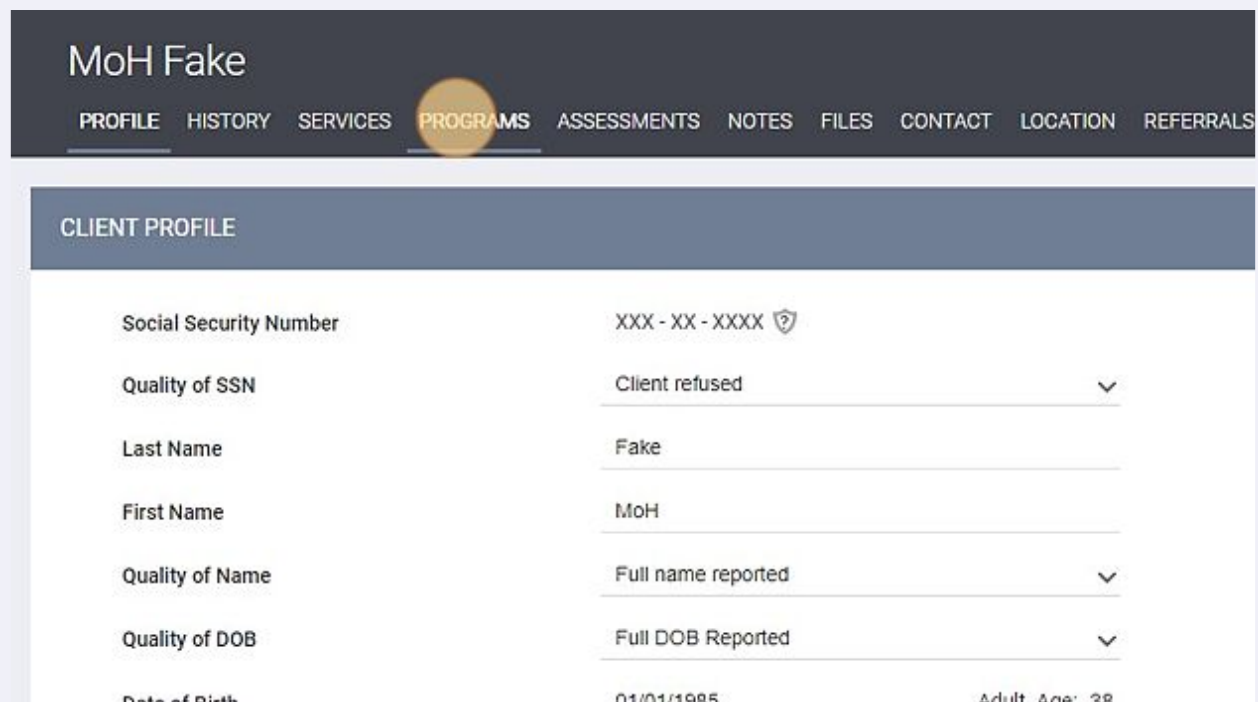






4. Clarity Human Services Scribe⁼⁼

- Enroll Client in Program

1 Click "PROGRAMS"



The screenshot shows a web application interface for a client named 'MoH Fake'. The top navigation bar includes tabs for PROFILE, HISTORY, SERVICES, PROGRAMS (highlighted with a yellow circle), ASSESSMENTS, NOTES, FILES, CONTACT, LOCATION, and REFERRALS. Below the navigation bar is a 'CLIENT PROFILE' section containing a form with the following fields:

Field	Value
Social Security Number	XXX - XX - XXXX 
Quality of SSN	Client refused 
Last Name	Fake
First Name	MoH
Quality of Name	Full name reported 
Quality of DOB	Full DOB Reported 
Date of Birth	01/01/1985

At the bottom right of the form, it says 'Adult Age: 38'.

2 Click here.

The screenshot shows the MoH Fake dashboard. The top navigation bar includes links for PROFILE, HISTORY, SERVICES, PROGRAMS (selected), ASSESSMENTS, NOTES, FILES, CONTACT, LOCATION, and REFERRALS. The right side of the dashboard shows a user profile for Jen Flynn and a 'Care Team' section. The main content area displays a list of programs under the heading 'PROGRAMS AVAILABLE'. The first program, 'COC Standard Template Test', has an orange circle highlighting an 'ENROLL' button. Other programs in the list include 'Community of Origin Update', 'FDT Template Test - Conversation as Assessment', 'FDT Template Test - Conversation as Enrollment', 'HOPWA Template Test', 'Minimum Template Test', 'PATH Template Test', 'RHY Template Test', 'Shared Program - Service Provider - Services Reporting Test', and 'Update Origin no geo test'.

