



councilofcommunityservices.org/hmis-user-training-center/

Coordinated Entry Training

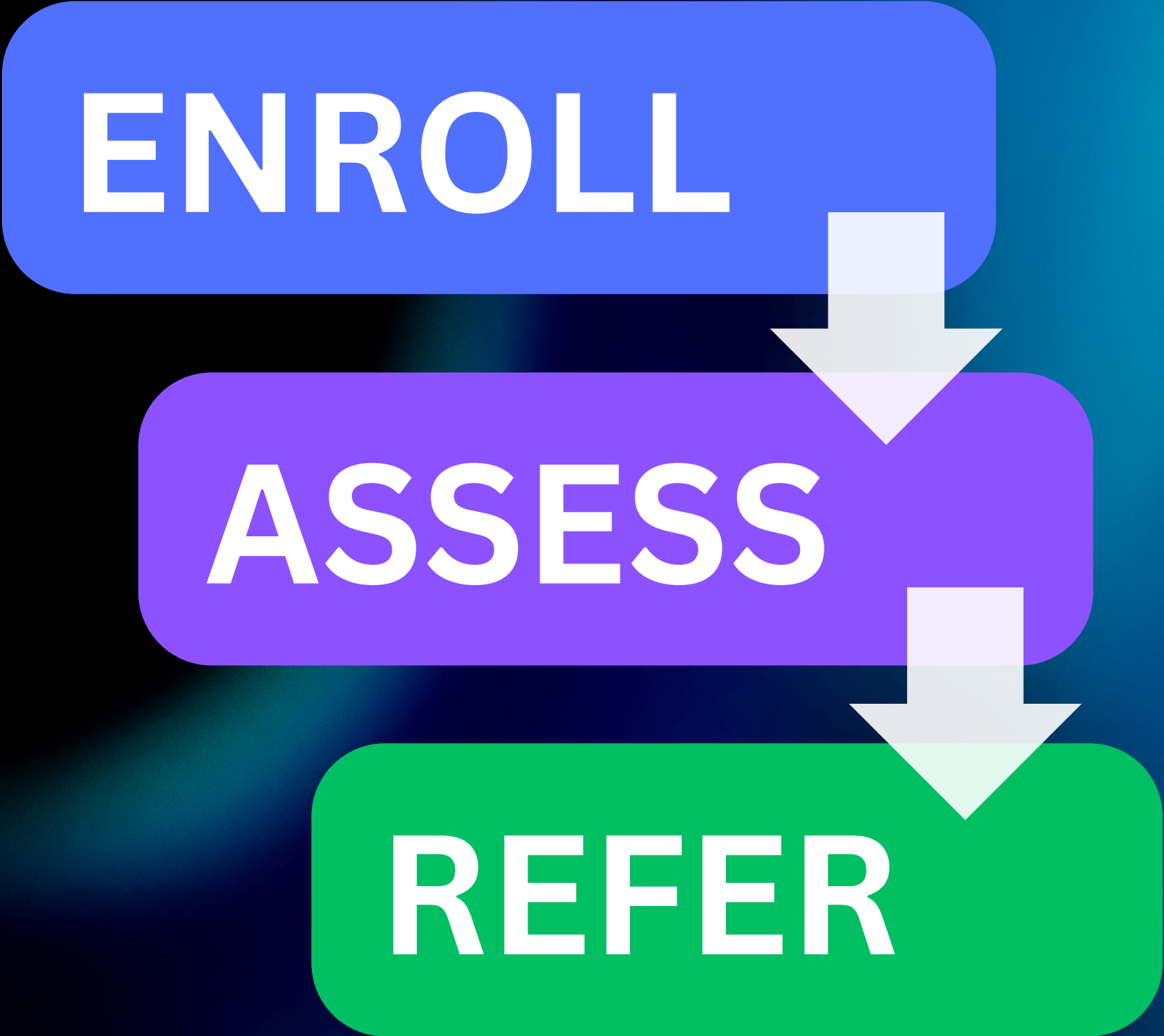
ACCESS POINT STAFF - ENROLL, ASSESS, REFER

Updated August 2026 for new Clarity User Interface

The Coordinated Entry Process

- Enroll in the COORDINATED ENTRY Program/Project
- Assess with the COORDINATED ENTRY VULNERABILITY ASSESSMENT TOOL (CE-VAT)
- Refer the client to the COMMUNITY QUEUE.

ENROLL



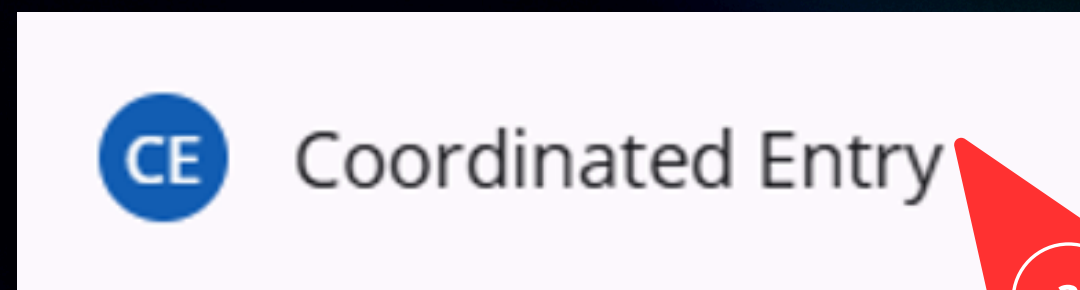
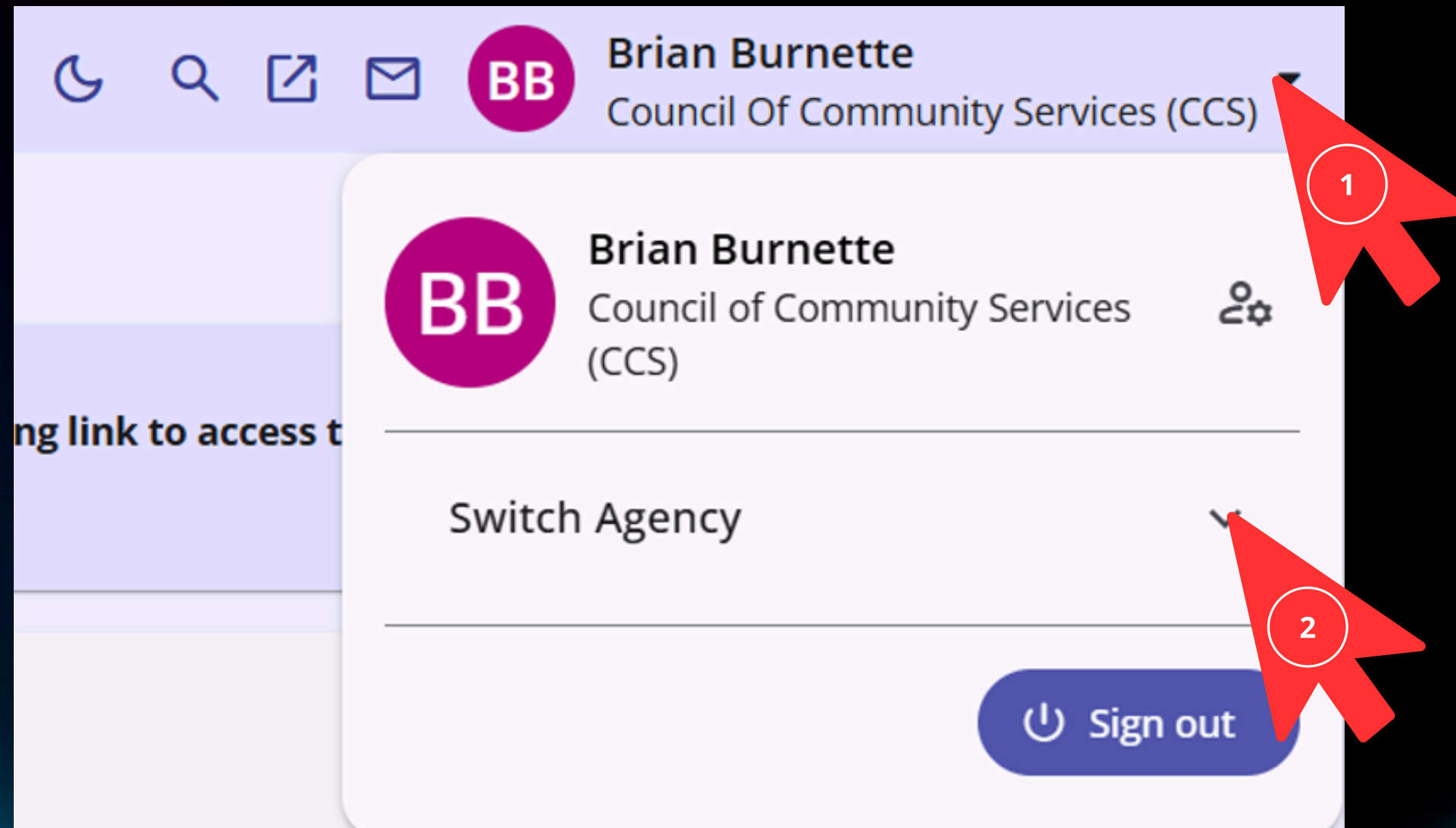
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graph TD; A[ENROLL] --> B[ASSESS]; B --> C[REFER];
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The diagram illustrates the Coordinated Entry Process as a three-step flowchart. It begins with a blue rounded rectangle labeled 'ENROLL', followed by a purple rounded rectangle labeled 'ASSESS', and ends with a green rounded rectangle labeled 'REFER'. White arrows point downwards from the bottom of the 'ENROLL' box to the 'ASSESS' box, and from the bottom of the 'ASSESS' box to the 'REFER' box, indicating a sequential process.

