



Non-HMIS Training

Version 2

How to Enter a New Client

WI Balance of State CoC

November 2023

ListCE is a Non-HMIS Coordinated Entry List application created to provide users with the ability to enter clients into the system, along with enrollments, assessment, and other pertinent information required to facilitate prioritized reports for projects operating under the Wisconsin Balance of State.

How to Enter New Clients



Your Clients

[Add Client](#)

Hide exited enrollments

Search Clients [Search](#)

External ID	List(s)	Age	Gender	Initial Notes	New Assessment Completed	Date Created	Date Modified
2150	Rock Walworth	25-55	Female		No	Sept. 19, 2022, 12:53 p.m.	Sept. 19, 2022, 12:53 p.m.
IC2022256	Lakeshore	25-55	Female		No	Sept. 19, 2022, 1:22 p.m.	March 17, 2023, 9:54 a.m.
IC2022258	Lakeshore	25-55	Female		No	Sept. 19, 2022, 2:10 p.m.	Oct. 11, 2023, 12:02 p.m.
IC2022266	Lakeshore	25-55	Female		No	Sept. 19, 2022, 2:22 p.m.	March 29, 2023, 8:57 a.m.
IC2022276	Lakeshore	25-55	Female		No	Sept. 19, 2022, 2:32 p.m.	March 10, 2023, 10:32 a.m.
IC2022270	Lakeshore	25-55	Female		No	Sept. 19, 2022, 2:43 p.m.	March 23, 2023, 2:10 p.m.
ES09071990	Brown	25-55	Male	Secured unit without FUP housing voucher assistance per FSW MB.	No	Sept. 19, 2022, 3:50 p.m.	Jan. 13, 2023, 10:49 a.m.
123RW	Lakeshore	25-55	Male		No	Sept. 20, 2022, 10:32 a.m.	Nov. 1, 2022, 12:44 p.m.
IC2022271	Lakeshore	25-55	Female		No	Sept. 20, 2022, 11:09 a.m.	March 10, 2023, 10:34 a.m.
IC2022273	Lakeshore	25-55	Female		No	Sept. 20, 2022, 11:16 a.m.	Nov. 10, 2022, 11:18 a.m.

Clients are unique entities, meant to represent one person/household and one person/household only. They should not be duplicated in the system. Adding a client to your list is a multi-step process, consisting of a client's basic information, their first Enrollment - along with its associated Household & Household Members, Current Living Situation, Domestic Violence, Barriers, and Assessment.

Add a Client

To add a client, click on 'Add Client' and the Client Details page will be on the next screen.

Your Clients

Add Client

Client Details

These are the basic client details that will be reflected across all enrollments. NOTE: Do not put personally identifiable information in the Initial Notes field (no names, no email addresses, no phone numbers, etc.)

Add Client

Client Details

External ID*	Gender*	Race / Ethnicity	D.O.B.	Age*
<input type="text"/>	Data not collected	Data not collected	<input type="text"/>	Data not collected

Do you have a chronic disabling condition?
Data not collected

If yes, how many chronic disabling conditions do you have?
0

Do you have non-chronic medical needs?
Data not collected

Veteran status: have you ever served in the military in any capacity?
Data not collected

Initial notes

200 characters remaining

Do not put personally identifiable information in this field (no names, no email addresses, no phone numbers, etc)

Household Members

Relationship to HoH	Gender*	Disabled	Race / Ethnicity	D.O.B.	Age*
Head of household	Data not collected	No	Data not collected	<input type="text"/>	Data not collected
Relationship to HoH	Gender*	Disabled	Race / Ethnicity	D.O.B.	Age*
Head of household	Data not collected	No	Data not collected	<input type="text"/>	Data not collected
Relationship to HoH	Gender*	Disabled	Race / Ethnicity	D.O.B.	Age*
Head of household	Data not collected	No	Data not collected	<input type="text"/>	Data not collected

Maximum of 7 total members (not including client)

Check here if client is the only member of the household to be housed.

DV / SA / HT DETAILS +

BARRIERS ASSESSMENT +

LIVING SITUATION DETAILS +

ASSESSMENT / ENROLLMENT DETAILS +

Client Details (continued)

Enter the External ID that you create for that particular client. It cannot be the client's name, birthdate, or any other identifiable information.

Below the Initial Notes section, there is a reminder to NOT put any personally identifiable information in the notes field.