3 Click this button.

This is a close-up view of the 'ENROLL' button for the 'COC Standard Template Test' program. The button is orange and rectangular, with the word 'ENROLL' in white capital letters. It is positioned to the right of the program name in the list.

4 Complete Enrollment Questions

Program Date

02/08/2023



COMPLETE HOUSING MOVE-IN DATE WHEN CLIENT MOVES INTO A PERMANENT HOUSING UNIT

Housing Move-In Date

__/__/__



PRIOR LIVING SITUATION

Type of Residence

Select



Length of Stay in Prior Living Situation

Select



COMMUNITY OF ORIGIN

WHICH CITY, TOWN OR NEIGHBORHOOD WERE YOU LIVING WHEN YOU LAST HAD A REGULAR NIGHTLY PLACE TO STAY? THIS MAY AT LEAST THE CITY FIELD

Address 1

Address 2

5 Complete Enrollment Questions

COMPLETE HOUSING MOVE-IN DATE WHEN CLIENT MOVES INTO A PERMANENT HOUSING UNIT

Housing Move-In Date

__/__/__



PRIOR LIVING SITUATION

Type of Residence

Emergency shelter, including hotel or motel paid for with emergency shelter



Length of Stay in Prior Living Situation

Select



Approximate Date Homelessness Started

__/__/__



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

One night or Less
Two to six nights
One week or more, but less than one month
One month or more, but less than 90 days
90 days or more, but less than one year
One year or longer

COMMUNITY OF ORIGIN

6 Complete Enrollment Questions

Zip Code	02210
How long has it been since you stayed in that community?	More than 1 year ago
Were you homeless before that housing situation?	No
Do you currently have a job?	No
DISABLING CONDITIONS AND BARRIERS	
Disabling Condition	Select
Physical Disability	Select
Developmental Disability	Select
Chronic Health Condition	Select
HIV - AIDS	Select
Mental Health Disorder	Select

7 Complete Enrollment Questions

How long has it been since you stayed in that community?	More than 1 year ago
Were you homeless before that housing situation?	No
Do you currently have a job?	No
DISABLING CONDITIONS AND BARRIERS	
Disabling Condition	Yes
Physical Disability	No
Developmental Disability	No
Chronic Health Condition	Yes Long Term No
HIV - AIDS	Select
Mental Health Disorder	Select
Substance Use Disorder	Select

8

Complete Enrollment Questions

Domestic Violence Victim/Survivor	No	▼
MONTHLY INCOME AND SOURCES		
Income from Any Source	Yes	
Earned Income	<input type="checkbox"/>	
Unemployment Insurance	<input type="checkbox"/>	
Supplemental Security Income (SSI)	<input type="checkbox"/>	
Social Security Disability Insurance (SSDI)	<input checked="" type="checkbox"/>	
VA Service-Connected Disability Compensation	<input type="checkbox"/>	
VA Non-Service Connected Disability Pension	<input type="checkbox"/>	
Private Disability Insurance	<input type="checkbox"/>	
Worker's Compensation	<input type="checkbox"/>	
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	

9

Complete Enrollment Questions

Domestic Violence Victim/Survivor	No	▼
MONTHLY INCOME AND SOURCES		
Income from Any Source	Yes	▼
Earned Income	<input type="checkbox"/>	
Unemployment Insurance	<input type="checkbox"/>	
Supplemental Security Income (SSI)	<input type="checkbox"/>	
Social Security Disability Insurance (SSDI)	<input checked="" type="checkbox"/>	Amount <input type="text"/>
VA Service-Connected Disability Compensation	<input type="checkbox"/>	
VA Non-Service Connected Disability Pension	<input type="checkbox"/>	
Private Disability Insurance	<input type="checkbox"/>	
Worker's Compensation	<input type="checkbox"/>	
Temporary Assistance for Needy Families	<input type="checkbox"/>	

10 Complete Enrollment Questions

TANF Transportation Services	<input type="checkbox"/>
Other TANF-Funded Services	<input type="checkbox"/>
Other Non-Cash Benefit	<input type="checkbox"/>
HEALTH INSURANCE	
Covered by Health Insurance	Yes
MEDICAID	<input checked="" type="radio"/>
MEDICARE	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>
Veteran's Administration (VA) Medical Services	<input type="checkbox"/>
Employer-Provided Health Insurance	<input type="checkbox"/>
Health Insurance Obtained Through COBRA	<input type="checkbox"/>

11 Click "SAVE & CLOSE"

They have support from others problems.	Data not collected	▼
They have a tendency to hard times.	Data not collected	▼
of feeling nervous, tense, d, or afraid.	Data not collected	▼
4 STATUS		
atus	Data not collected	▼

SAVE & CLOSE

CANCEL