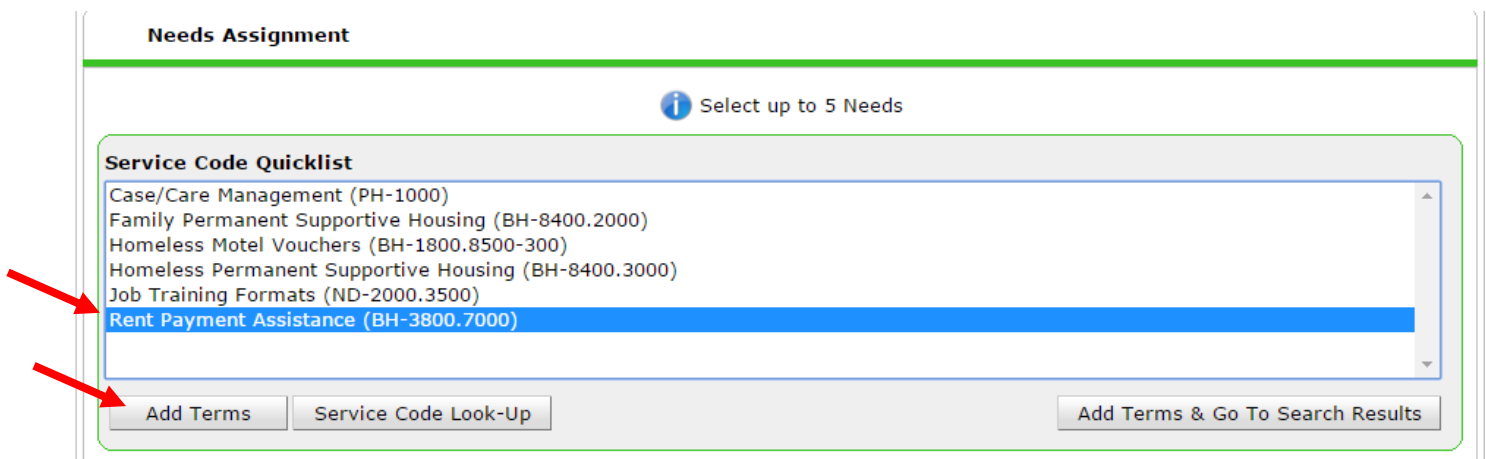
B. ADD A REFERRAL TO THE PREVENTION PRIORITY LIST

Once you've completed the Coordinated Entry Prevention Assessment, you are ready to make a referral to the Prevention priority list. If you are referring a Family, you should only include the Head of Household in the referral. To add a referral, go into the Service Transactions tab of HMIS:

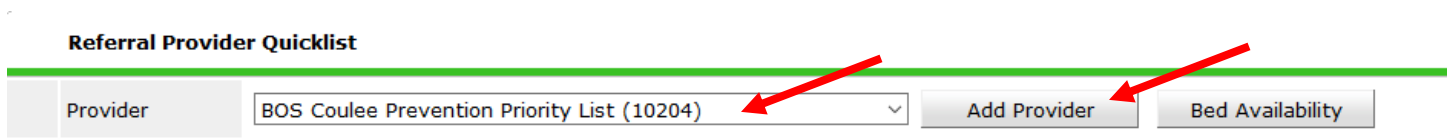


To create a referral, you need to identify a service transaction type, a provider of that service and the date on which the referral was made.

- Your service transaction type will be Rent Payment Assistance (BH-3800.7000). Select the service transaction type, and then click Add Terms. It will look like nothing has happened, but if you scroll to the bottom of the screen, you will see the service transaction type listed.



Next, select the provider. To make a referral to the priority list for singles, you need to choose your local CoC Prevention Priority List. For example, BoS Coulee Prevention Priority List. Select the correct list and click Add Provider.



Finally, you will need to enter the date of the referral. **You do not need to complete the referral ranking or attach a score when making a referral for Prevention.**

▼ **Refer to Providers**

Referral Data

Needs Referral Date * 06 / 26 / 2017 3 : 21 : 12 PM

Referral Ranking -Select-

VI-SPDAT Score Please Select a VI-SPDAT Score

TAY-VI-SPDAT Score Please Select a TAY-VI-SPDAT Score

VI-FSPDAT Score Please Select a VI-FSPDAT Score

Projected Follow Up Date 07 / 26 / 2017

Follow Up User Institute for Community Alliances - Wisconsin (2)

Leigh Polodna

Make sure to check the box by the service transaction type in the Referrals section.

Referrals		Send Summary
Referred-To Provider	Service Transaction Type	Referred Clients
BOS Coulee Prevention Priority List (10204)	Rent Payment Assistance <input checked="" type="checkbox"/>	(72036) Test, Test

Set a Projected Follow Up Date and enter your user information for the Follow Up User.

