



Submit HFH Application



Submit HFH Application

Objective: To complete and submit an HFH Application for ERC referrals that are received via email or fax

Procedures:

- Begin 'Submit HFH Application' workflow
- Search for existing client or add new client
- Complete 'Application' form
 - Select Referral Type(s): **Enriched Residential Care**
 - Select **Application SPA**
- Complete other steps of workflow as needed
- Upload any relevant documents
- Save and finish workflow



Submit HFH Application

Navigate to the Client Workspace

1. In the left hand menu, select **"Submit HFH Application"**
2. Select **"Add New Client"** or **"Use Current Client"** as appropriate

The screenshot displays the HFH (Program Area) interface. The left-hand menu is visible, with the 'Submit HFH Application' option highlighted in red and marked with a red '1'. The main content area shows the 'Submit HFH Application' form for client Lorelai Gilmore. The form includes fields for Client ID (11247), Birth Date (10/1/1970), Primary Phone, and Consent Status (FULL SHARING). The 'Add New or Use Current Client' section is highlighted in red and marked with a red '2'. Below this section is a modal dialog with two options: 'Add New Client' and 'Use Current Client'.



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Add New Client: Search for existing clients

1. If the Client exists in CHAMP, select client from search results, and click **"Next."**
2. If the Client DOES NOT exist in CHAMP, select **"Next"** to continue

Submit HFH Application

Tom brown Client ID: Birth Date: Primary Phone: Consent Status: FULL SHARIN

Client Demographics

Please address the following:
⚠ Please review the list below for potential duplicates. Click Next if this is not a duplicate.

Middle Name:
Last Name: brown
SSN: -- --
Birth Date: MM/DD/YYYY
Client ID:
HFH ID:
ORCHID MRN:
HMIS ID:
Housing Authority ID:
Other IDs:

4 results found.

First Name	Middle Name	Last Name	Alias	SSN	Birth Date	HFH ID	ORCHID MRN	HMIS ID	Housing Authority ID
Tom		Brown			02/03/1992				
Tim		Brown		818-18-1818	11/08/1994				

» Next



Submit HFH Application

For existing clients, review and update the Client Demographics form as needed.

After entering the data, click "Save."



Submit HFH Application

Tom Brown Client ID: 10879 Birth Date: 2/3/1992 Primary Phone: --- Consent Status: FULL SHARING

Client Demographics

Client Demographics

Complete the client's identifying information. Enter a full or partial Social Security Number, if the client has no SSN, select an answer for SSN Quality. Enter the client's Birth Date, and the client's current age will display. If an exact birth date is unknown, enter the first day of the month and/or year of birth and select an answer for Birth Date Quality.

First Name: * Tom

Middle Name:

Last Name: * Brown

Suffix: -- SE v

Known Alias(es): -- SELECT -- v

Social Security Number: 123 - 45 - 6789

Mother's Maiden Name:

Place of Birth:

Birth Date: * 02/03/1992 [calendar icon]

Client Age: 33

Birth Date Quality: * Full DOB Reported
 Approximate or Partial DOB Reported
 Client doesn't know
 Client prefers not to answer
 Data not collected

HFH ID: [info icon]

Save

Submit HFH Application

Complete Contact Plan form if prompted

Contact Information

If you do not enter a phone number or email address you will be required to provide a contact plan during the application process.

Default Address From Family ⓘ

Mailing Address: _____
Address 2: _____

City/State/Zip Code: City _____ State _____ Zip Code _____

Service Planning Area: SPA 4 (Metro) ▾

Different Residential Address:

Primary Phone: 234-567-5454

Alternate Phone: _____


Email: tom.brown@idontknow.com

Frequent Client Location: _____ ⓘ

Other Contact Information: _____

Demographic Information

Race and Ethnicity: • American Indian, Alaska Native, or Indigenous
Asian or Asian American
✓ Black, African American, or African
Hispanic/Latino/a/o





Submit HFH Application

Complete Application form

- Select "Enriched Residential Care" as Referral Type
- Select "Application SPA" as the SPA the referral is coming from

The screenshot displays the 'Submit HFH Application' form for a client named Tom Brown. The form is titled 'Application' and includes a sidebar with navigation options: 'Add New or Use Current Client', 'Client Demographics', 'Application', 'Family Composition', 'Interested Others', 'Service Animals', 'Consents', 'Housing Documents', 'Non HMIS Universal Data Assessment', 'File Upload', 'Case Note', and 'Review And Submit'. The 'Application' section is active, showing fields for 'Application Date' (05/19/2025), 'Application Type' (Housing for Health), and 'Referral Type' (COVID-19 Housing, Permanent Housing, Rapid Rehousing, and Enriched Residential Care). The 'Application SPA' dropdown menu is open, showing options: SPA 1 (Antelope Valley), SPA 2 (San Fernando Valley), SPA 3 (San Gabriel Valley), SPA 4 (Metro), SPA 5 (West), SPA 6 (South), SPA 7 (East), and SPA 8 (South Bay). The 'Enriched Residential Care' option is selected. The form also includes a 'Save' button at the bottom right.



