



**Missouri Balance of State
Continuum of Care
Collaborative Applicant**

Prioritization List Form for Non-HMIS Providers User Guide

The BoS CoC Prioritization list form for Non-HMIS Providers was designed to integrate information about clients that cannot be entered into HMIS into the HMIS generated Prioritization List. The tabs and columns of the form line up with the HMIS Prioritization List. When using the form, do not add or delete any columns. The form must be updated and distributed any time a client has a change or anytime a client is added or removed.

The Active, Case Conferencing Housing Plan, Housing Referrals, Inactive and Housed tabs of the form contain a row of column headings, and below it is a description of what should be entered into the columns. Some columns have a set of predefined responses, one of which must be selected. These columns have a **grey background** and the list of possible responses is below the column headings in quotation marks. It is important to enter the response exactly as shown in the column description cell. If the information is not entered exactly as shown in the description cell, the client may be incorrectly prioritized when the form is integrated with the HMIS prioritization list.

Some of the Columns on the HMIS Prioritization List are either not used by non-HMIS providers, have predetermined responses, or have built in formulas. These columns have been hidden on the form, but when unhidden appear in yellow shading. The contents of these columns should not be modified.

The *Housing Referrals* tab should only be completed if the client receives a referral to housing.

Column Explanations

Columns that appear on multiple tabs of the report will only be explained in the Active List or Inactive List section of this guide, as applicable.

ACTIVE LIST

- **Client Uid:** Client Unique ID. Each agency utilizing the Non-HMIS Agency Form is responsible for generating a unique identifier for each client they place on the prioritization list. Make sure that the client cannot be identified by this ID, and that you keep track of which ID is for each client.
- **Level of Disclosure:** Level of disclosure selected for the Coordinated Entry ROI. Enter one of the predetermined options.
- **Preferred ID method:** Column hidden by default. Do not modify. Preferred ID method on the Coordinated Entry ROI. Will always be 'Use a CASE Number' for non-HMIS clients.

- CE ROI Expiration date: Date entered for ROI expiration.
- Client Last Name, Client First Name: Should always say N/A for non-HMIS domestic violence providers and for those participants who do not wish to share their name.
- Relationship to HoH: Self
- Days on List: Column hidden by default, do not modify. Column automatically calculates the number of days the client has been on the list, based upon the date placed on list.
- Prioritization List Start Date: The date of the participant's entry into the BoS CES. (This is usually the date you complete the tools with the participant).
- Provider adding client to the PL: the BOS CES Access Point who completed the tools with the participant.
- Intake Staff: Name of the person that completed the BoS CES Intake Assessment.
- **VI Type**: The type of VI-SPDAT assessment completed. Enter one of the predetermined options.
- VI Score: VI SPDAT Score.
- VI Score %: the percentage of the total points possible, depending on VI-SPDAT type, that the client scored. Calculate according to the following formulas:

$$\text{Single (v2.0)/Youth (v1.0)} = (\text{score}/17) \times 100\%$$

$$\text{Family (v2.0)} = (\text{score}/22) \times 100\%$$

- **Chronic**: The client's chronic homelessness status, based upon the data entered at the time the client was placed on the prioritization list. See the [Flowchart of HUD's Definition of Chronic Homelessness](#) for more information on determining a client's chronic status. If the client ages into chronicity while on the prioritization list, the chronic status must be updated manually. A person must be in a "literally homeless" situation for their time to count toward chronic homelessness. If a person has been fleeing/attempting to flee domestic violence and are in a non-literally homeless situation that time does not count toward chronic homeless time but they can be placed on the PL.
- **Prior Living Situation**: client's living situation immediately prior to entry in the CES. This should be either emergency shelter, place not meant for human habitation, transitional housing or fleeing/attempting to flee DV. The 'prior' living situation may be the same as the client's current living situation. If the client is currently living in a Place not Meant for Human Habitation, mark that first. Next, if the client is currently fleeing domestic violence, sexual assault, human trafficking, dating violence, or stalking, record "Fleeing DV" in this column regardless of whether or not the client is staying in any of the other locations that is not on the streets. If the client is not currently fleeing or unsheltered, enter one of the other predetermined options, if applicable. If the client is not in any of the location options and is not currently fleeing DV, they should not be on the active PL.
- Months Homeless at Assessment: The number of months the participant was "literally homeless" per HUD's definition in the past three years. Do not include any months the participant was "couch-surfing" or other non-literally homeless situation even if they were fleeing/attempting to flee domestic violence at that time.

- Cumulative Months Homeless: Column hidden by default - do not modify. Column automatically calculates based upon the date placed on list and the number of months homeless at assessment.
- Current County: County where client was assessed. If client is relocating to MO from another state, select "Outside of MO".
- Current Region: Name the Region 1-10
- **Willing to relocate:** whether or not the client is willing to relocate to a different county. Enter one of the predetermined options. If the client is currently residing in another state and is relocating to MO, select "Yes".
- Relocation County List: a concatenated list of the all counties where the client has stated they would live. If applicable, enter "anywhere INSIDE the BoS CoC" or "anywhere outside the BoS CoC". If the client is relocating to MO, select one of the counties served by the agency working with that client.
- List Number of clients in household: Number of persons in the household, including the client being assessed. E.g. If you are assessing a mother with two children, enter 3 in this column.
- Age: age of the head of household.
- **Gender:** Enter one of the predetermined options.
- **Sex Offender:** Enter one of the predetermined options.
- Current Region: Enter the region # in which the client was assessed. The region should match the current county.
- **Vet Status:** Enter one of the predetermined options.
- **Disability:** Enter one of the predetermined options.
- Return From Inactive: If the client had previously been on the inactive list, enter "Yes." Otherwise leave blank.
- Last Inactive Date: If the client had previously been on the inactive list, enter the date they most recently went inactive.
- Return From Housed: If the client had previously been on the housed list, enter "Yes". Otherwise, leave blank.
- Last PL Removal Date when Housed: If the client had previously been housed, enter the date they most recently were housed. Otherwise leave blank.

CASE CONFERENCEING HOUSING PLAN:

- Complete the questions in the plan and update as needed prior to each case conferencing.

HOUSING REFERRALS:

- Last Housing Referral Date: the date the client was referred to a housing provider.
- Housing Referral Provider: name of the agency who client was referred to for housing.

- Housing Referral Outcome: Chose from one of the predetermined options.
- Complete the question fields when the client has received a referral to a housing provider.

INACTIVE LIST:

- Prioritization List End Date: the date the client was removed from the active list.
- **Exit Destination:** The location the client went to upon being moved to the inactive list. Enter one of the predetermined options.
- Provider removing client from PL: Name of agency removing client from Active List.

HOUSED LIST:

- Housing Achieved Method: Choose from one of the prepopulated options. A client can be considered “Housed through Coordinated Entry” if they were housed using resources provided by BoS CES providers even if they did not receive a housing referral.