ASSESS

REFER

SWITCH TO COORDINATED ENTRY AGENCY



1. CLICK the drop-down menu under your name in the top right corner.
2. Then CLICK the drop-down arrow for “Switch Agency.”
3. Then SELECT “Coordinated Entry” as your Agency.

ENROLLING THE CLIENT IN COORDINATED ENTRY

The screenshot shows a web interface for a client record. At the top left is a green square logo with the letters 'SC'. To its right, the text 'Some Client' is displayed, followed by a subtitle: 'You are currently viewing the Client Record pages for Some Client.' Below this is a vertical sidebar with several tabs: 'Profile' (selected), 'Privacy', 'Household', 'History', 'Programs', 'Services', and 'Assessments'. Each tab has a small icon to its left. A red arrow with a white circle containing the number '1' points to the 'Privacy' tab. Another red arrow with a white circle containing the number '2' points to the 'Programs' tab. The main content area on the right is titled 'Some Client' and 'Client profile information'. It contains several fields: 'Social Security Number' with a masked value '***_**_****', 'First name' with the value 'Some', 'Middle name' with the value 'Test', 'Quality of Name' with the value 'Full name reported', 'Date of Birth' with the value '05/15/1976', and 'Deceased?' which is partially visible at the bottom.

SC Some Client
You are currently viewing the Client Record pages for Some Client.

Profile
Privacy
Household
History
Programs
Services
Assessments

Some Client
Client profile information

Social Security Number

First name
Some

Middle name
Test

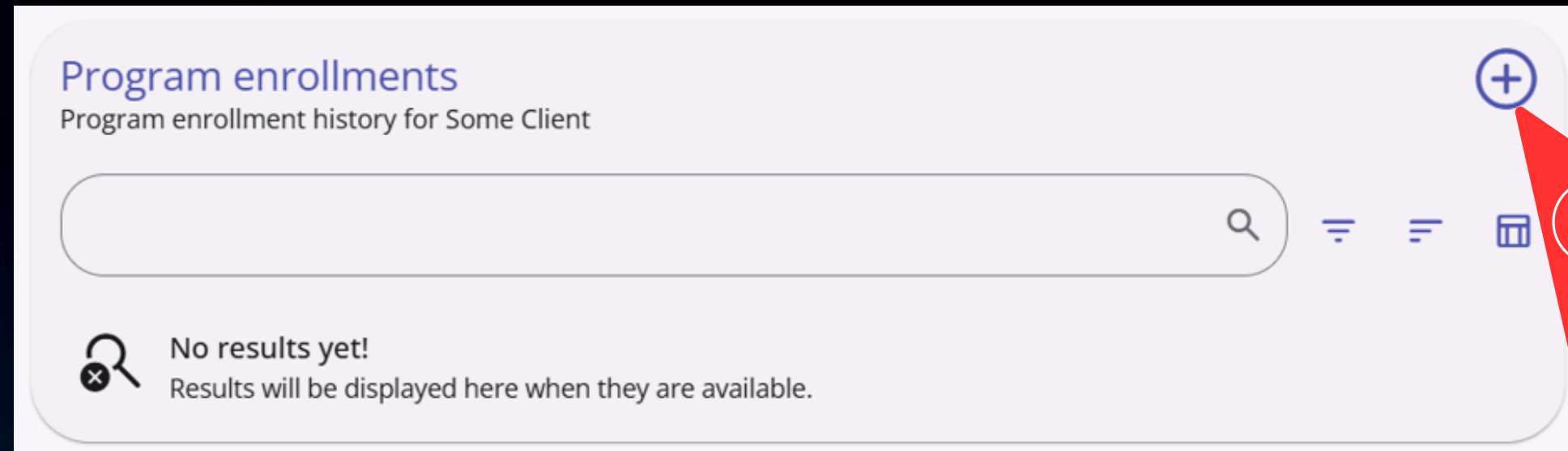
Quality of Name
Full name reported

Date of Birth
05/15/1976

Deceased?

1. If the client has signed an ROI that covers Coordinated Entry, CLICK the “Privacy” tab on the left-hand side of the screen and add the ROI to their profile now.
2. Then CLICK on the “Programs” tab.

