

Coordinated Access for Adults and Families

ServicePoint Handbook

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Questions? Contact the ServicePoint Helpline at 503.970.4408 or servicepoint@multco.us
<http://multco.us/servicepoint>

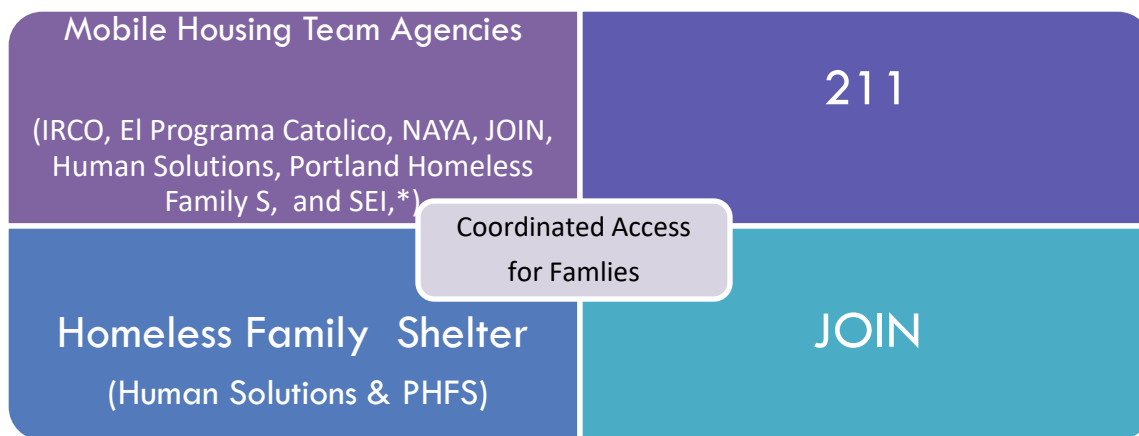
REVISION HISTORY

- May 3, 2017 – Version 0.0: Created and published document.
- May 15, 2017 – Version 1.0: Added instructions along with screen shots for screening assessments and a section on how to remove a referral.

COORDINATED ACCESS PROGRAM MODEL

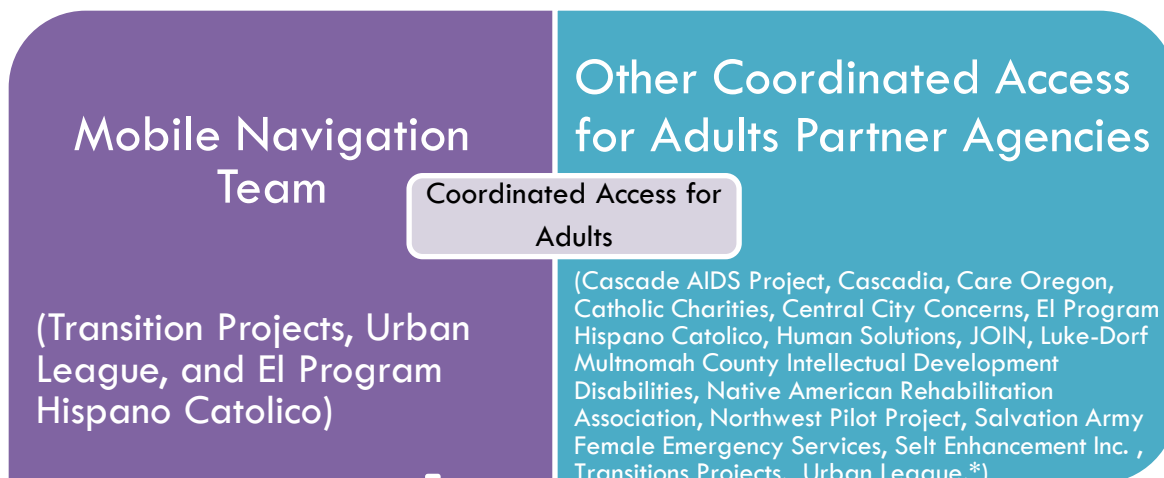
Families

Coordinated Access process works with families (adults with children under the age of 18) to create a single process for receiving homeless family services. Families can get accessed for services by calling 211, talking to shelter personnel or through staff at participating Mobile Housing Team (MHT) Agencies. Families are screened for vulnerability and/or other opportunities. If the homeless family meets program eligibility requirements, they will be contacted by a participating agency (see chart below for agency names). *Note: additional agencies may be added.