Submit HFH Application

Complete Household Composition form

Submit HFH Application Tom Brown Client ID 10879 Birth Date 2/3/1992 Primary Phone 234-567-5454 Consent Status FULL SHARING

Household Composition

The selected client's household members are listed below. You can associate other clients with this household by searching for the client(s), or you can add new clients to the database by entering their information below.

Household Name:

Address:

Address 2:

City / State / Zip Code:

Home Phone:

Household Type:

	First Name*	Last Name*	Gender*	Birth Date* ¹	Birth Date Quality*	Relationship to Head of Household*
<input type="checkbox"/>	Tom	Brown	Man (Boy, if child)	02/03/1992	Full DOB Reported	Self
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	-- SELECT --	MM/DD/YYYY	-- SELECT --	-- SELECT --



Submit HFH Application

Complete Interested Others form

Submit HFH Application

Tom Brown Client ID 10879 Birth Date 2/3/1992 Primary Phone 234-567-5454 Consent Status FULL SHARING

Multiple Interested Others

Enter other people who might have an interest in the client's situation or who may be able to contact or locate the client.

No records found (+2).

Type*	Relationship*	Name*	Primary Phone*	Email Address	Note
<input checked="" type="checkbox"/> Guardian	Parent	Bob Brown	111-222-3333		
<input type="checkbox"/> -- SELECT --	-- SELECT --				

|| Pause X Cancel

Save Skip



Submit HFH Application

Complete Service Animals form

The screenshot shows a web application interface for submitting an HFH application. The main heading is "Submit HFH Application". Below this, there is a client information bar with the following details: Tom Brown, Client ID 10879, Birth Date 2/3/1992, and Primary Phone 234-567-5454. The current form is titled "Service Animal".

The form contains the following fields:

- Name:
- Animal Type: * -- SELECT --
- Size: * -- SELECT --
- Weight: (with a red asterisk icon)
- Need Type: * -- SELECT --
- History Of Aggression: * -- SELECT --
- Vaccination: * -- SELECT --
- Service Animal Documentation: * -- SELECT --
- Additional Information:

At the bottom of the form, there are "Pause" and "Cancel" buttons. At the bottom right of the application window, there are "Save" and "Cancel" buttons.



Submit HFH Application

Submit HFH Application

Marissa Cooper Client ID 10893 Birth Date 5/4/1988 Primary Phone 555-555-1649 Consent Status LIMITED

Consents

Consents for the selected client are displayed below. Please review before proceeding. Select **Add New** to add, update or upload a more recent version of any consent record.

[+ Add New](#)

If submitting an application or referral, select Continue if no consents need to be added or updated.

9 results found.

Consent ID	Consent Type	Consent Sub Type	Signee Date	Expiration Date	Consent Status	Created By
7883	Universal Consent		02/10/2025	02/10/2030	Limited SUD/MH Data Sharing Provided	VILT DHS Referrer

[Continue](#)



Upload Universal Consent and NOPP if needed in Consents step of workflow.

Submit HFH Application

Upload Housing Documents, if applicable

The screenshot displays the 'Submit HFH Application' interface for client Marissa Cooper. The client's details are: Client ID 10893, Birth Date 5/4/1988, Primary Phone 555-555-1649, and Consent Status FULL SHARING. The 'Housing Documents' section contains a table for recording document possession and verification.

Please select "Yes" or "No" to identify whether the client is in possession of the documents listed.

If the Acceptable Document is "Signed Document" the client MUST sign the document prior to it being uploaded.