ENROLLING THE CLIENT IN COORDINATED ENTRY

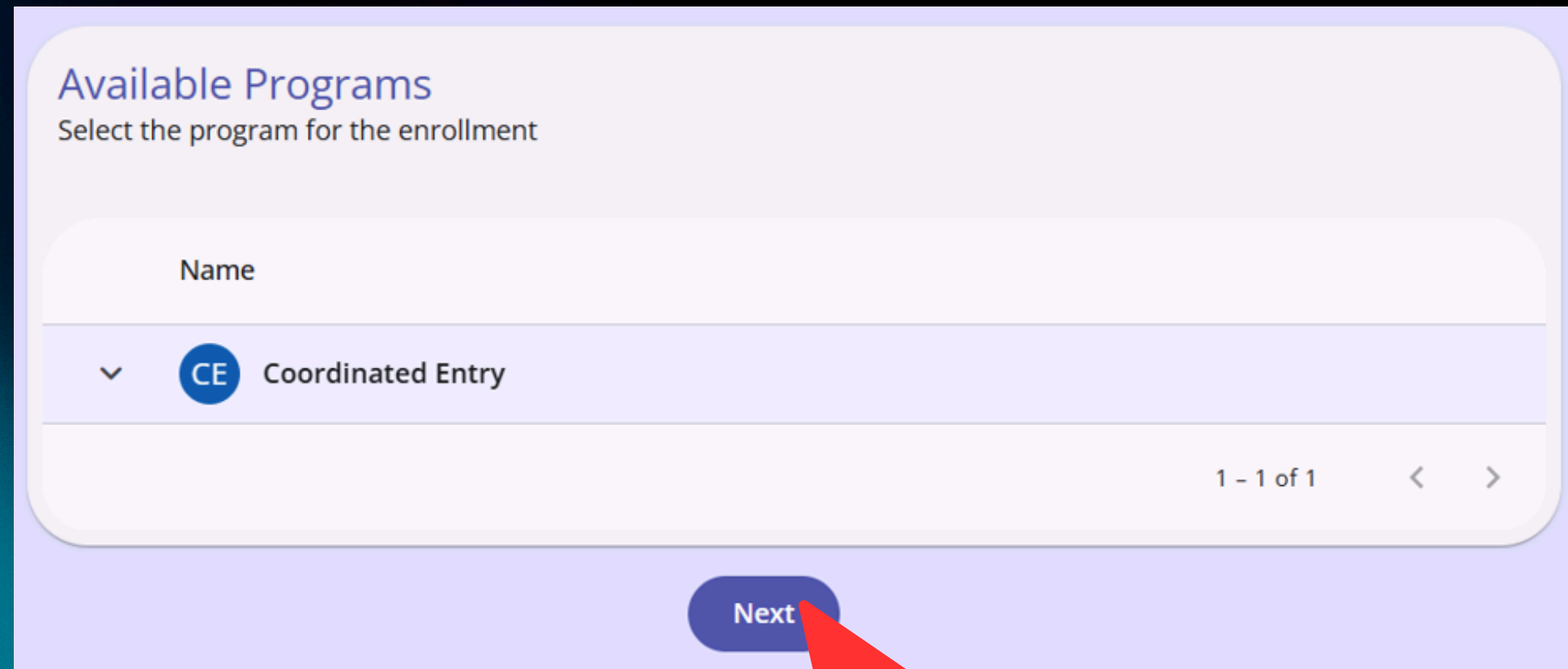


Program enrollments
Program enrollment history for Some Client

Search bar with magnifying glass icon.

No results yet!
Results will be displayed here when they are available.

Top right corner contains a plus-sign icon (+) circled in red with a red arrow pointing to it, labeled with a circled '1'.



Available Programs
Select the program for the enrollment

Name

▼ **CE** Coordinated Entry

1 - 1 of 1 < >

Next button at the bottom, circled in red with a red arrow pointing to it, labeled with a circled '2'.

1. In the “Program enrollments” box, CLICK the “Add” (aka plus-sign) icon to open the available programs.

2. “Coordinated Entry” will be the only program available. CLICK on the “Coordinated Entry” program title and then CLICK “Next” to open the “Current Living Situation” screen.

CURRENT LIVING SITUATION SCREEN

Record Current Living Situation
Current Living Situation is required for this program at each client contact. Complete the initial assessment below.

Date of Contact *

08/25/2026

MM/DD/YYYY

CURRENT LIVING SITUATION

Location of Current Living Situation

Search for an address

Current Living Situation *

Select

This field is required.

“Current Living Situation” refers to an individual’s current homeless location. In most cases, the homeless location will either be a “Place not meant for habitation” (unsheltered) or “Emergency Shelter.” Please contact an HMIS System Admin if you have any questions about filling in this field.

1. The “Date of Contact” can be left as today’s date (REQUIRED).
2. If you want to identify the client’s exact homeless location, you can type the address in the search box and it will drop a pin on the map (NOT REQUIRED).
3. In the “Current Living Situation” picklist, choose “Place not meant for habitation” if they are unsheltered or “Emergency Shelter” if they are in a shelter. (REQUIRED).

CURRENT LIVING SITUATION SCREEN (continued)

Continue to scroll down to the “LAST PERMANENT ADDRESS” section. If the client consents to provide the details of their last address, fill in the following fields:

1. “Last Permanent Address” - Start typing the details of the client’s last address. Select the correct address and it will drop a pin on the map (NOT REQUIRED).
2. “Landlord Name & Phone” - If provided, fill in the name and phone number for the client’s previous landlord (NOT REQUIRED).
3. “Landlord Address” - If provided, start typing in the details of the address. Select the correct address and it will drop a pin on the map (NOT REQUIRED).

NOTE: The “Last Permanent Address” details are not required.

LAST PERMANENT ADDRESS

Last Permanent Address

Search for an address

Landlord Name

Landlord Phone

Landlord Address

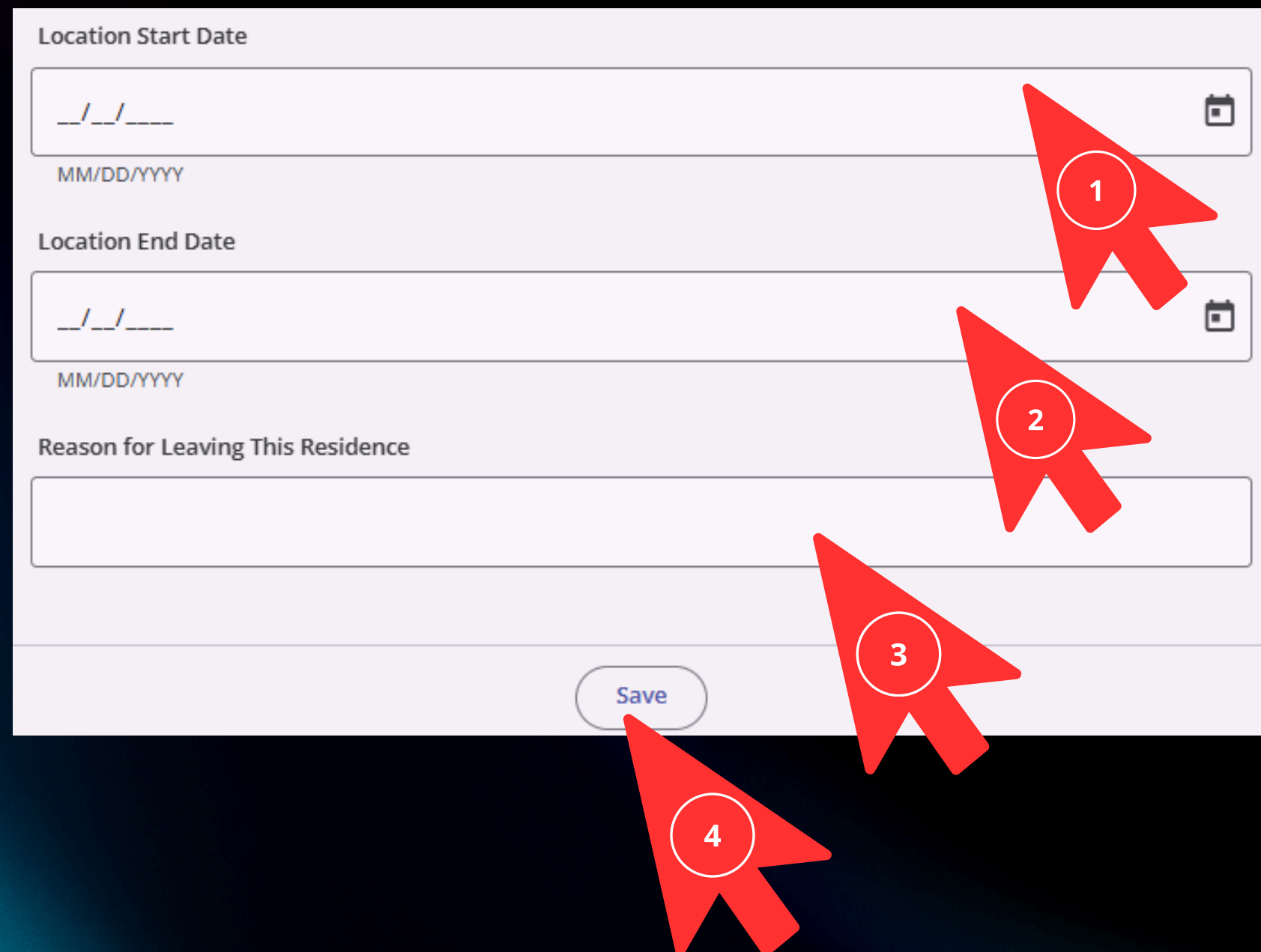
Search for an address

1

2

3

CURRENT LIVING SITUATION SCREEN (continued)