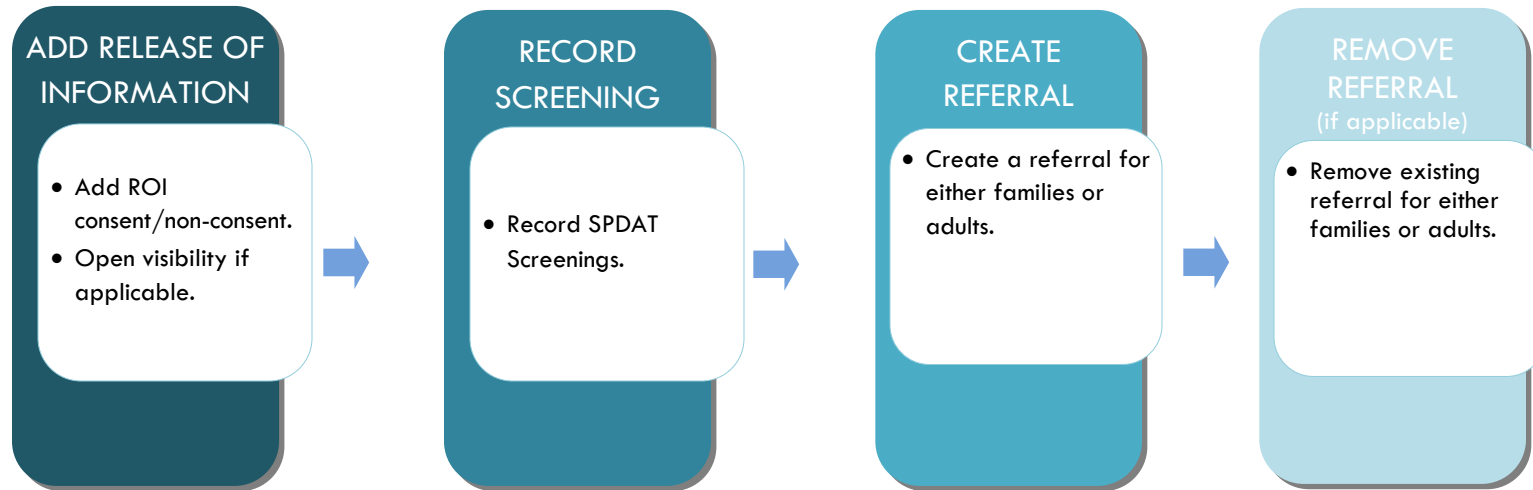


Adults

Coordinated Access for Adults works with unaccompanied adults, adults in couples, and households with adult dependents. Adult households can access an assessment through the Mobile Navigation and Assessment Team or through any of the Partner Agencies that conducts assessments. The assessment screens for vulnerability, eligibility, and client preference for a range of housing resources. Households are prioritized based on vulnerability and length of time homeless. *Note: additional agencies may be added.



DATA MILESTONES – COORDINATED ACCESS FOR FAMILIES AND ADULTS WITHOUT CHILDREN



RELEASE OF INFORMATION (ROI) AND VISIBILITY

Before entering a new client in ServicePoint, always search for the client's name first. If the client has a record, verify the client's demographic information before proceeding. For new clients (not yet in ServicePoint), create a new ServicePoint record, create a household that includes all the family members, and follow the steps below to share their record and record their screenings:

Create the Release Of Information (ROI)

1 Click on the ROI tab in the client's record.

2 Click on the "Add Release of Information" button.

3 Select the appropriate household members (if applicable).

4 Fill in the remaining fields:

- **Provider***: select your agency's name.
- **Release Granted***: Yes or No
- **Start Date***: Date consent was signed.
- **End Date***: Date consent expires.
- **Documentation**: Select the appropriate value from the list.
- **Witness**: type words "Coordinated Access".