Client Details

External ID* <input type="text"/>	Gender* Data not collected	Race / Ethnicity Data not collected	D.O.B. mm/dd/yyyy	Age* Data not collected
Disabling condition* No	Veteran status: have you ever served in the military in any capacity? Data not collected			
If yes, how many chronic disabling conditions do you have? None	Initial notes <div style="border: 1px solid #ccc; height: 150px; width: 100%;"></div>			
Do you have non-chronic medical needs? No	200 characters remaining Do not put personally identifiable information in this field (no names, no email addresses, no phone numbers, etc)			

Examples of Acceptable and Not Acceptable Client IDs

Acceptable Client IDs

- BOS3455 – using an agency's name is OK
- 45984 – random numbers is OK
- JDONWL – random letter is OK
- AIDLES4792834 – random letters & numbers is OK

NOT Acceptable Client IDs

- JohnDoe34532 – this is a name and that's not acceptable
- BOSSmith – even though it starts with an agency name, it ends with a client name and that's not acceptable
- Joe32490 – it starts with a first name, and that's not acceptable
- IDs that have symbols. For example, &^%!@ or **!034 – those are hard to find in the system and the Household ID may not populate correctly. Please stick to using letters and numbers.

Disabling Conditions

- The disabling condition questions play directly into how a client prioritizes. These fields must be filled out and not left blank.
- If the client does not want to answer the question, you can choose 'Client refused.'
- If you did not collect that information from the client, you can choose 'Data Not Collected.'
- If a client says they do not know if they have a disabling condition, please refer to the "CE Homeless Assessment" sheet. That is for your eyes only and it gives examples of what a disability could be. You can then share those examples with the client.

External ID*	Gender*
<input type="text"/>	Data not collected
Disabling condition*	
No	
If yes, how many chronic disabling conditions do you have?	
None	
Do you have non-chronic medical needs?	
No	

Age and Date of Birth (D.O.B.)

- Either the DOB or Age must be filled out in order to prioritize correctly according to the subpopulation.
- If neither of these are filled out, the client will not receive the potential points they could have gotten on their total score. This directly effects where they prioritize on the list.

The screenshot displays a form with the following fields:

- Race / Ethnicity:** A dropdown menu with a downward arrow and the text "Data not collected".
- D.O.B.:** A date input field with a calendar icon and the placeholder text "mm/dd/yyyy".
- Age*:** A dropdown menu with a downward arrow and the text "Data not collected".
- Veteran status: have you ever served in the military in any capacity?:** A dropdown menu with a downward arrow and the text "Data not collected".
- Initial notes:** A text input field with a downward arrow on the left side.

Household Members

Members of a household can be added during the client entry process. No more than 7 members of a household can be added (not including the client.) **If there are no other members to be housed other than the client, check the box labeled “Check here if client is the only member of the household to be housed.”**

Household Members

Check here if client is the only member of the household. Maximum of 7 total members (not including client)

Relationship to HoH*	Gender*	Disabled*	Race / Ethnicity	D.O.B.
Head of household's chi	Data not collected	No	Data not collected	mm/dd/yyyy
Relationship to HoH*	Gender*	Disabled*	Race / Ethnicity	D.O.B.
Head of household's chi	Data not collected	No	Data not collected	mm/dd/yyyy

Household members can be removed prior to form submission by clicking on the ‘x’ button to the right of the row.

Relationship to HoH*	Gender*	Disabled*	Race / Ethnicity	D.O.B.	Age*	<input type="checkbox"/>
Head of household's chi	Data not collected	No	Data not collected	mm/dd/yyyy	Data not collected	<input type="checkbox"/>
Relationship to HoH*	Gender*	Disabled*	Race / Ethnicity	D.O.B.	Age*	<input type="checkbox"/>
Head of household's chi	Data not collected	No	Data not collected	mm/dd/yyyy	Data not collected	<input type="checkbox"/>

DV/SA/HT

(Domestic Violence, Sexual Assault, Human Trafficking)

- Domestic Violence Information is used to calculate the category of homelessness and subsequent eligibility to be served in certain programs. This information is collected from the pre-screen.
- Fill out all appropriate fields
- If a person is fleeing DV, all fields must be filled out.
- If a person is not fleeing DV, the question, “Are you a survivor of domestic violence, sexual assault, and /or human trafficking?” should be answered as “no” and you may leave the other fields blank.