The screenshot shows a form titled "CURRENT LIVING SITUATION SCREEN (continued)". It contains three input fields and a "Save" button. The first field is "Location Start Date" with a date picker icon and a red arrow labeled "1". The second field is "Location End Date" with a date picker icon and a red arrow labeled "2". The third field is "Reason for Leaving This Residence" with a red arrow labeled "3". The "Save" button is at the bottom with a red arrow labeled "4".

Location Start Date

MM/DD/YYYY

Location End Date

MM/DD/YYYY

Reason for Leaving This Residence

Save

1. “Location Start Date” - If the client knows the date they began living at their last permanent residence, fill it in here (NOT REQUIRED).
2. “Location End Date” - If the client knows the date they left their last residence, fill it in here (NOT REQUIRED).
3. “Reason for Leaving” - If provided, fill in the reason they left the last permanent residence (NOT REQUIRED).
4. Once all the details are filled in, CLICK “Save” to move on to the “Client Enrollment or Entry” screen (NOT REQUIRED).

NOTE: The “Last Permanent Address” details are not required.

PROGRAM ENROLLMENT SCREEN

New Client Program
Create client program for Some Client

Project Start Date *

08/26/2026

MM/DD/YYYY

Translation Assistance Needed *

Select

Gender

Man (Boy, if child)

Preferred Pronouns

He/Him/His

Sexual Orientation *

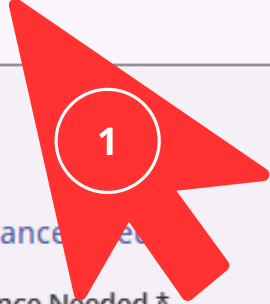
Heterosexual

Current Locality

Select

Zip Code of Last Address

24012



Begin filling out the questions in the “New Client Program” Screen. All questions marked with an “*” are REQUIRED. If the client already has a completed program enrollment at another agency, many of the data fields will cascade and already be filled in.

1. “Project Start Date” - The date defaults to today’s date, but you can backdate it to any date that applies.

PROGRAM ENROLLMENT SCREEN (continued)

** Homeless History/Prior Living Situation **

Prior Living Situation

Type of Residence *

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway ...)

Length of Stay in Prior Living Situation *

Select

Approximate date this episode of homelessness started *

MM/DD/YYYY

Number of times on the streets, in ES, or Safe Haven in the past three years *

Select

Total number of months homeless on the streets, in ES, or Safe Haven in the past three years *

Select

In the past 3 years, have you been an inpatient at any of the following types of facilities? (check all that apply)

Select

Did eviction lead to your current episode of homelessness?

Select

Reasons for Homelessness (check all that apply)

Select

Additional Notes on Homeless History

PRIOR LIVING SITUATION - SPECIAL ATTENTION

This section of the CE Program Enrollment is essential for defining the client's homeless history and ensuring they are eligible for housing referrals. Please answer each question with an "*" ("Data Not Collected" is not an acceptable response)>

1. Once you make a selection in the "Type of Residence" field, the rest of this section will populate. In most cases, you will select "Place not meant for habitation" or "Emergency Shelter."
2. "Length of Stay" - Ask the client to give their best guess of how long they have been homeless during this current episode.
3. "Approximate Date" - Have the client give their best guess of the date their current episode of homelessness began. If they can only identify the month, you can choose the 1st of the month.

PROGRAM ENROLLMENT SCREEN (continued)

** Homeless History/Prior Living Situation **

Prior Living Situation

Type of Residence *

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway ...)

Length of Stay in Prior Living Situation *

Select

Approximate date this episode of homelessness started *

MM/DD/YYYY

Number of times on the streets, in ES, or Safe Haven in the past three years *

Select

Total number of months homeless on the streets, in ES, or Safe Haven in the past three years *

Select

In the past 3 years, have you been an inpatient at any of the following types of facilities? (check all that apply)

Select

Did eviction lead to your current episode of homelessness?

Select

Reasons for Homelessness (check all that apply)

Select

Additional Notes on Homeless History

PRIOR LIVING SITUATION - SPECIAL ATTENTION

(“Data Not Collected” is not an acceptable response).

1. “Number of Times” - Have the client estimate the number of TOTAL times they have been homeless in the last 3 years.
2. “Total Number of Months” - Ask the client to give their best guess of how many TOTAL months (add up all months of homelessness) they have been homeless in the last 3 years.

(#1 and #2 are essential data points for calculating “Chronic Homelessness.”)

The last few fields are not required, but do provide us with helpful data on causes of homelessness. When the “Prior Living Situation” section is complete, move on to the “Disabling Conditions and Barriers” section.

PROGRAM ENROLLMENT SCREEN (continued)

Disabling Conditions

Disabling Conditions and Barriers

Disabling Condition *

Select

This field is required.