5 Click the "Save and Release of Information" button.

RECORDING SCREENINGS

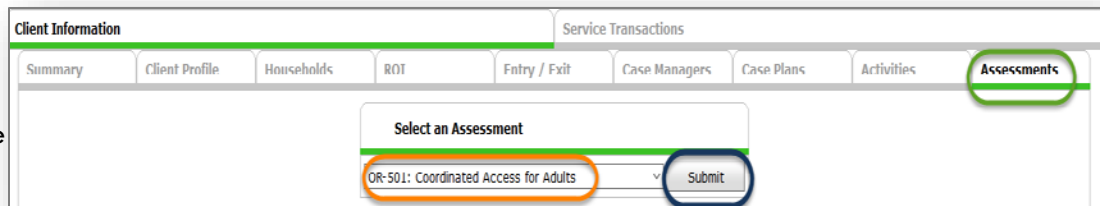
If the client has an existing screening and their referral date is **less than 6 months ago**, existing scores can be updated. If a client's Entry/Exits show that they were housed and already exited the program, treat them like a new call and **add new** screening scores.

Complete the Screening Assessments

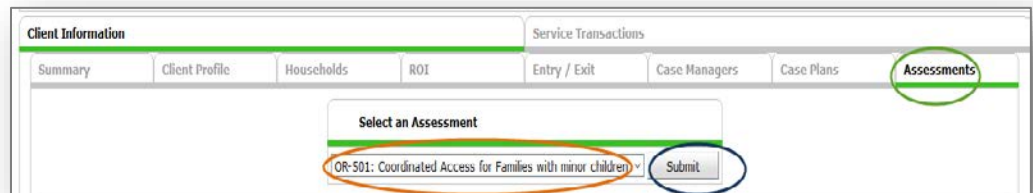
After adding a new client, creating the ROI, and opening visibility to the record complete the Screening Assessments.

❶ Go to the Assessments tab.

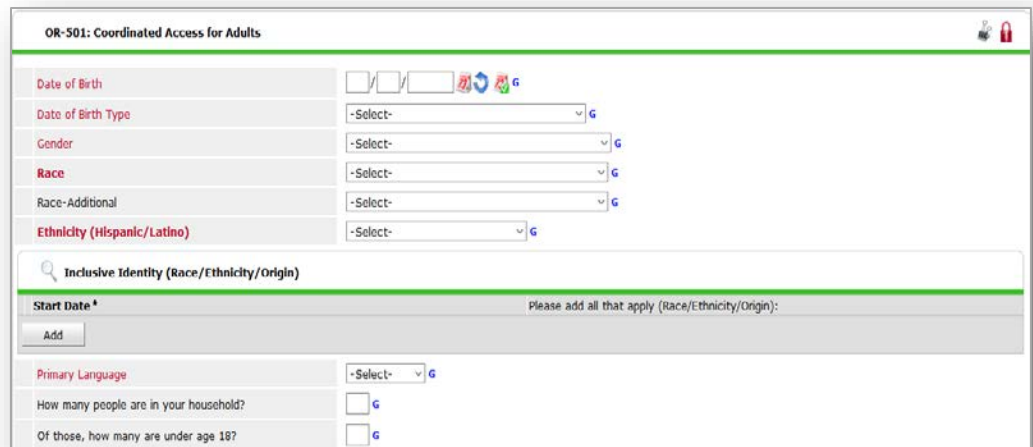
For Adults select OR-501: Coordinated Access for Adults from the list. Then click the 'Submit' button



For Families with minor children select OR-501: Coordinated Access for Families with minor children. Then click the 'Submit' button.



❷ Enter clients demographic information. These questions are the same for both Adults and Families with minor children screenings.



Please read section descriptions to determine if the correct Screening Assessment is being used.

For Adults:

1 Answer questions regarding the person's length of time homeless and disabling condition.

IF NO CHILDREN UNDER THE AGE OF 18 IN THE HOUSEHOLD, CONTINUE. OTHERWISE, REFER TO 211 OR ANOTHER AGENCY THAT CONDUCTS THE FAMILY ASSESSMENT.

Residence Prior to Project Entry G

Length of Stay in Previous Place G

Does the client have a disabling condition? G

IF HAS A DISABLING CONDITION & STAYING IN SHELTER, TRANSITIONAL HOUSING, PLACE NOT MEANT FOR HABITATION OR HAS BEEN IN AN INSTITUTION (HOSPITAL, JAIL, ETC.) FOR LESS THAN 90 DAYS & WAS IN ONE OF THE AFOREMENTIONED LOCATIONS BEFOREHAND, CONTINUE. OTHERWISE, STOP.