<input type="checkbox"/>	Yes/No*	Verification Date*	Verification Item 1	Acceptable Document	Method of Verification	Effective Date
<input type="checkbox"/>	Yes	04/04/2024	Birth Certificate	Birth Certificate	Scan Uploaded	05/04/1988
<input type="checkbox"/>	Y/N	MM/DD/YYYY	Valid Government ID	-- SELECT --	-- SELECT --	MM/DD/YYYY
<input type="checkbox"/>	Y/N	MM/DD/YYYY	Social Security Card	-- SELECT --	-- SELECT --	MM/DD/YYYY
<input type="checkbox"/>	Y/N	MM/DD/YYYY	Proof of Income	-- SELECT --	-- SELECT --	MM/DD/YYYY
<input type="checkbox"/>	Y/N	MM/DD/YYYY	Proof of Residency	-- SELECT --	-- SELECT --	MM/DD/YYYY

Buttons: Pause, Cancel, Save



Submit HFH Application

Complete Universal Data Assessment (Non HMIS) form

Submit HFH Application

Andy Bernard Client ID 11046 Birth Date 1/24/1973 Primary Phone 555-555-4651 Consent Status FULL SHARING

Universal Data Assessment (Non HMIS)

Complete the information below.

Assessment Date: 05/28/2025

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

Enrollment CoC: CA-600-Los Angeles City & County 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: -- SELECT --

Length of stay in prior living situation: -- SELECT --

Health Insurance
Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

Default Last Insurance Status

Covered by Health Insurance: Data not collected

Type	Status	Reason No	Other Coverage
Medi-Cal	No	-- SELECT --	
Medicare	No	-- SELECT --	
Medi-Cal/Medicare	No	-- SELECT --	
VA	No	-- SELECT --	
Healthy Families	No	-- SELECT --	

Save



Submit HFH Application

Complete Housing Preferences form

Submit HFH Application

Marissa Cooper | Client ID: 10893 | Birth Date: 5/4/1988 | Primary Phone: 555-555-1649 | Consent Status: FULL SHARING

Housing Preferences

Enter housing preferences information below. These fields are required for HFH Interim Housing Applications.

The client is not guaranteed housing in the geographic preference(s) selected below.

Assessment Date: 05/19/2025

General Homeless Information

Current Living Situation: -- SELECT --

Current Location:

Service Planning Area: -- SELECT --

Geographic Preference(s):
Antelope Valley (SPA 1)
Countywide (SPA 1-8)
Downtown (SPA 4)
Hollywood (SPA 4)
East Los Angeles (SPA 4)

Able/Willing to Reside in Communal Living for Interim Housing: -- SELECT --

Able/Willing to Reside in Skid Row for Interim Housing: -- SELECT --

VI-SPDAT Acuity Score: 0

Pause | Cancel | Save



Submit HFH Application

Complete Financial Assessment form

Submit HFH Application

Marissa Cooper Client ID: 10893 Birth Date: 5/4/1988 Primary Phone: 555-555-1649 Consent Status: FULL SHARING

Income and Sources, Non-Cash Benefits (Non HMIS)

Indicate below the client's sources of **monthly** income, non-cash benefits and expenses.

The following instructions are quoted from the HMIS Data Manual:

- When a client has income, but does not know the exact amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income amount should be estimated.
- Income received by or on behalf of a minor child should be recorded as part of household income under the Head of Household, unless the federal funder in the HMIS Program Specific Manual instructs otherwise. Income should be recorded at the client-level for heads of household and adult household members. Projects may choose to collect this information for all household members including minor children, as long as this does not interfere with accurate reporting per funder requirements. Projects collecting data through client interviews should ask clients whether they receive income from each of the sources listed rather than asking them to state the sources of income they receive.
- Income data should be recorded only for sources of income that are current as of the information date (i.e. have not been specifically terminated). As an example, if a client's employment has been terminated and the client has not yet secured additional employment, the response for Earned income would be "No." As a further example, if a client's most recent paycheck was 2 weeks ago from a job in which the client was working full time for \$15.00/hour, but the client is currently working 20 hours per week for \$12.00 an hour, record the income from the job the client has at the time data are collected (i.e. 20 hours at \$12.00 an hour).

Assessment Date:

Income from Any Source: ⓘ

Non-Cash Benefits from Any Source: ⓘ



Submit HFH Application

Complete Barriers (Non HMIS) form

Submit HFH Application

Andy Bernard Client ID 11046 Birth Date 1/24/1973 Primary Phone 555-555-4651 Consent Status FULL SHARING

Barriers (Non HMIS)

Use this form to identify whether a client has each individual barrier or not. The Client's last assessment is displayed as a default. You may, optionally, click [Previous Barriers Detail](#) to view information about the defaulted records.