Physical Disability *

Select

Developmental Disability *

Select

Chronic Health Condition *

Select

HIV - AIDS *

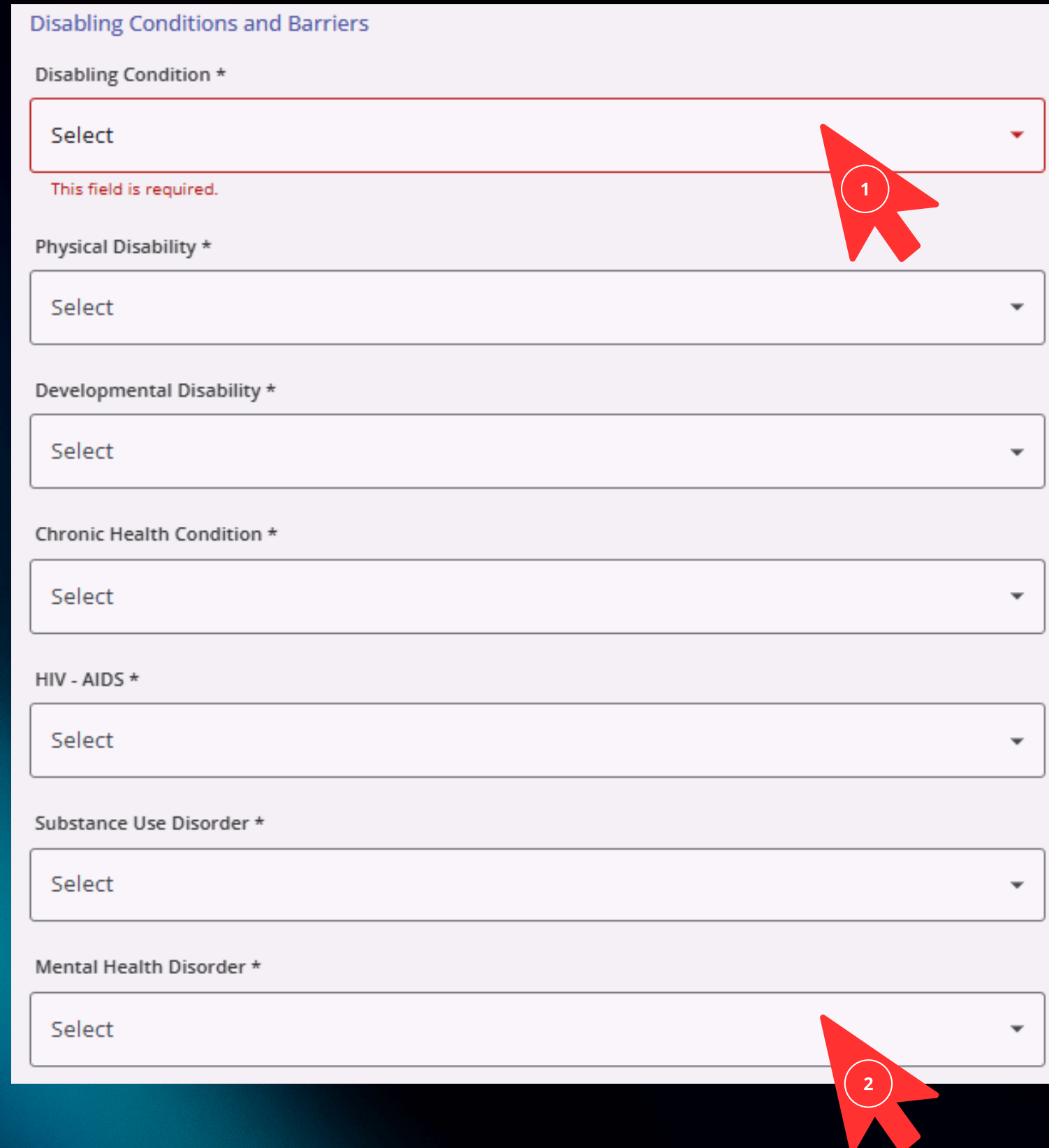
Select

Substance Use Disorder *

Select

Mental Health Disorder *

Select



DISABLING CONDITION - SPECIAL ATTENTION

“Disabling Condition” is another essential data element that is used in calculating “Chronic Homelessness” and eligibility for housing programs. Please answer each question with an “*” (“Data Not Collected” is not an acceptable response).

1. “Disabling Condition” - If this field is set to “Yes,” then you must choose “Yes” for at least one of the specific conditions that follow to avoid creating a Data Quality Error. Choose “Yes” for any of the Disabling Conditions that the client reports.
2. “Mental Health Disorder” - If you choose “Yes” for “Mental Health Disorder,” then additional follow-up questions will appear. See the next slide for guidance on filling this new section out.

PROGRAM ENROLLMENT SCREEN (continued)

Mental Health Disorders

Serious Mental Illness Follow-up Questions:

Do you have a current mental health diagnosis?

Yes

Description of current diagnosis

Bipolar, depression, PTSD

Are you a current client with Alleghany Highlands Community Services?

No

Are you a current client with Blue Ridge Behavioral Healthcare?

Yes

How many times have you moved in the past 6 months?

3 or more times

Are you staying in someone else's residence and been told to leave within 14 days?

No

How many times have you been hospitalized in the past year?

2 times

How many times have you been in jail in the past year?

4 or more times

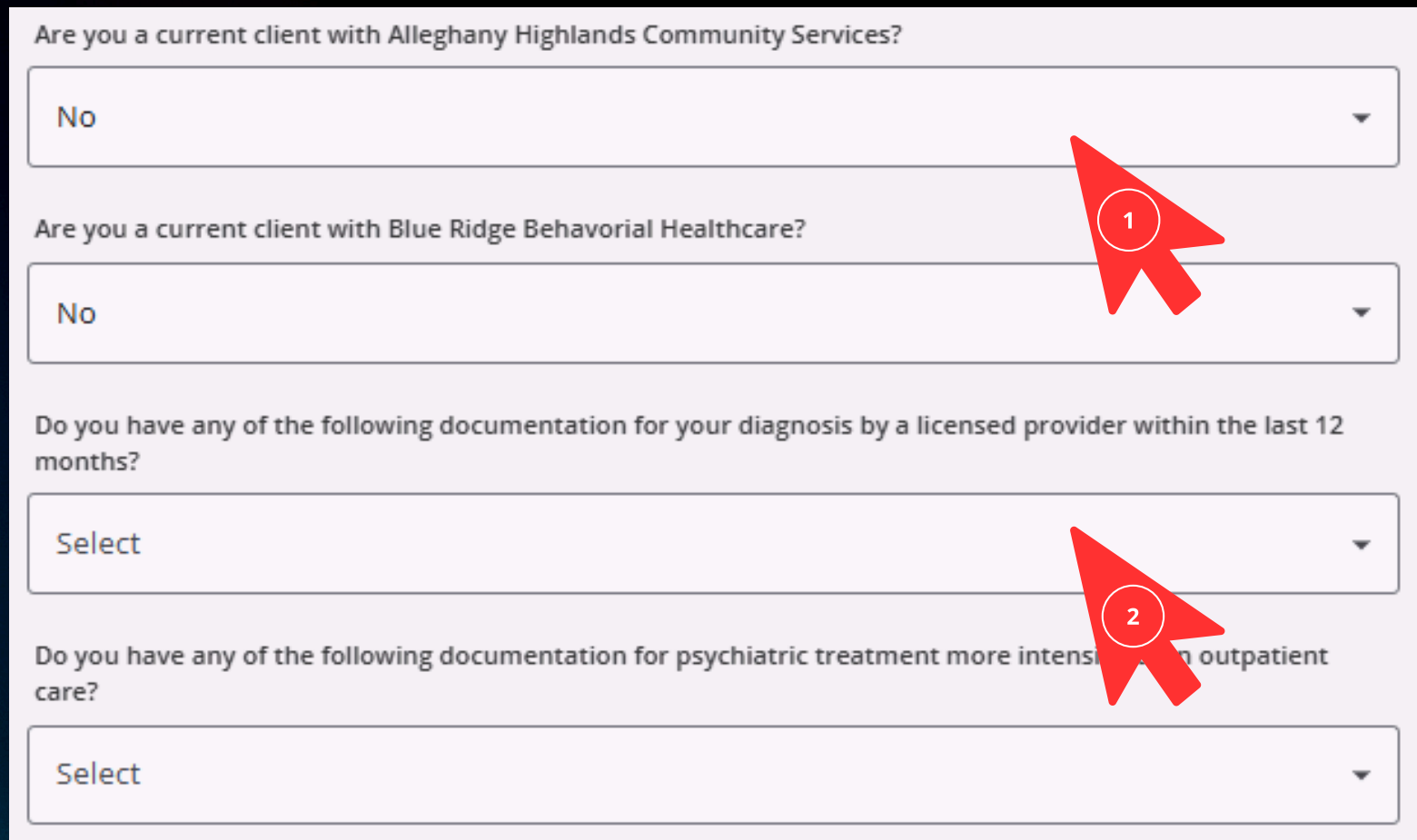
MENTAL HEALTH - SPECIAL ATTENTION

“Mental Health Disorder” is another essential data element because it is used for determining eligibility for certain Permanent Supportive Housing programs. Please take time and care when answering these questions (“Data Not Collected” is not an acceptable response).