DV / SA / HT DETAILS


Are you a survivor of domestic violence, sexual assault, and /or human trafficking?	Are you currently fleeing domestic violence, sexual assault, and/or human trafficking?
<input type="text" value="No"/>	<input type="text" value="No"/>
If yes, when did the last experience occur?	If yes, what is the approximate date that you began to make plans to look for housing to leave your current abusive situation?
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
	How many times have you left or attempted to leave your abusive situation in the last 3 years?
	<input type="text" value="None"/>

Barriers Assessment

- The Barriers Assessment is used for calculating an additional score for prioritization purposes upon client intake. Only one Barriers is captured for a client. For existing clients, a Barriers can be added on the update client page.
- These are the questions that you will ask the client. They can be done on paper form or directly in Non-HMIS. If done on paper, it must be entered into Non-HMIS within 5 business days.
- It applies to anyone in the household. Questions are asked as “or anyone in your household” meaning, the questions do not apply only to the head of household.

Barriers Assessment

To assess a person's vulnerability and barriers to find permanent housing

BARRIERS ASSESSMENT 

Have you or anyone in your household been impacted by or discriminated against due to racial or ethnic bias?

No

Have you or anyone in your household been impacted by or discriminated against due to gender identity or sexual orientation?

No

How many times have you or anyone in your household been arrested, cited, or been in jail/prison/juvenile detention?

None

Do you or anyone in your household have any past or current financial legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: Rental arrears, Eviction, Past due child support, SSI/SSDI over-payment, etc.)

No

Do you or anyone in your household have any past or current family legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: custody and placement, separation, divorce, paternity)

No

How many times have you or anyone in your household been the victim of a crime in the past year? (Examples: Felony, Assault, Battery, Theft, Sexual Assault, Human Trafficking or Active Restraining Order, etc.)

None

Have you or anyone in your household experienced any form of domestic, sexual violence, and/or trafficking in the past year? (If yes, answer additional questions below)

Yes

Has someone asked (or forced) you or anyone in your household to have sex or sell anything in exchange for something?

No

Is someone threatening to harm you, anyone in your household, or your family if you don't do what they ask?

No

Does this person have access to a weapon?

No

Has this person ever threatened to kill you, anyone in your household, another loved one, pets, or themselves?

No

Has this person ever caused you or anyone in your household bodily harm? (ex: strangulation, head injury, stabbing, sexual assault)

No

Have you or anyone in your household had a consistent source of income for at least the last 6 months?

No

- All fields must be filled out and not left blank, unless the client declines to answer.
- Their score plays into how they prioritize for certain housing programs
- Clients have a right to decline to answer any questions

Current Living Situation

Current Living Situations are used to help prioritize a client. There can be multiple current living situations per enrollment, allowing us to track what is happening with the client within that particular enrollment.

Current Living Situation (continued)

- If a client is in a Cat. 1 living situation, all fields must be filled out. Do not leave them blank.
- If a client is in a Cat. 2 living situation (including a person who is fleeing DV and housed), then only fill out the appropriate fields, and the others can be left blank.

LIVING SITUATION DETAILS

Type of residence

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

Approximate date homelessness started

mm/dd/yyyy 📅

Is client going to have to leave their current living situation within 14 days?

No ▼

Length of stay in current living situation

One night or less ▼

Does individual or family have resources or support networks to obtain other permanent housing?

No ▼

Length of current episode of homelessness in months; cannot exceed 36 months

Has a subsequent residence been identified?

No ▼

Total number of months homeless on the street, in ES, or SH in the past three years

One month (this time is the first month) ▼

Location details

(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


One time ▼

NOTE: “episode” of homelessness refers to the breaks in homelessness.

HUD definition of a break in homelessness is considered to be any period of 7 or more consecutive nights where an individual or family is not living in a place not meant for human habitation or emergency shelter.

(example: if a person was staying in a shelter for 3 weeks, then went to a friend’s house for 14 days, and then went back to the shelter – that is 1 episode because of having a break in homelessness for 7 or more consecutive nights).

LIVING SITUATION DETAILS

Type of residence	Approximate date homelessness started
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway st: ▾	mm/dd/yyyy 
Is client going to have to leave their current living situation within 14 days?	Length of stay in current living situation
No ▾	One night or less ▾
Does individual or family have resources or support networks to obtain other permanent housing?	Length of current episode of homelessness in months; cannot exceed 36 months
No ▾	<input type="text"/>
Has a subsequent residence been identified?	Total number of months homeless on the street, in ES, or SH in the past three years
No ▾	One month (this time is the first month) ▾
Location details	(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
<input type="text"/>	One time ▾

Living Situation Details (continued)

If a person is fleeing DV, and in a Cat. 2 (housed) living situation, the following fields can be left blank:

- Approximate date homelessness started
- Length of current episode of homelessness in months; cannot exceed 36 months
- Total number of months homeless on the street, in ES, or SH in the past three years

LIVING SITUATION DETAILS

Type of residence	Approximate date homelessness started
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere o <input type="text"/>	mm/dd/yyyy <input type="text"/>
Is client going to have to leave their current living situation within 14 days?	Length of stay in current living situation
No <input type="text"/>	One night or less <input type="text"/>
Does individual or family have resources or support networks to obtain other permanent housing?	Length of current episode of homelessness in months; cannot exceed 36 months
No <input type="text"/>	<input type="text"/>
Has a subsequent residence been identified?	Total number of months homeless on the street, in ES, or SH in the past three years
No <input type="text"/>	One month (this time is the first month) <input type="text"/>
Location details	(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
<input type="text"/>	One time <input type="text"/>

Assessment/Enrollment Details

When creating a client, you are also creating their first Enrollment(s). Clients can have multiple enrollments associated with them; this is how entry to multiple list prioritization occurs. DO NOT enter the same client more than once. We have modified the client entry process to allow multiple priority lists to be chosen upon first entry of a client. If the client wishes to be added to an additional priority list after entry, a new enrollment should be completed for that client via the client details page. **DO NOT create an enrollment for a list for which the client already has an active enrollment.**

Assessment / Enrollment Details

Assessment type*	Referring provider*		
<input type="text" value="Phone"/>	<input type="text"/>		
Assessment level*	Referring provider email*		
<input type="text" value="Housing Needs Assessment"/>	<input type="text"/>		
Date assessed	Referring provider contact*		
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>		
<input type="checkbox"/> FUP Eligible?			
I want to be enrolled to the Coordinated Entry Priority List(s) in the following area(s):			
<input type="checkbox"/> Brown	<input type="checkbox"/> Fox Cities	<input type="checkbox"/> Northeast / NWISH	<input type="checkbox"/> Washington
<input type="checkbox"/> CAP	<input type="checkbox"/> Indianhead	<input type="checkbox"/> Northwest	<input type="checkbox"/> Waukesha
<input type="checkbox"/> Central	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Ozaukee	<input type="checkbox"/> West Central
<input type="checkbox"/> Coulee	<input type="checkbox"/> Kenosha	<input type="checkbox"/> Rock Walworth	<input type="checkbox"/> Winnebago/land
<input type="checkbox"/> Dairyland	<input type="checkbox"/> Lakeshore	<input type="checkbox"/> Rural North	
<input type="checkbox"/> East Central	<input type="checkbox"/> North Central	<input type="checkbox"/> Southwest	

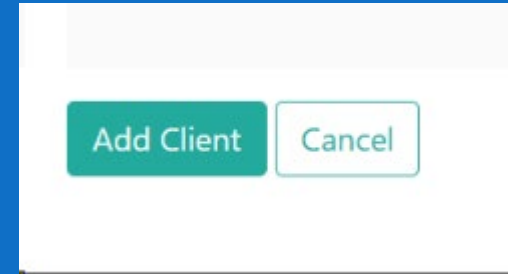
Referring Provider = the name of your agency

Referring Provider Email = your email

Referring Provider Contact = your name

- At least one priority list must be entered.
- Select all coalitions the client is willing to reside in. Keep in mind that we do not provide transportation or guarantee housing.
- Residing in multiple coalitions must be realistic and feasible. The client must (1) have transportation to get there and (2) have somewhere to stay while they are looking for housing.

To save the client's enrollment, click "Add Client" on the bottom.



NOTE:

- If an error pops up and you are unable to add a new client, please send an email to Holly Sieren – holly.sieren@wibos.org - so she can troubleshoot the error. Please provide the Client ID in your email.
- Do not attempt to enter the client again. That will create a duplicate client.

You're all done adding a new client into Non-HMIS!

Requirements to be granted access to the Non-HMIS System

Complete the following trainings:

- ✓ Introduction to Coordinated Entry
- ✓ Coordinated Entry Access Training
- ✓ Pre-screen & Barriers Assessment Training
- ✓ Non-HMIS Training - version 2: How to Enter a New Client
- ✓ Non-HMIS Training – version 2: How to View, Edit & Exit a Client

All trainings can be found on our website: [CE \(wiboscoc.org\)](http://wiboscoc.org)

Thank you for attending this training!

To receive access to the Non-HMIS System, please contact the Coordinated Entry System Specialist, after you have completed the required trainings.

Holly Sieren

holly.sieren@wibos.org

Include the coalition you're in, the agency you work for, and your work phone number.