VI-SPDAT

Start Date *	GENERAL INFORMATION	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONING	D. WELLNESS	PRE-SCREEN TOTAL	GRAND TOTAL (ADJUSTED FOR v2.0)
<input type="button" value="Add"/>							

2 Click on the Add button to complete the VI-SPDAT Assessment. Answer all of the questions in the assessment.

3 Click on the Calculate button at the bottom of the VI-SPDAT Assessment to see the Pre-Screen and the Grand Totals.

SCORING SUMMARY

GENERAL INFORMATION	0
A. HISTORY OF HOUSING AND HOMELESSNESS	0
B. RISKS	2
C. SOCIALIZATION & DAILY FUNCTIONING	3
D. WELLNESS	1
PRE-SCREEN TOTAL	6
	<input type="button" value="Calculate"/>
	(5-9) Individual is recommended for a Rapid Re-Housing Assessment
GRAND TOTAL (ADJUSTED FOR v2.0)	6
	(4-7) Recommendation: an assessment for Rapid Re-Housing

4 Copy the Pre-Screen Total and click the 'Save' button to return back to the screening questions.

5 Answer the remaining “bonus” questions regarding the person’s vulnerability level.

6 Enter the Pre-Screen Total from the VI-SPDAT Assessment into the ‘Enter VI-SPDAT Prescreen Total (0-20)’ box.

7 Add all the points from the “bonus” questions and enter the total into the ‘Enter Additional Point Total (0-4)’ box.

8 Add the points from the ‘Enter VI-SPDAT Prescreen Total (0-20)’ and the ‘Enter Additional Points Total (0-4)’ together and enter the score into the ‘Total Vulnerability Score’ box.

Do you think culturally specific services might help you overcome housing challenges?	-Select-	G
Have you or an immediate family member ever experienced racial discrimination in housing?	-Select-	G
Pregnant?	-Select-	G
Do you have a permanent disability that limits your mobility?	-Select-	G
Review age, mobility and pregnancy status		
If 50 or older, pregnant and/or has a physical disability that limits mobility, enter one (1)	<input type="checkbox"/>	G
Review client gender		
If self-identifies as “transgender male to female”, “transgender female to male”, or “doesn’t identify as male, female or transgender”, enter one (1)	<input type="checkbox"/>	G
Review if culturally specific services might help overcome challenges		
If culturally specific services might help overcome housing challenges, enter two (2)	<input type="checkbox"/>	G
Enter VI-SPDAT Prescreen Total (0-20)	<input type="checkbox"/>	G
Enter Additional Points Total (0-4)	<input type="checkbox"/>	G
Total Vulnerability Score	<input type="checkbox"/>	G
IF TOTAL VULNERABILITY SCORE IS 10 OR GREATER, CONTINUE. OTHERWISE, STOP.		

***Note: If the score is less than 10 do not continue, scroll down to the bottom of the screen and click the ‘Save’ button.**

9 If the person scored 10 or more continue with the remaining questions.

Do you have a connection with Cascade AIDS Project, Cascadia Behavioral Healthcare, Central City Concern, Human Solutions, JOIN, Luke-Dorf, Native American Rehabilitation Association, Northwest Pilot Project, Outside In, Salvation Army	
or Self Enhancement, Inc., Urban League of Portland, Transition Projects and/or the Veterans Administration?	-Select- G
If yes, which program?	<input type="text"/> G
Would you be interested in cultural specific services for Native Americans?	-Select- G
Would you be interested in cultural specific services for African Americans?	-Select- G
What would you like the focus of care in your housing to be?	-Select- G
If Other, Please specify	<input type="text"/> G

10 Answer the health questions below. Please read the questions carefully, based on the person's answer they may qualify for other services.

Have you ever been diagnosed with a mental health condition?	-Select- <input type="button" value="G"/>
Do you want mental health treatment attached to your housing?	-Select- <input type="button" value="G"/>
<div style="display: flex; justify-content: space-between;"> Health Insurance HUD Verification </div>	
Start Date *	Health Insurance Type
	Covered?
	End Date
<input type="button" value="Add"/>	
Has anyone in your household ever been diagnosed with an intellectual or developmental disability, or think they may have an intellectual or developmental disability?	-Select- <input type="button" value="G"/>
<i>If yes, the person may be eligible for housing and other services from the Multnomah County Developmental Disabilities Services Division. Number to refer: (503) 988-6258</i>	
Is anyone in your household HIV positive?	-Select- <input type="button" value="G"/>
<i>If yes, the person may be eligible for a HIV specific housing and case management program through Cascade AIDS Project (CAP). Number to refer: (503) 223-5907</i>	
Does any of the following apply to you?	-Select- <input type="button" value="G"/>
Do you need an ADA accommodation?	-Select- <input type="button" value="G"/>
If yes, describe in detail	<input type="text"/> <input type="button" value="G"/>

The below sections are important, they are used for recording the person's contact information. This section must be answered in order to locate/contact the person when services become available for them. If the person does not have an address or telephone number you can accept a number for a friend, family, business, or etc.