1. “Do you have current MH diagnosis” - If you selected “Yes” for the “Mental Health Disorder” in the “Disabling Condition” section then this field should also be set to “Yes.” Selecting “Yes” will cause more data fields to appear.
2. “Are you a current client with...” - Please make sure you have the client answer these two questions because they help determine if a referral to the Alleghany Highlands or Blue Ridge Behavioral PSH programs is appropriate.

PROGRAM ENROLLMENT SCREEN (continued)

Mental Health Disorders



Are you a current client with Alleghany Highlands Community Services?

No

Are you a current client with Blue Ridge Behavioral Healthcare?

No

Do you have any of the following documentation for your diagnosis by a licensed provider within the last 12 months?

Select

Do you have any of the following documentation for psychiatric treatment more intensive than outpatient care?

Select

MENTAL HEALTH - SPECIAL ATTENTION

If you select “No” for both of the “Are you a current client with...” questions, then additional questions will appear:

1. “Do you have any of the following documentation for your diagnosis...” - Please read the documentation options to the client to see if one of them applies and choose all that apply.
2. “Do you have any of the following documentation for psychiatric treatment...” - Please read the documentation options to the client to see if one of them applies and choose all that apply.

****If the client has any documentation that confirms their MH diagnosis or treatment, please upload them to the client’s “FILES” tab under “Housing Documents” with “PSH referral documents” chosen as the file type once the program enrollment is complete.**

PROGRAM ENROLLMENT SCREEN (continued)

Domestic Violence

Survivor of Domestic Violence *

Select

Monthly Income and Sources

Income from Any Source *

No

Non-Cash Benefits

Receiving Non-Cash Benefits *

Select

Health Insurance

Covered by Health Insurance *

Select

Additional Information

Sex *

Male

Pregnancy Status

Select

Cancel Save

Once you complete the DISABLING CONDITIONS section, finish filling out the data fields in the rest of the enrollment sections:

- Domestic Violence (REQUIRED)
- Monthly Income and Sources (REQUIRED)
- Non-Cash Benefits (REQUIRED)
- Health Insurance (REQUIRED)
- Getting Around (Not Required)
- Dietary Restraints (Not Required)
- Sex (REQUIRED)
- Pregnancy Status (Not Required)

CLICK “Save” and a “Task Summary” box will appear.

CLICK “Complete” and you will return to the “Program enrollments” history screen.

ASSESSING THE CLIENT'S VULNERABILITY (CE-VAT)

Program enrollments
Program enrollment history for Some Client

Program Name	Entry Date	Exit Date
 Coordinated Entry Coordinated Entry Coordinated Entry	 8/26/26 1 days ago	 Active

1. Once you're back on the "Program enrollments" history screen, CLICK on the "Coordinated Entry" program name to re-open the program to the "Edit Client Program" screen.

 Coordinated Entry
Coordinated Entry
Coordinated Entry

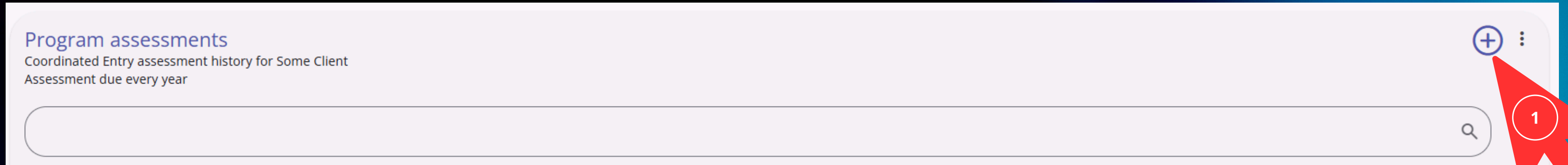
 8/26/26 - Active
1 days ago

<  Home  History  Group  Services  Events  Assessments

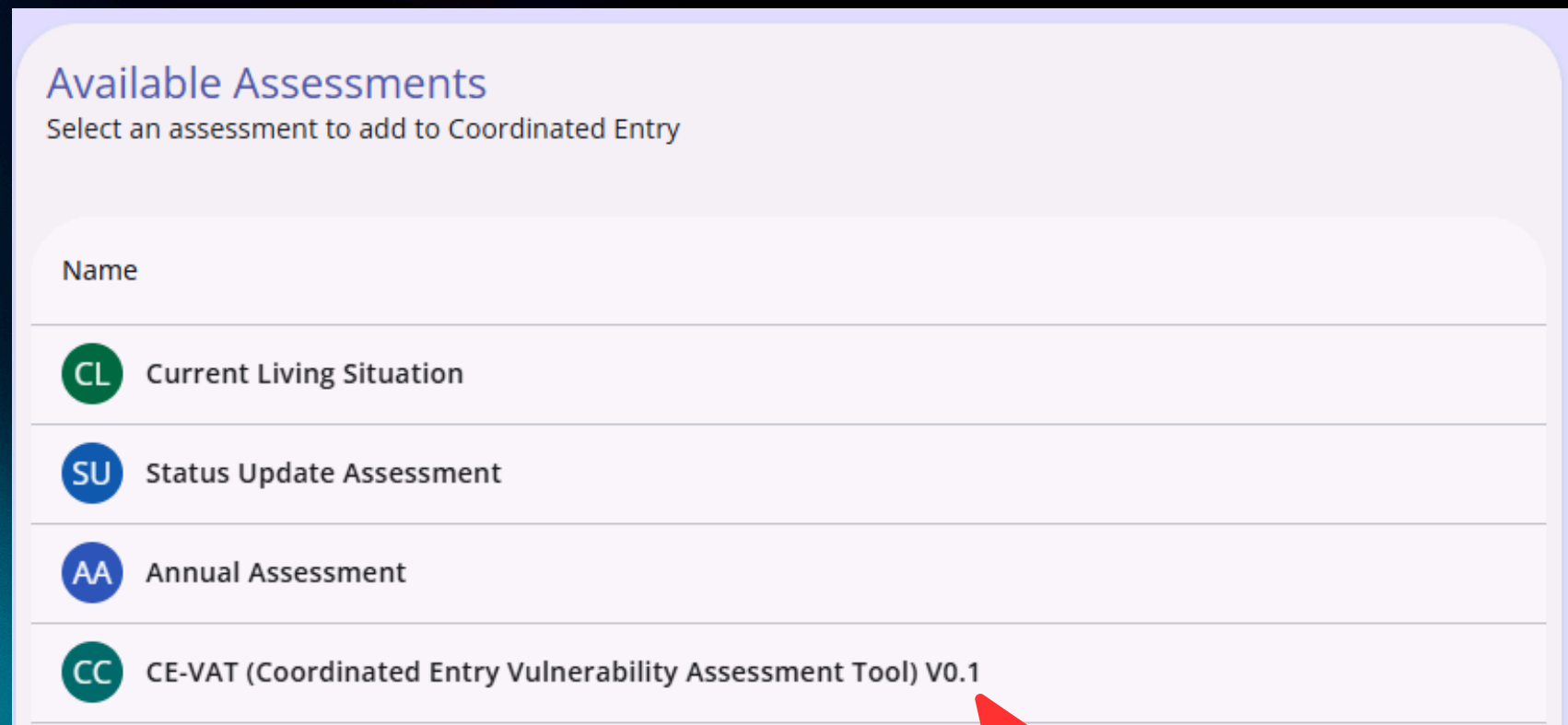
Edit Client Program
Update client program for Some Client in Coordinated Entry

2. In the menu tabs above the program enrollment, CLICK on "Assessments" to go to the "Program assessments" screen.

ASSESSING THE CLIENT'S VULNERABILITY (CE-VAT)



1. On the “Program assessments” screen, click the (+) icon in the upper right corner to add a new assessment.



2. An “Available Assessments” box will appear. SELECT “CE-VAT (Coordinated Entry Vulnerability Assessment Tool) V0.1” and CLICK “Next” to open the assessment.