▼ **Refer to Providers**

Referral Data

Needs Referral Date * 06 / 26 / 2017 3 : 21 : 12 PM

Referral Ranking -Select-

VI-SPDAT Score Please Select a VI-SPDAT Score

TAY-VI-SPDAT Score Please Select a TAY-VI-SPDAT Score

VI-FSPDAT Score Please Select a VI-FSPDAT Score

Projected Follow Up Date 07 / 26 / 2017

Follow Up User Institute for Community Alliances - Wisconsin (2)

Leigh Polodna

Set the Need Status/Outcome to "Identified." Once you have selected the appropriate items, your referral will look like the example below. Click Save ALL.

Referral Data

Needs Referral Date * 06 / 26 / 2017 3 : 21 : 12 PM

Referral Ranking: -Select-

VI-SPDAT Score: Please Select a VI-SPDAT Score

TAY-VI-SPDAT Score: Please Select a TAY-VI-SPDAT Score

VI-FSPDAT Score: Please Select a VI-FSPDAT Score

Projected Follow Up Date: 07 / 26 / 2017

Follow Up User: Institute for Community Alliances - Wisconsin (2)
 Leigh Polodna

[Check to notify ServicePoint Providers by Email.](#)

Referrals [Send Summary](#)

Referred-To Provider	Rent Payment Assistance	Referred Clients
BOS Coulee Prevention Priority List (10204)	<input checked="" type="checkbox"/>	(72036) Test, Test

Need Data

Date of Need * 06 / 26 / 2017 3 : 21 : 12 PM

Selected Needs

	Need	Amount if Financial	Need Status / Outcome / If Not Met, Reason	Notes
	Rent Payment Assistance (BH-3800.7000)	<input type="text"/>	Identified -Select- -Select-	

5. UPDATING A REFERRAL WHEN ASSESSMENT ANSWERS HAVE CHANGED

If the client's assessment score has changed, their existing priority list referral should be updated. To update this, you need to update the questions on the Coordinated Entry Prevention Assessment and that will change the score in the Prevention Prioritization Report.

A. UPDATING A REFERRAL

Please answer for Head of Household

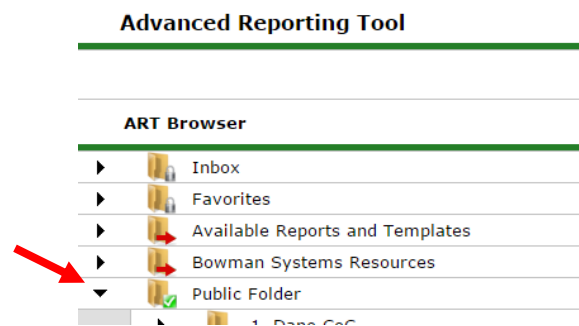
Annual household gross income amount	More than 30% of AMI for household size (0 points)	G
What is the last grade of school you completed?	Post Graduate	G
At least one dependent child under age 6	No (0 Points)	G
Single parent with minor child(ren)	No (0 Points)	G
Household size of 5 or more?	No	G
Pregnant?	No (HUD)	G
Does the client have a disabling condition?	Client refused (HUD)	G
Number of times literally homeless in the past 3 years?	Never	G
Total number of months of literal homelessness in the past 3 years?	Less than a month	G
Number of times you have had to move because of economic factors in the last 2 years?	0	G
Court ordered rental evictions on your record within the past 3 years?	No prior rental evictions (0 points)	G
Domestic violence victim/survivor	No (HUD)	G
If yes for Domestic Violence Victim/Survivor, are you currently fleeing?	No (HUD)	G
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	No (0 Points)	G
Registered sex offender	No (0 Points)	G
Means of Transportation	Bus	G

After entering the new answers in the assessment, click Save to update the coordinated entry assessment. You do not have to go back into the referral when updating the above questions that effect a client's score.