How would you like to be contacted? Please indicate how, when, where to find you, etc...	<input type="text"/>
Primary Contact Phone	<input type="text"/> <input type="button" value="G"/>
Email Address	<input type="text"/> <input type="button" value="G"/>
OK to leave voicemail?	-Select- <input type="button" value="G"/>
OK to send texts?	-Select- <input type="button" value="G"/>
Other Contacts	<input type="text"/> <input type="button" value="G"/>

The remaining section is for the person who is completing the assessment. Once you are done answering all the questions, click on the 'Save' button.

Assessor Notes: are there any additional details about this person's situation that you think we should have to help in the prioritization or matching process?	<input type="text"/>
Assessor Name and Organization	<input type="text"/> <input type="button" value="G"/>
Assessor Phone and/or Email Address	<input type="text"/> <input type="button" value="G"/>
<input type="button" value="Print Assessment"/>	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

For Families with minor children

Please read the section headers to make sure the correct assessment is being used. This assessment is to be answered on behalf of everyone in the family. When asking the questions please frame the question to say **“You and your family”** (e.g. “Do you or anyone in your family have a disabling condition?”).

1 Answer the questions regarding previous living situation, length of time homeless, and disabling condition.

Residence Prior to Project Entry	-Select-	G
Length of Stay in Previous Place	-Select-	G
Does the client have a disabling condition?	-Select-	G

IF IN MULTNOMAH COUNTY AND STAYING WITH FRIENDS/FAMILY (aka doubled up), STAYING IN SHELTER, TRANSITIONAL HOUSING, PLACE NOT MEANT FOR HABITATION OR HAS BEEN IN AN INSTITUTION (Hospital, Jail, Etc.) FOR LESS THAN 90 DAYS & WAS IN ONE OF THE AFOREMENTIONED LOCATIONS BEFOREHAND, CONTINUE. OTHERWISE, STOP.
REFER TO 211 OR OTHER PROVIDERS IF CURRENTLY IN OWN RENTAL UNIT (Name on Lease) AND NEEDS RENT ASSISTANCE

Note: Do not continue the screening if the person is currently in their own rental. Refer the person to 211 for assistance. If they are not in their own rental, continue the screening.

2 Complete the Pre-Screen General & Family Size, VI-SPDAT, and Family Unit Screenings by clicking on the ‘Add’ button for each.

Pre-Screen General & Family Size

Start Date * SPDAT SCORE

Add

WHEN ASSESSING FOR A FAMILY, FRAME QUESTIONS TO BE - "YOU AND YOUR FAMILY"

VI-SPDAT

Start Date *	GENERAL INFORMATION	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONING	D. WELLNESS	PRE-SCREEN TOTAL	GRAND TOTAL (ADJUSTED FOR v2.0)
Add							

Family Unit

Start Date * SPDAT SCORE

Add

3 For the VI-SPDAT screening only, click on the ‘Calculate’ button at the bottom of the VI-SPDAT to see the Pre-Screen and the Grand Totals.

4 Copy the Pre-Screen Total and click the Save button to return back to the screening questions.

SCORING SUMMARY

GENERAL INFORMATION	0	
A. HISTORY OF HOUSING AND HOMELESSNESS	0	
B. RISKS	2	
C. SOCIALIZATION & DAILY FUNCTIONING	3	
D. WELLNESS	1	
PRE-SCREEN TOTAL	6	<input type="button" value="Calculate"/>
		(5-9) Individual is recommended for a Rapid Re-Housing Assessment
GRAND TOTAL (ADJUSTED FOR v2.0)	6	(4-7) Recommendation: an assessment for Rapid Re-Housing

5 Answer the remaining “bonus” questions regarding the person’s vulnerability level.

6 Enter the Vulnerability SPDAT Scores:

1. Enter the score from the Pre-Screen and General & Family Size assessment into the ‘Enter General Information Total (0-2)’ box.
2. Enter the score from the VI-SPDAT assessment into the ‘Enter VI-SPDAT Prescreen Total (0-20)’ text box.
3. Enter the score from the Family Unit assessment into the ‘Enter Family Unit Total (0-4)’ text box.