Identified Date: 05/28/2025
Screen: HMIS Barriers

<input type="checkbox"/> Barrier ID	Help	Barrier Present?*	Condition is Indefinite	Explanation	Previous Barrier Details
<input checked="" type="checkbox"/> Alcohol Use Disorder	?	Data not collected	<input type="checkbox"/>		<input type="checkbox"/> Previous Barrier
<input checked="" type="checkbox"/> Chronic Health Condition	?	Data not collected	<input type="checkbox"/>		<input type="checkbox"/> Previous Barrier
<input checked="" type="checkbox"/> Developmental Disability	?	Data not collected	<input type="checkbox"/>		<input type="checkbox"/> Previous Barrier
<input checked="" type="checkbox"/> Drug Use Disorder	?	Data not collected	<input type="checkbox"/>		<input type="checkbox"/> Previous Barrier
<input checked="" type="checkbox"/> HIV/AIDS	?	Data not collected	<input type="checkbox"/>		<input type="checkbox"/> Previous Barrier
<input checked="" type="checkbox"/> Mental Health	?	Data not collected	<input type="checkbox"/>		<input type="checkbox"/> Previous Barrier
<input checked="" type="checkbox"/> Physical Disability	?	Data not collected	<input type="checkbox"/>		<input type="checkbox"/> Previous Barrier

|| Pause X Cancel

Save Save & Close



Submit HFH Application

Complete Domestic Violence Assessment (Non HMIS)

Submit HFH Application

Andy Bernard Client ID 11046 Birth Date 1/24/1973 Primary Phone 555-555-4651 Consent Status FULL SHARING

Domestic Violence Assessment (Non HMIS)

If the client is a survivor of domestic violence, select Yes for Survivor of Domestic Violence, and select when the experience occurred.

Assessment Date: * 05/28/2025

Survivor of Domestic Violence: *

- Yes
- No
- Client Doesn't Know
- Client prefers not to answer
- Data not collected

Default Client's Last Assessment

Pause Cancel Save



Submit HFH Application

Complete Medical Profile form

Submit HFH Application

Marissa Cooper Client ID 10893 Birth Date 5/4/1988 Primary Phone 555-555-1649 Consent Status FULL SHARING

Medical Profile

Enter self-reported medical information below. Fields with a red asterisk (*) are required.

Assessment Date: * 05/19/2025

Insurance Information

Is Primary	Type	Insurance Provider Name	Status	Applied For Date	Start Date	End Date
<input checked="" type="checkbox"/>	Medi-Cal		Active	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
<input type="checkbox"/>	--SELECT--		--SELECT--	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Yes Has primary:

Key Health Contacts

Save



Submit HFH Application

Complete Legal Profile form

Submit HFH Application

Marissa Cooper Client ID 10893 Birth Date 5/4/1988 Primary Phone 555-555-1649 Consent Status FULL SHARING

Legal Profile

Indicate any applicable self-reported conviction or legal issues below. Fields with a red asterisk (*) are required.

Criminal history does not prevent a client from receiving services.

8 results found.

<input type="checkbox"/>	Yes/No	Conviction/Legal Issue	Other Issue	County	Date	Arrest Date	Conviction Date
<input type="checkbox"/>	<input type="text" value="Y/N"/>	Arson		-- SELECT --	MM/DD/YYYY	MM/DD/YYYY	MM/DD/Y
<input type="checkbox"/>	<input type="text" value="Y/N"/>	Production of Methamphetamines		-- SELECT --	MM/DD/YYYY	MM/DD/YYYY	MM/DD/Y
<input type="checkbox"/>	<input type="text" value="Y/N"/>	Sex Offender		-- SELECT --	MM/DD/YYYY	MM/DD/YYYY	MM/DD/Y
<input type="checkbox"/>	<input type="text" value="Y/N"/>	Violent Crime		-- SELECT --	MM/DD/YYYY	MM/DD/YYYY	MM/DD/Y
<input type="checkbox"/>	<input type="text" value="Y/N"/>	Warrants		-- SELECT --	MM/DD/YYYY	MM/DD/YYYY	MM/DD/Y
<input type="checkbox"/>	<input type="text" value="Y/N"/>	Other 1	<input type="text"/>	-- SELECT --	MM/DD/YYYY	MM/DD/YYYY	MM/DD/Y
<input type="checkbox"/>	<input type="text" value="Y/N"/>	Other 2	<input type="text"/>	-- SELECT --	MM/DD/YYYY	MM/DD/YYYY	MM/DD/Y
<input type="checkbox"/>	<input type="text" value="Y/N"/>	Other 3	<input type="text"/>	-- SELECT --	MM/DD/YYYY	MM/DD/YYYY	MM/DD/Y

|| Pause ✕ Cancel Save



Submit HFH Application

Upload any applicable documents in IH/ERC Documents step of workflow.