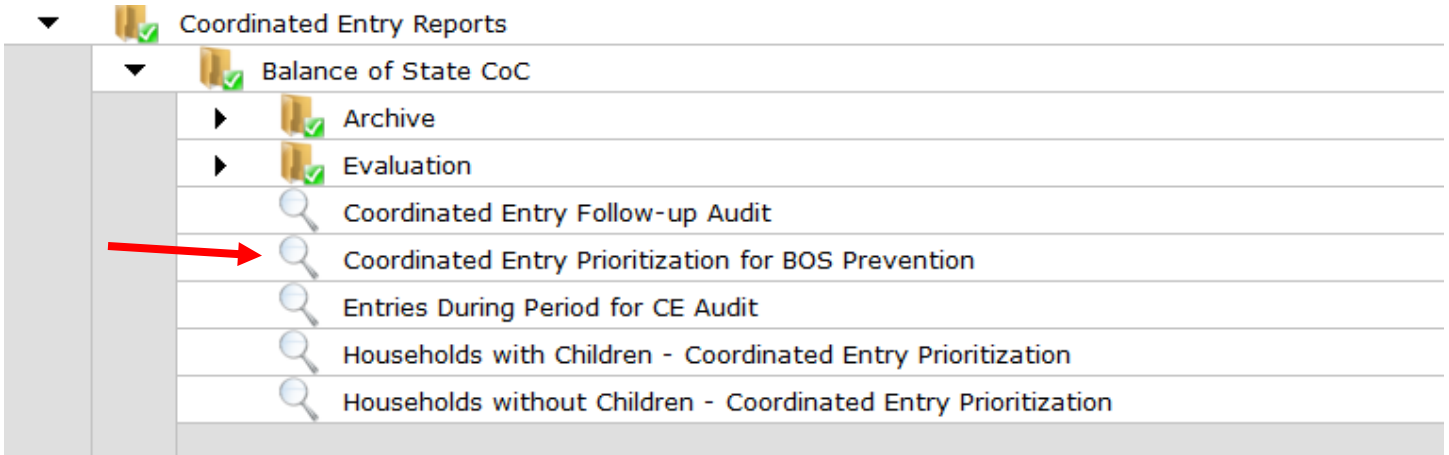
6. VIEWING THE PRIORITY LISTS

Agencies in the CoC that provide ETH Prevention services, will need to use the Advanced Reporting Tool (ART) to view the priority lists.

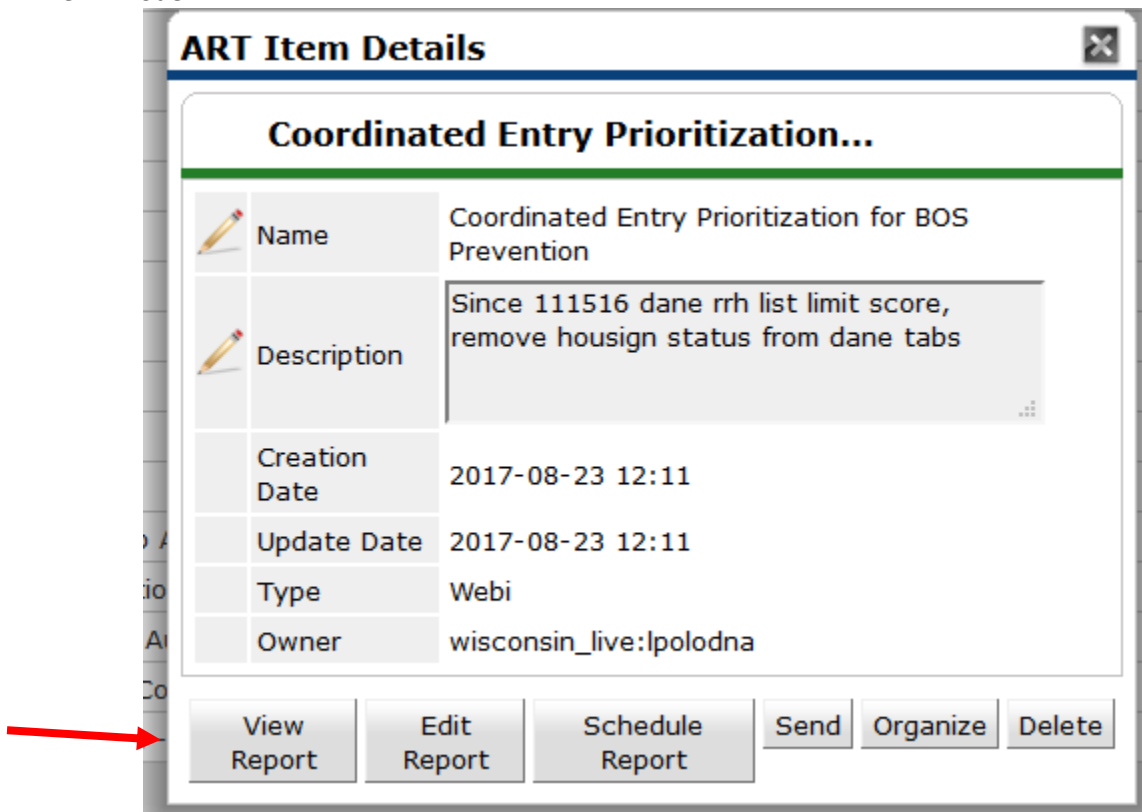
- Click the black arrow to display the Public Folder