Are you caring for a parent or other elder adult in your household?	-Select-	G
Are you in immediate danger?	-Select-	G
Is someone hurting you or your children?	-Select-	G
Abuser Relationship	-Select-	G
Do you have somewhere to go tonight to be safe from this person?	-Select-	G
Do you think culturally specific services might help you overcome housing challenges?	-Select-	G
Have you or an immediate family member ever experienced racial discrimination in housing?	-Select-	G
Review intergenerational		
If caring for older adult or parent in household, enter one (1)	<input type="checkbox"/>	G
Review Domestic Violence		
If identifies abuser relationship for domestic violence questions, enter one (1)	<input type="checkbox"/>	G
Review if culturally specific services might help overcome challenges		
If culturally specific services might help overcome housing challenges, enter two (2)	<input type="checkbox"/>	G
Enter General Information Total (0-2)	<input type="checkbox"/>	G
Enter VI-SPDAT Prescreen Total (0-20)	<input type="checkbox"/>	G
Enter Family Unit Total (0-4)	<input type="checkbox"/>	G
Enter Additional Points Total (0-4)	<input type="checkbox"/>	G
Total Vulnerability Score	<input type="checkbox"/>	G
IF TOTAL VULNERABILITY SCORE IS 6 OR GREATER, CONTINUE. OTHERWISE, STOP.		

4. Calculate the scores from the additional “bonus” questions and enter the total to the ‘Enter Additional Points Total (0-4)’ text box.

7 Add all the SPDAT scores together and enter the total into the ‘Total Vulnerability Score’ text box. If the total score is less than six DO NOT CONTINUE. Scroll down to the bottom of the screen and click the ‘Save’ button. If the score is 6 or more, continue the screening.

8 Answer the questions regarding income. Click on the HUD Verification link to select the appropriate Income Types.

Household Income (Monthly) G

Monthly Income HUD Verification

Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date
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Add View Gross Income

Hint: Select No for “Select the Receiving Income Source? value for all incomplete Source of Income records” to prefill all of the Income Types and then choose Yes for the appropriate type.

HUD Verification: Monthly Income for 05/16/2017

Per Source of Income, the current records for Monthly Income as of 05/16/2017 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records

No
 Data Not Collected
 Incomplete

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Assistance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

9 Answer the questions regarding the person's health. Please read the questions carefully, based on the person's answer they may qualify for other services. Click on the HUD Verification link to select the appropriate Health Insurance Types.

Health Insurance
HUD Verification

Start Date*	Health Insurance Type	Covered?	End Date
Add			

Has anyone in your household ever been diagnosed with an intellectual or developmental disability, or think they may have an intellectual or developmental disability? -Select-

If yes, the person may be eligible for housing and other services from the Multnomah County Developmental Disabilities Services Division. Number to refer: (503) 988-6258

Is anyone in your household HIV positive? -Select-

If yes, the person may be eligible for a HIV specific housing and case management program through Cascade AIDS Project (CAP). Number to refer: (503) 223-5907

Hint: Select No for "Select the Covered? value for all incomplete Health Insurance Type records" to prefill all of the Insurance Types and then choose Yes for the appropriate type.

HUD Verification: Health Insurance for 05/16/2017

Per Health Insurance Type, the current records for Health Insurance as of 05/16/2017 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 05/16/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

Yes
 No
 Data Not Collected
 Incomplete

Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
MEDICAID	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Children's Health Insurance Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran's Administration (VA) Medical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer - Provided Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance obtained through COBRA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Pay Health Insurance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Health Insurance for Adults	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Services Program	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 Answer the remaining questions.

Does any of the following apply to you? -Select-

Do you have any pets? -Select-

What other agencies are you or your family working with?

Do you have any time-sensitive housing resources, such as Section 8, a DV grant or anything else like that?

Do you have a landlord or property manager willing to work with you?

Do you have a permanent disability that limits your mobility? -Select-

Does client want shelter? -Select-

The below sections are important, they are used for recording the person's contact information. This section must be answered in order to locate/contact the person when services become available for them. If the person does not have an address or telephone number, you can accept a number for a friend, family, business, or etc.