Users can always access the Document Library at any time through the Client Workspace.

Submit HFH Application | Marissa Cooper | Client ID: 10893 | Birth Date: 5/4/1988 | Primary Phone: 555-555-1649 | Consent Status: FULL SHARING

IH / ERC Documents

These documents are requested by Housing for Health to support both Interim Housing and Enriched Residential Care applications. Please select "Yes" or "No" to identify whether the client is in possession of the documents listed.

<input type="checkbox"/>	Yes/No	Verification Date*	Verification Item	Method of Verification	Effective Date	Expiration Date	Upload File	Associated F
<input type="checkbox"/>	<input type="text" value="Y/N"/>	<input type="text" value="05/20/2025"/>	ERC Exit/Relocation	<input type="text" value="-- SELECT --"/>			<input type="text" value="Choose File"/>	
<input type="checkbox"/>	<input type="text" value="Y/N"/>	<input type="text" value="MM/DD/YYYY"/>	ERC Move-In Confirmation	<input type="text" value="-- SELECT --"/>			<input type="text" value="Choose File"/>	
<input type="checkbox"/>	<input type="text" value="Y/N"/>	<input type="text" value="MM/DD/YYYY"/>	ERC Payment Responsibilities	<input type="text" value="-- SELECT --"/>			<input type="text" value="Choose File"/>	
<input type="checkbox"/>	<input type="text" value="Y/N"/>	<input type="text" value="MM/DD/YYYY"/>	ERC Preplacement Appraisal	<input type="text" value="-- SELECT --"/>			<input type="text" value="Choose File"/>	
<input type="checkbox"/>	<input type="text" value="Y/N"/>	<input type="text" value="MM/DD/YYYY"/>	ERC Request for Assessment	<input type="text" value="-- SELECT --"/>			<input type="text" value="Choose File"/>	
<input type="checkbox"/>	<input type="text" value="Y/N"/>	<input type="text" value="MM/DD/YYYY"/>	ERC Services and Tier Assessment	<input type="text" value="-- SELECT --"/>			<input type="text" value="Choose File"/>	

|| Pause ✕ Cancel



Submit HFH Application

Upload any Client Files if applicable

Submit HFH Application

Marissa Cooper | Client ID: 10893 | Birth Date: 5/4/1988 | Primary Phone: 555-555-1649 | Consent Status: FULL SHARING

Client Files

Documents or other files associated with the client are displayed below.

[+ Add New](#)

Display: **Icons Grid**

No records found.

Preview	File Name	Created Date
---------	-----------	--------------

Show Family Files:

Pause | Cancel | [Continue](#)



Submit HFH Application

Add case note and services as applicable

Submit HFH Application

Current Client

- Client Demographics
- Contact Plan
- Application
- Family Composition
- Interested Others
- Service Animals
- Consents
- Housing Documents
- Non HMIS Universal Data Assessment
- Housing Preferences
- Financial Assessment
- Barriers
- Domestic Violence
- Medical Profile
- Legal Profile
- IH / ERC Documents
- File Upload
- Case Note**
- Review And Submit

Marissa Cooper Client ID: 10893 Birth Date: 5/4/1988 Primary Phone: 555-555-1649 Consent Status: FULL SHARING

Case Note

When you want to lock the case note and prevent editing.

Note Entry Date/Time: 05/20/2025 02:39 PM On Behalf Of: HFH CHAMP Lead Traini

Note Type: Client Contact Plan

Check if you wish to record services associated with this note.

Services

Use the fields below to record the services provided in association with the note above.

Default Enrollment: --SELECT--

<input type="checkbox"/>	Service Date*	Service*	Enrollment	Place of Service	Units Of Measure*	Unit Value*
<input type="checkbox"/>	MM/DD/YYYY	--SELECT--	--SELECT--	--SELECT--	--SELECT--	

05/20/2025 | Mary Jones (11351)
HFH (Program Area) | HFH CHAMP Lead Training | 111-111-1111 | HFHCHAMPlead@clienttrack.com

Save DRAFT Save FINAL