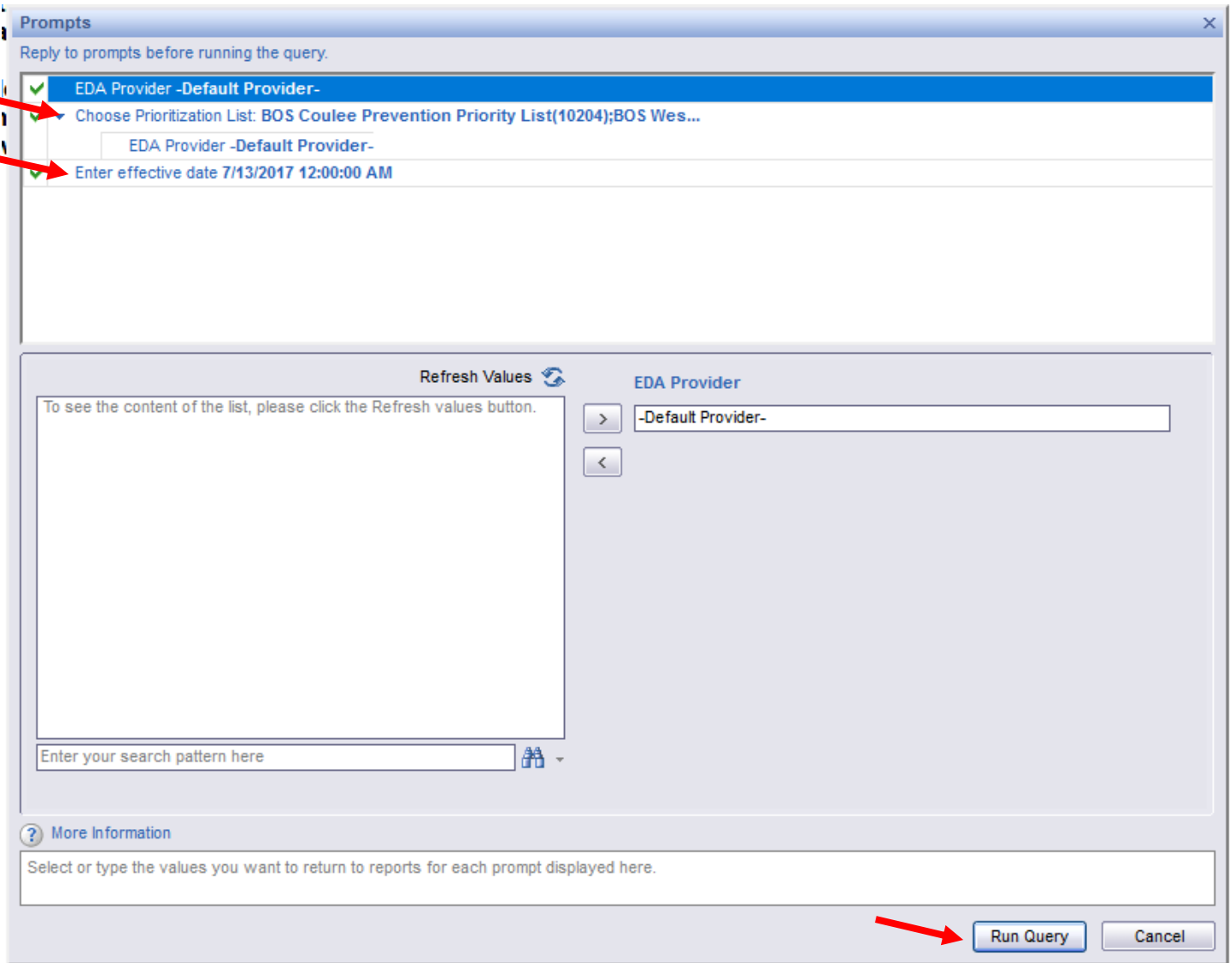
- Navigate to the Coordinated Entry folder, and open the folder for the Balance of State CoC. This folder contains two reports – one for the family report, and another for the singles priority list. Use the most recent version available.



- Click on the magnifying glass. Then select View Report. All users with an ART license can run this report in “View” mode.



- Complete the required report prompts. Set the effective date to the current date. Choose the correct prioritization list provider. Once both prompts are complete, click Run Query.



A. PREVENTION PRIORITY REPORT

Summary	Prevention Prioritization List	Accepted Referrals	Accepted (Individuals)	Canceled, Declined, Other
---------	---------------------------------------	--------------------	------------------------	---------------------------

Summary – confidentiality statement and summary statistics

Prevention Prioritization List

Accepted Referrals

Accepted (Individuals)

Canceled, Declined, Other

There is not a Family or Single list, because that is not a need to differentiate between household type. There is just one report for all households referred to the list.