How would you like to be contacted? Please indicate how, when, where to find you, etc...	<input type="text"/>
Primary Contact Phone	<input type="text"/>
Email Address	<input type="text"/>
OK to leave voicemail?	<input type="text" value="-Select-"/>
OK to send texts?	<input type="text" value="-Select-"/>
Other Contacts	<input type="text"/>

The remaining section is for the person who is completing the assessment. Once you are done answering all the questions, click on the 'Save' button.

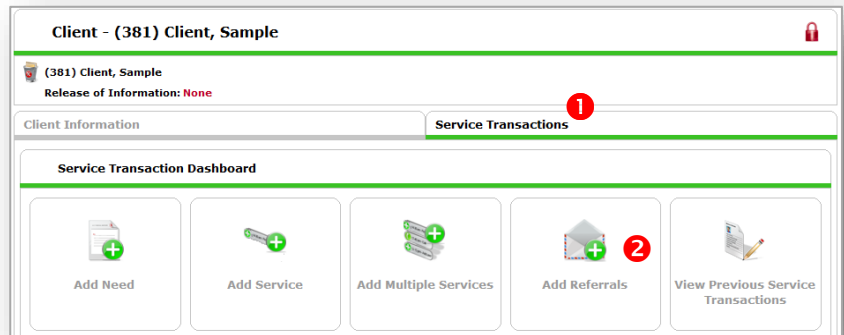
Assessor Notes: are there any additional details about this person's situation that you think we should have to help in the prioritization or matching process?	<input type="text"/>
Assessor Name and Organization	<input type="text"/>
Assessor Phone and/or Email Address	<input type="text"/>
<input type="button" value="Print Assessment"/>	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

CREATE REFERRAL

If the client qualifies, add a referral to the provider **OR-501: Coordinated Access for Adults** or **OR-501: Coordinated Families with minor children**

1 Click on the Service Transactions tab inside the client profile.

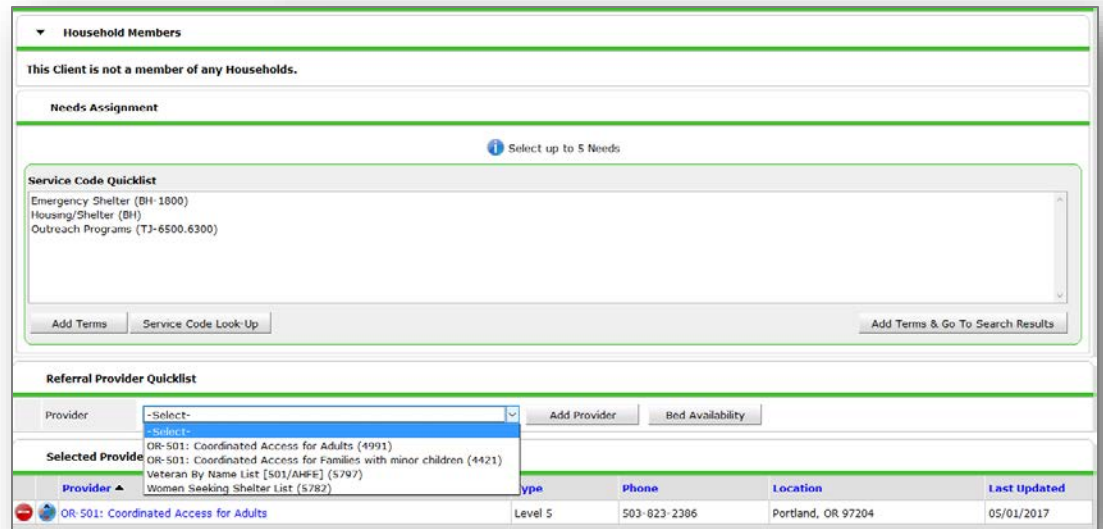
2 Click 'Add Referrals' box.