ASSESSING THE CLIENT'S VULNERABILITY (CE-VAT)

Program Assessment: CE-VAT (Coordinated Entry Vulnerability Assessment Tool) V0.1

CE-VAT (Coordinated Entry Vulnerability Assessment Tool) V0.1 data collection for Some Client

INTRODUCTION FOR CLIENT BEING INTERVIEWED: "Please share as much information as you are willing to. Your answers will help match you to services, but do not guarantee any specific referrals or service placements."

NOTE: Notes like this one are directed to the interviewer rather than the client being interviewed.

Assessment Date *

08/26/2026

MM/DD/YYYY

Assessment Location *

Select

Assessment Type *

Select

Assessment Level *

Select

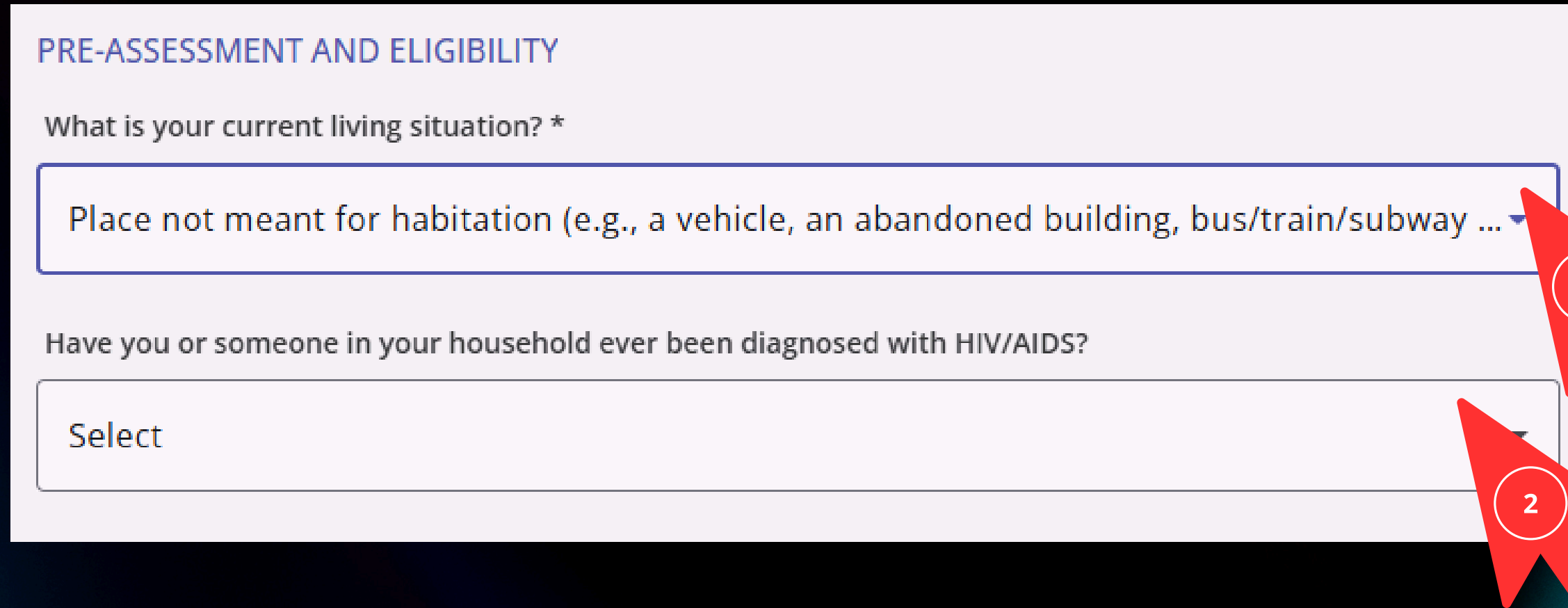
Assessment Version (choose "Version 0.1") *

Select

Once the CE-VAT assessment screen opens, you can follow through the questions. Important NOTES or INSTRUCTIONS for individual questions will appear in **BLUE** to guide you on how best to answer many of them.

1. "Assessment Date" - The date will default to today, but please choose the actual date the client answered the questions.
2. "Assessment Location" - Select the location from the picklist by choosing which agency you represent.
3. Finally, fill in the "Assessment Type" (choose "in-person" in most cases), "Assessment Level" (choose "Housing Needs Assessment"), and "Assessment Version" (choose "Version 0.1").

ASSESSING THE CLIENT'S VULNERABILITY (CE-VAT)



PRE-ASSESSMENT AND ELIGIBILITY

What is your current living situation? *

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway ...

Have you or someone in your household ever been diagnosed with HIV/AIDS?

Select

The image shows a screenshot of a web form titled 'PRE-ASSESSMENT AND ELIGIBILITY'. The first question is 'What is your current living situation? *'. Below it is a dropdown menu with the text 'Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway ...'. A red arrow with a white circle containing the number '1' points to this dropdown. The second question is 'Have you or someone in your household ever been diagnosed with HIV/AIDS?'. Below it is another dropdown menu with the text 'Select'. A red arrow with a white circle containing the number '2' points to this dropdown.

1. Next select the current living situation of the individual. The only options you should select are:
 - “Place not meant for habitation...” (representing unsheltered homelessness).
 - “Emergency shelter...” (staying either at Family Promise or the Rescue Mission).
 - **NOTE: This assessment is only for individuals who are literally homeless as defined by HUD. Any other response will end the assessment.**
2. Also select “Yes” or “No” for the client’s current HIV/AIDS diagnosis status (which could lead to a referral for HOPWA resources).

ASSESSING THE CLIENT'S VULNERABILITY (CE-VAT)