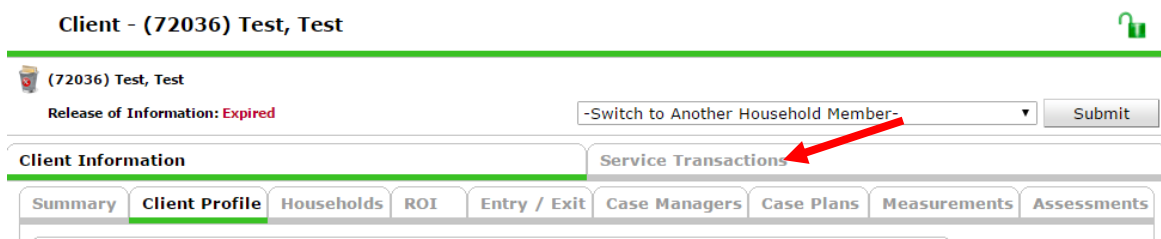
7. HOW TO ACCEPT AN INDIVIDUAL OR HOUSEHOLD OFF THE PRIORITY LIST FOR PROGRAM ENROLLMENT

FOR CLIENTS ENROLLING IN A PROGRAM AT YOUR AGENCY

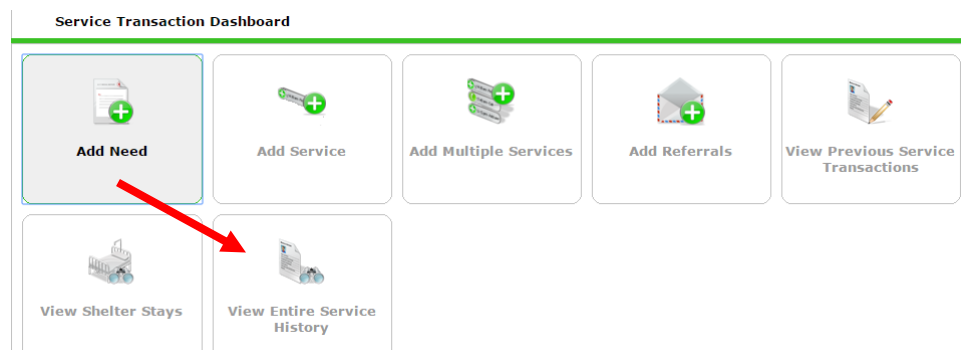
If you are accepting a referral because you're enrolling a client in a program at your agency, then you will need to add a Service Transaction for *your agency's program*. Make sure to use the correct prevention program provider in HMIS.

Only "accept" the referral for clients *entering a program at your agency*. See the "Canceled/Declined" Section for more information about removing clients no longer in need of prevention services from the priority list, including clients who secured housing on their own or clients who obtained housing from a provider that does not use HMIS.

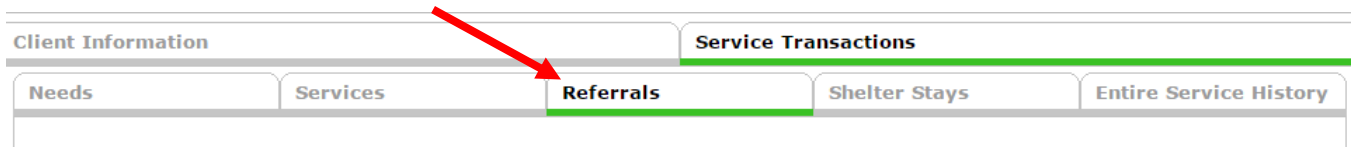
- Go to the client file for the client you are going to accept off the priority list, and click on the Service Transactions tab.



- Click on "View Entire Service History"






- Click on the Referrals tab



- Click on the pencil for the referral that you want to accept.

	Need Date	Referred Date	Referred To	Referral Outcome	Need Type	Need Status	Need Outcome
	06/26/2017	06/26/2017	BOS Coulee Prevention Priority List		Rent Payment Assistance	Identified	

- Change the referral outcome to "Accepted"


Referred-To Provider	BOS Coulee Prevention Priority List (10204)		
Needs Referral Date *	06 / 26 / 2017	  	3 : 21 : 12 PM
Referral Ranking	-Select- ▾		
VI-SPDAT Score	Please Select a VI-SPDAT Score	<input type="button" value="Search"/>	<input type="button" value="Clear"/>
TAY-VI-SPDAT Score	Please Select a TAY-VI-SPDAT Score	<input type="button" value="Search"/>	<input type="button" value="Clear"/>
VI-FSPDAT Score	Please Select a VI-FSPDAT Score	<input type="button" value="Search"/>	<input type="button" value="Clear"/>
Referral Outcome	Accepted ▾		

Follow Up Information

- Select Need Status as “Closed” and “Fully Met”

Need Status / Outcome / If Not Met, Reason
Closed ▾
Fully Met ▾
-Select- ▾

- For all accepted referrals, click on Provide Service. **Important** - Make sure the Service Transaction is created for the specific program in which the client is enrolling.