3 Click on the Service Code 'Outreach Programs'

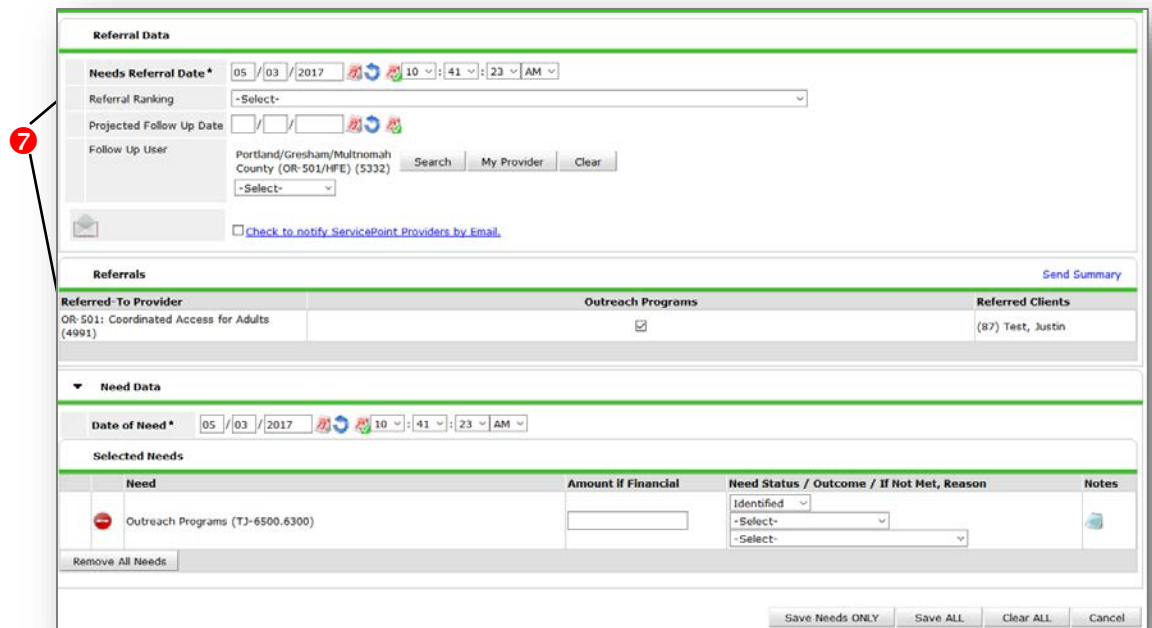
4 Click the 'Add Terms' button.

5 Set Provider to 'OR-501: Coordinated Families with minor children' or 'OR-501: Coordinated Access for Adults'



6 Click the 'Add Provider' button

7 Needs Referral Date* and Date of Need* is the date Screenings were completed.



8 Click the 'Save All' button.

REMOVE REFERRAL

When a family cannot be reached or if a family confirms that they are no longer homeless, the family should be removed from the queue by cancelling the referral. **When an adult or family is referred to services, the referral should be removed using the steps below.**

1 Click on the Service Transactions tab inside the client record.

2 Click 'Entire Service History'

3 Click the pencil to edit the referral to **OR-501: Coordinated Families with minor children** or **OR-501: Coordinated Access for Adults**

Transaction type	Date	Provider	Type	Need Status / Outcome	Need Goal
Need	05/15/2017	Portland/Gresham/Multnomah County (OR-501/HFE)	Outreach Programs	Identified	
Referral	05/15/2017	OR-501: Coordinated Access for Families with minor children	Outreach Programs		
Need	05/15/2017	Portland/Gresham/Multnomah County (OR-501/HFE)	Outreach Programs	Identified	
Referral	05/15/2017	OR-501: Coordinated Access for Adults	Outreach Programs		

4 Set Referral Outcome to 'Canceled'

5 Record the reason for canceling the referral

6 Change the Need Status to 'Closed'.

7 Click the 'Save & Exit' button.

Referral Data

Referred-To Provider: OR-501: Coordinated Access for Adults (4991)

Needs Referral Date: 05/15/2017 9:57 AM

Referral Ranking: -Select-

Referral Outcome: Canceled

If Canceled or Declined, Reason: Client did not return contact within allotted time

Follow Up Information

Projected Follow Up Date: []/[]/[]

Follow Up User: Portland/Gresham/Multnomah County (OR-501/HFE) (5332)

Follow Up Made: -Select-

Completed Follow Up Date: []/[]/[]

Need Status and Outcome

Need Status: Closed

Outcome of Need: -Select-

If Need is Not Met, Reason: -Select-

Service Information

Provide Service: []

A Service has not yet been provided for this Referral.

A successfully canceled referral looks like this:

Need Date	Referred Date	Referred To	Referral Outcome	Need Type	Need Status	Need Outcome
07/05/2015	10/05/2015	HFSC Coordinated Intake	Canceled	Outreach Programs	Closed	