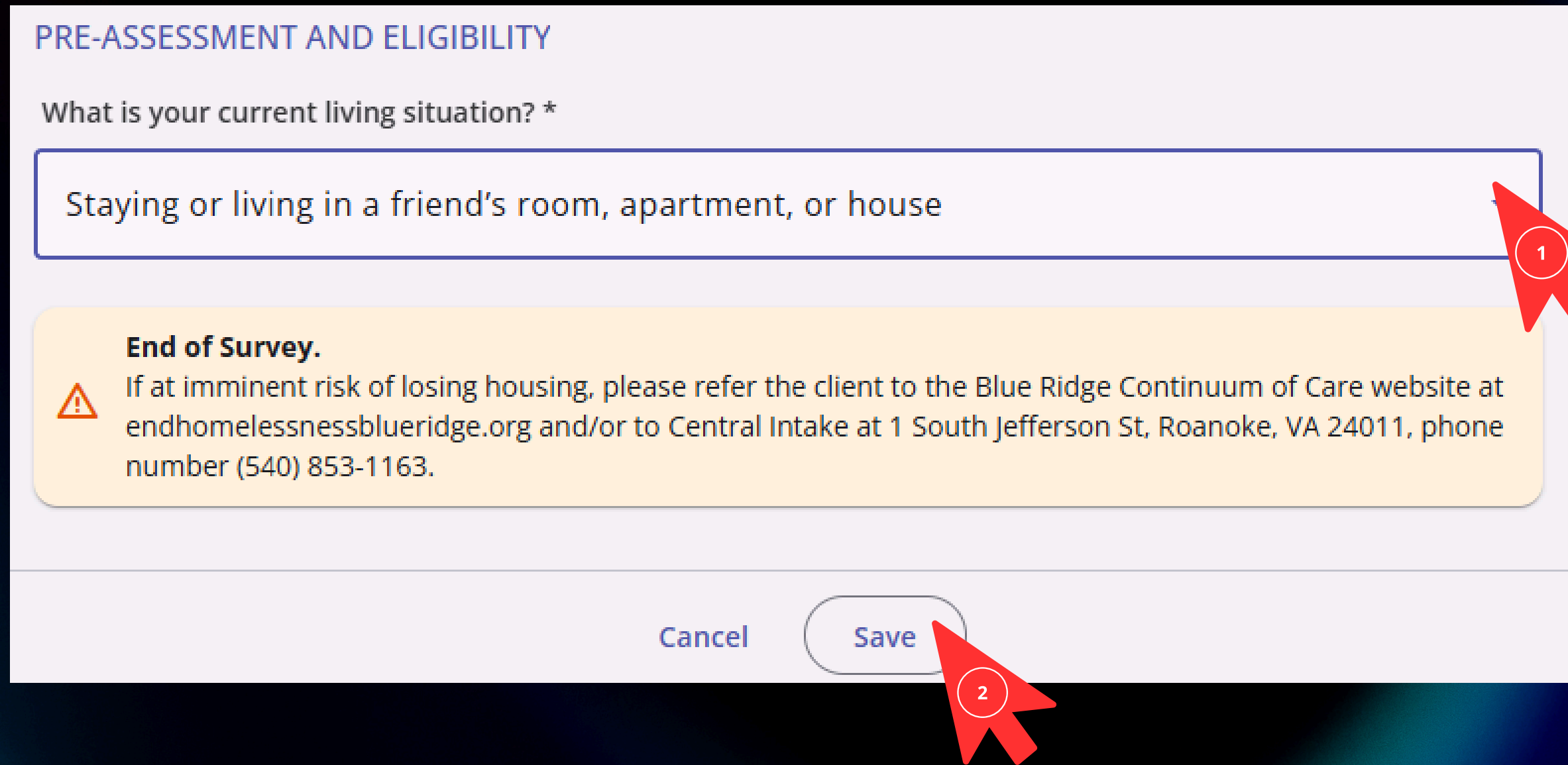
PRE-ASSESSMENT AND ELIGIBILITY

What is your current living situation? *

Staying or living in a friend's room, apartment, or house

End of Survey.
⚠ If at imminent risk of losing housing, please refer the client to the Blue Ridge Continuum of Care website at endhomelessnessblueridge.org and/or to Central Intake at 1 South Jefferson St, Roanoke, VA 24011, phone number (540) 853-1163.

Cancel Save

A screenshot of a web form titled 'PRE-ASSESSMENT AND ELIGIBILITY'. The form asks 'What is your current living situation? *' and has a text input field containing 'Staying or living in a friend's room, apartment, or house'. Below the input field is a yellow warning box with a triangle icon and the text 'End of Survey. If at imminent risk of losing housing, please refer the client to the Blue Ridge Continuum of Care website at endhomelessnessblueridge.org and/or to Central Intake at 1 South Jefferson St, Roanoke, VA 24011, phone number (540) 853-1163.' At the bottom of the form are two buttons: 'Cancel' and 'Save'. A red mouse cursor with a white circle containing the number '1' points to the text input field. Another red mouse cursor with a white circle containing the number '2' points to the 'Save' button.

1. If you choose any other living situation option, the CE-VAT will end and an “End of Survey” message will appear with instructions. Share the provided information with the client.
2. CLICK the “SAVE” button and exit the CE-VAT.

ASSESSING THE CLIENT'S VULNERABILITY (CE-VAT)

ASSESSMENT

SECTION 1: MISCELLANEOUS VULNERABILITY ITEMS

Does your household have at least one child under 18?

Select ▼

Victim of Domestic Violence?

Select ▼

Primary Reason for Homelessness

Select ▼

SECTION 2: HOUSING / HOMELESSNESS

What is the length (in months) of your current episode of literal homelessness (sheltered or unsheltered)?

SECTION 3: EMPLOYMENT / INCOME

Do you or others in your household have a steady income?

Select ▼

NOTE: A disability is defined as a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that substantially impairs the ability to live independently.

Do you or others in your household have a job?

Select ▼

If you choose a homeless situation for living situation option, the rest of the CE-VAT assessment will populate.

1. Assessing staff should pay attention to the **NOTES** that appear attached to certain questions that give additional details about appropriate answers and clear HUD definitions of what is being asked.
2. Additional clarifications will be provided during live trainings.

ASSESSING THE CLIENT'S VULNERABILITY (CE-VAT)

SECTION 6: SEXUAL ORIENTATION / GENDER IDENTITY

Do you identify as LGBTQ?

No

Cancel Save



1. Answer as many of the rest of the questions as you can (Clients may decline to answer anything). When you reach the end of the assessment, CLICK the “SAVE” button and a “Task Summary” box will appear.
2. CLICK “Complete” and you will return to the “Program assessments” history screen.

REFERRING TO THE COMMUNITY QUEUE

Program assessments
Coordinated Entry assessment history for Some Client
Assessment due every year

Search

Name	Created by	Created on	Completed	
  CE-VAT (Coordinated Entry Vulnerability Assessment Tool) V0.1 Coordinated Entry	 Brian Burnette Coordinated Entry Added by Brian Burnette from primary agency System	8/26/26, 10:47 AM Today	 8/26/26 Today	 

1. Once back on the “Program assessments” screen, go to the “CE-VAT” entry in the list of assessments and click on the CE-VAT score button on the right-hand side of the screen to navigate to the “Assessment Score Summary” screen.

REFERRING TO THE COMMUNITY QUEUE



The screenshot displays a web interface for an 'Assessment Score Summary'. The top section, titled 'Assessment Score Summary', contains a 'CE-VAT V01 Score Summary' with a list of categories and their scores: 0 - MISCELLANEOUS VULNERABILITY POINTS, 7 - HOUSING / HOMELESSNESS, 6 - EMPLOYMENT / INCOME, 6 - MENTAL HEALTH / SUBSTANCE USE, 1 - PHYSICAL HEALTH, and 0 - SEXUAL ORIENTATION / GENDER IDENTITY. Below this is a total score of 20 - CE-VAT V01 Pre-Screen Total.

The bottom section, titled 'Community Queue Referrals', includes the instruction 'View a list of the community queue referrals for the client'. It features a search bar, a magnifying glass icon, a filter icon, and a table icon. A red arrow points to a plus icon (+) in the top right corner of this section. A small red circle with the number '1' is also present near the arrow.

No results yet!
Results will be displayed here when they are available.

1. On the “Assessment Score Summary” screen, find the “Community Queue Referrals” box and CLICK the (+) icon to refer the client to the Community Queue.

REFERRING TO THE COMMUNITY QUEUE

Referral: Add to Community Queue
Referral for Some Client

Send to Queue(s)
Primary By-Name List

Referring Agency
Coordinated Entry

Referral Date
08/26/2026 10:56 AM

Note
Enter your note here...

Cancel Save

1. Once you CLICK the (+) button, the “Referral: Add to Community Queue” box will open. Add any notes that you wish for Coordinated Entry staff to have about the client. CLICK “Save” and a “Task Summary” box will appear.
2. CLICK “Complete” and you will return to the “Assessments Score Summary” screen.

The client has now been placed on the Community Queue which will be monitored by Central Intake staff and referrals will be made to appropriate housing programs.

QUESTIONS?



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