Service Information
<input type="button" value="Provide Service"/>  A Service has not yet been provided for this Referral.

8. RETURNING A CLIENT TO THE PRIORITY LIST

Individuals or households accepted off the Priority List that DO NOT Enroll in your program (were not provided prevention services) must be returned to the priority list.

- Return to the “Entire Service History” page for the client and find the referral to the priority list, and subsequent service transaction for housing
- Click on the garbage can on the Service line to delete the service transaction (If you cannot delete, contact your ICA System Administrator)

All Service Transactions						
Select Dates		Start Date	End Date		Se	
-Select-		/ /	/ /			
Transaction Type	Date	Provider	Type	Need Status / Outcome		
Need	06/26/2017	Institute for Community Alliances - Wisconsin	Rent Payment Assistance	Closed / Fully Met		
Referral	06/26/2017	BOS Coulee Prevention Priority List	Rent Payment Assistance			
Service	06/26/2017	Institute for Community Alliances - Wisconsin	Rent Payment Assistance			

- When the Service is deleted, the original Referral will also be deleted. You will have to re-enter the referral from the original need date. **NOTE** – do not re-enter the referral until the original is deleted, and do not create both a new need and a new referral. This part can be confusing. If you have questions, contact your ICA System Administrator.

This is what the Entire Service History looks like *before* the Service is deleted.

All Service Transactions						
Select Dates		Start Date	End Date		Se	
-Select-		/ /	/ /			
Transaction Type	Date	Provider	Type	Need Status / Outcome		
Need	06/26/2017	Institute for Community Alliances - Wisconsin	Rent Payment Assistance	Closed / Fully Met		
Referral	06/26/2017	BOS Coulee Prevention Priority List	Rent Payment Assistance			
Service	06/26/2017	Institute for Community Alliances - Wisconsin	Rent Payment Assistance			

This is what the Entire Service History looks like *after* the Service is deleted.

Client Information				Service Transactions																																					
Needs	Services	Referrals	Shelter Stays	Entire Serv																																					
<table border="1"> <thead> <tr> <th colspan="7">All Service Transactions</th> </tr> <tr> <th colspan="2">Select Dates</th> <th>Start Date</th> <th colspan="2">End Date</th> <th colspan="2">Se</th> </tr> <tr> <td colspan="2">-Select-</td> <td> / / </td> <td colspan="2"> / / </td> <td colspan="2"> </td> </tr> <tr> <th>Transaction Type</th> <th>Date</th> <th>Provider</th> <th>Type</th> <th colspan="3">Need Status / Outcome</th> </tr> </thead> <tbody> <tr> <td>Need</td> <td>06/26/2017</td> <td>Institute for Community Alliances - Wisconsin</td> <td>Rent Payment Assistance</td> <td colspan="3">Closed / Fully Met</td> </tr> </tbody> </table>							All Service Transactions							Select Dates		Start Date	End Date		Se		-Select-		/ /	/ /				Transaction Type	Date	Provider	Type	Need Status / Outcome			Need	06/26/2017	Institute for Community Alliances - Wisconsin	Rent Payment Assistance	Closed / Fully Met		
All Service Transactions																																									
Select Dates		Start Date	End Date		Se																																				
-Select-		/ /	/ /																																						
Transaction Type	Date	Provider	Type	Need Status / Outcome																																					
Need	06/26/2017	Institute for Community Alliances - Wisconsin	Rent Payment Assistance	Closed / Fully Met																																					

- To add a referral from the existing Need, click on the envelope with the green plus sign. The Need will be from the original referral date.

Transaction Type	Date	Provider	Type	Need Status / Outcome
Need	06/26/2017	Institute for Community Alliances - Wisconsin	Rent Payment Assistance	Closed / Fully Met

- When you re-create the referral, make sure to set the referral date back to the date of the original referral. This should be the same date as the Need date, which is listed at the bottom of the referral page.

Referral Data	
Needs Referral Date	06 / 26 / 2017 3 : 53 : 38 PM
Referral Ranking	-Select-

- The Need Status is “Identified”

Need Status and Outcome	
Need Status *	Identified ▼
Outcome of Need	-Select- ▼
If Need is Not Met, Reason	-Select- ▼

- Complete the CE Follow Up sub-assessment to document the client was returned to the priority list. Scroll down and find the CE Follow Up sub-assessment box. Click Add to enter a new follow-up.

Follow Up Date	Date of Original Referral	Outcome of Follow Up *	Notes
Add			

- Complete the follow-up information. For “Outcome of Follow Up” select:
 - Previously removed from list and then returned to list

Use the notes field to document the reason housing was not secured from your agency program. Leave the end date field blank.

CE Referral Follow Up Information	
Follow Up Date *	09 / 02 / 2016
Date of Original Referral	08 / 15 / 2016
Outcome of Follow Up *	Previously removed from list and then returned to list
Notes	
End Date (ignore)	

Save Save and Add Another Cancel

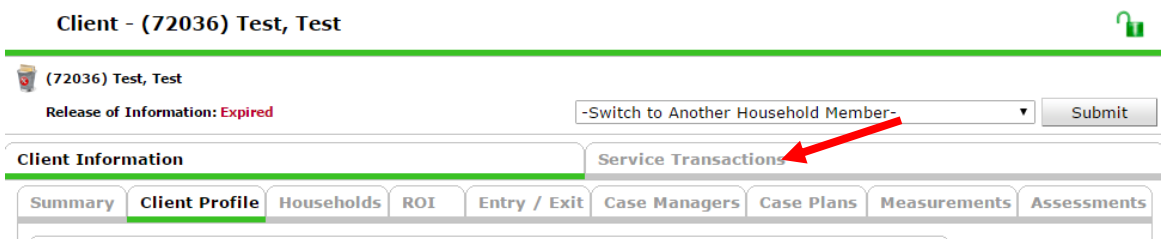
9. CANCELED REFERRAL

Referrals should be “canceled” or “declined” for one of the following reasons:

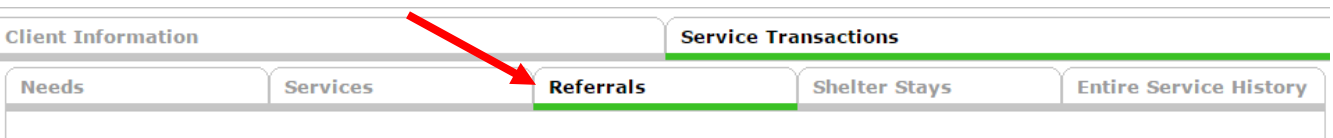
1. Client living with family/friends – permanent tenure
2. Client secured housing on their own
3. Client obtained Section 8 or site-based housing
4. Client asked to be removed from list
5. Unable to contact client
6. Client declined housing offer
7. Death

NOTE – You no longer need to create a service transaction to document when a client secures housing with a non-HMIS agency or secures housing on their own. You should cancel the referral and select one of the above reasons.

- Go to the client file for the client you are going to remove from the priority list, and click on the Service Transactions tab.



- Click on “View Entire Service History” and click on the Referrals tab



- Click on the pencil for the referral that you want to accept.

Previous Referrals

Select Dates	Start Date	End Date						
-Select-							More	Search
Need Date	Referred Date	Referred To	Referral Outcome	Need Type	Need Status	Need Outcome		
06/22/2015	06/22/2015	Madison/Dane CoC PSH Priority List - Singles Central Wisconsin CoC BRH		Homeless Permanent Supportive Housing	Identified	Service Pending		

- Then set the Referral Outcome to Declined, and enter the reason why the referral was declined. Click Save and Exit.

VI-FSPDAI Score [2] Recorded using VI-FSPDAT v2.0 on 05/05/2016 by Institute for Community Alliances - Wisconsin (2) [Save]

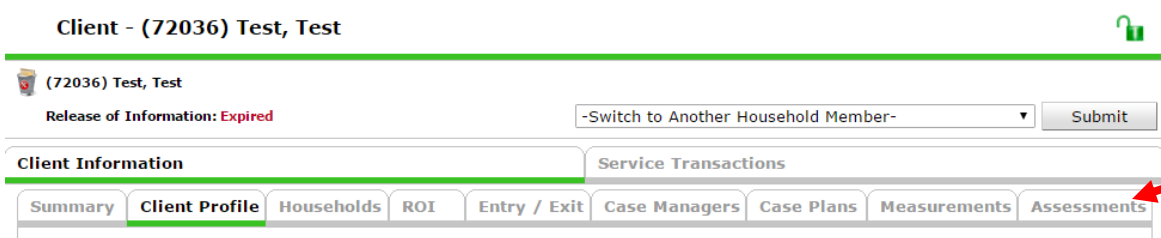
Referral Outcome [Declined]

If Canceled or Declined, Reason [Client secured housing on their own]

Follow Up Information

10. DOCUMENTING A 90-DAY CLIENT FOLLOW-UP

- Go to the client file and click on the Assessments tab.



- Use the drop down to find the Coordinated Entry Assessment and click submit.

Select an Assessment

Coordinated Entry Prevention Assessment - WI BoS CoC ▾
Submit

- Make sure to update the client information on the CE Assessment, if necessary, including the client contact information.

Client Contact Information

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	CVI Vets Place Central G
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	123-456-7891, test.test@gmail.com G

- Scroll down and find the CE Follow Up sub-assessment box. Click Add to enter a new follow-up.

CE Follow Up

Follow Up Date	Date of Original Referral	Outcome of Follow Up *	Notes
Add			

- Complete the follow-up information. Choose one of the following options for the “Outcome of Follow Up”:

 - 90 Day required follow up (completed), (client) still needs housing, remains on list
 - Client asked to be removed from list, secured housing on their own
 - Unable to contact client

Enter additional notes if needed. Leave the end date field blank.

Add Recordset - (72036) Test, Test

CE Referral Follow Up Information

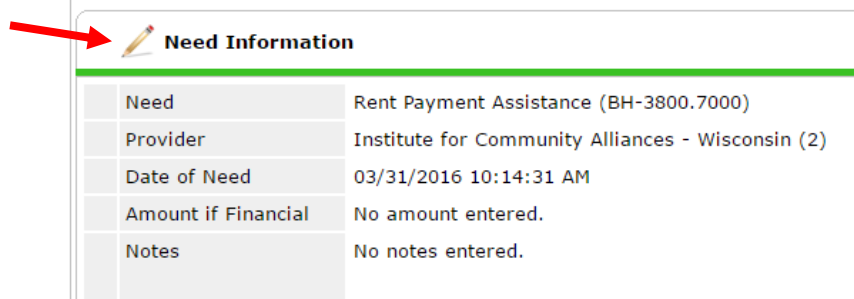
Follow Up Date *	09 / 02 / 2016 G
Date of Original Referral	08 / 15 / 2016 G
Outcome of Follow Up *	90 day required follow up, still needs housing, remains on list ▾ G
Notes	<input style="width: 90%;" type="text"/> G
End Date (ignore)	/ / G

Save
Save and Add Another
Cancel

The Follow Up Sub-Assessment is where all Follow Up related notes should be entered. You are still able to use the Need Notes in the referral, but that should be to document things like specific requirements due to disability (like needing to live on the first floor) or preferred county or location. No Personally Identifying Information should be included in the Need Notes, or Follow Up Sub-Assessment notes.

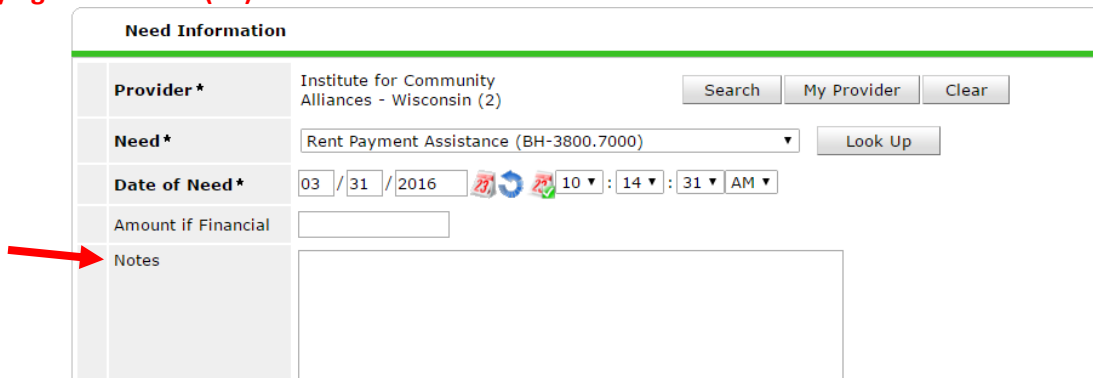
To Access Need Notes:

- Click on the pencil next to the Need Information.



Need Information	
Need	Rent Payment Assistance (BH-3800.7000)
Provider	Institute for Community Alliances - Wisconsin (2)
Date of Need	03/31/2016 10:14:31 AM
Amount if Financial	No amount entered.
Notes	No notes entered.

- Again, use the Need Notes field to document client information such as the client's preferred county or location for permanent housing and the number of bedrooms needed. ****Remember: Do NOT include any personally identifying information (PII) in the Need Notes.****



Need Information	
Provider *	Institute for Community Alliances - Wisconsin (2) <input type="button" value="Search"/> <input type="button" value="My Provider"/> <input type="button" value="Clear"/>
Need *	Rent Payment Assistance (BH-3800.7000) <input type="button" value="Look Up"/>
Date of Need *	03 / 31 / 2016 <input type="button" value="↺"/> <input type="button" value="↻"/> <input type="button" value="⌂"/> 10 : 14 : 31 AM
Amount if Financial	<input type="text"/>
Notes	<input type="text"/>