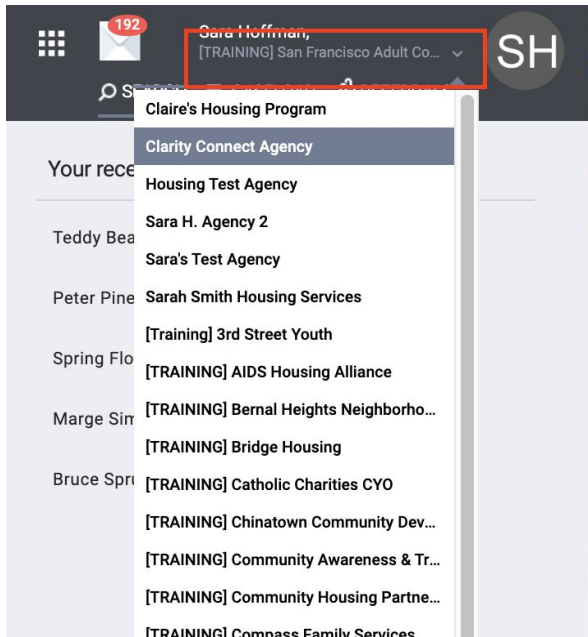


## Completing a Coordinated Entry Program Enrollment

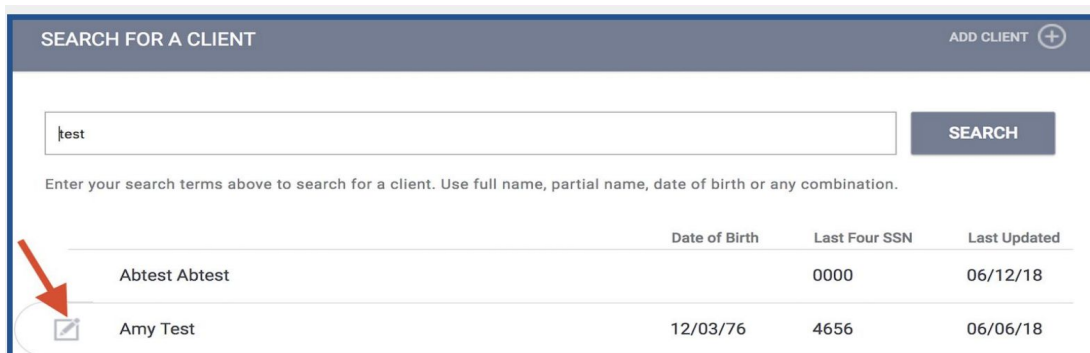
This document outlines how to complete the Coordinated Entry Program Enrollment.

**Step 1:** Make sure you are logged in under the San Francisco Adult Coordinated Entry Agency. If not, click the drop down under your name to switch agencies.



**Step 2:** Search for the client in the search box. Search can be conducted by entering a partial first name, partial last name, Date of Birth, or Social Security Number.

**Step 3:** Click edit to the left of the person's name to open their client record.



**Step 4:** Click the "Programs" tab. Select the the down arrow next the the Access Point where the client is engaging.

# Completing a Coordinated Entry Program Enrollment

PROFILE HISTORY SERVICES **PROGRAMS** NOTES FILES CONTACT LOCATION REFERRALS ASSESSMENTS

PROGRAM HISTORY

There are no results to display

PROGRAMS: AVAILABLE

Select the drop down next to the program that corresponds to the access point where you work

ECS: Bayview Access Point	▼
ECS: Mobile Access Point	▼
ECS: SOMA Access Point	▼
Housing Stabilization	▼
Problem Solving	▼
SFHOT Access Point	▼

Managed with Clarity Human Services Recover deleted data

## Step 5: Click "Enroll".

PROGRAMS: AVAILABLE

ECS: Bayview Access Point

Active Clients

2 CLIENTS

0 % Families  
100 % Individuals

Funding Source: N/A

Service Categories:  Housing Search and Placement  Other  RETIRED (Outreach Contact)

Availability: Limited Availability

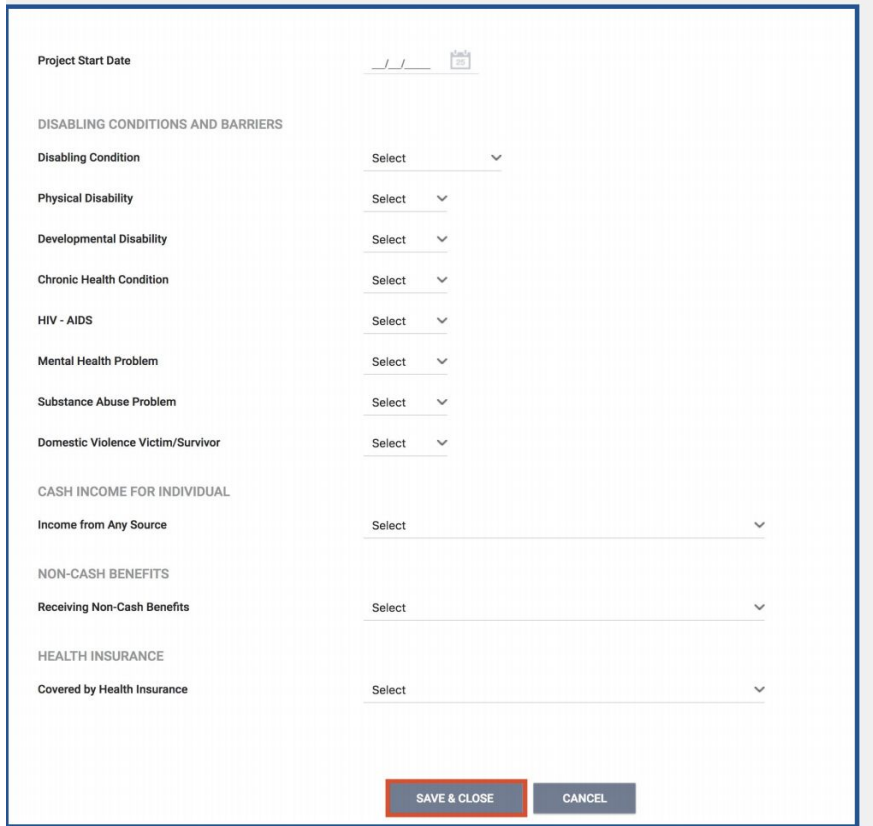
PROGRAM AVAILABILITY:

Available openings: 0

PRINT DIRECTIONS DOC REQUIREMENTS **ENROLL**

## Completing a Coordinated Entry Program Enrollment

**Step 6:** Complete all fields in the enrollment form. *Note: The Project Start Date is the date that the client visits and engages the Access Point.* Once all the fields are completed, click “Save and Close”.



The screenshot shows a web-based enrollment form with the following sections and fields:

- Project Start Date:** A date selection field with a calendar icon.
- DISABLING CONDITIONS AND BARRIERS:**
  - Disabling Condition:** Select
  - Physical Disability:** Select
  - Developmental Disability:** Select
  - Chronic Health Condition:** Select
  - HIV - AIDS:** Select
  - Mental Health Problem:** Select
  - Substance Abuse Problem:** Select
  - Domestic Violence Victim/Survivor:** Select
- CASH INCOME FOR INDIVIDUAL:**
  - Income from Any Source:** Select
- NON-CASH BENEFITS:**
  - Receiving Non-Cash Benefits:** Select
- HEALTH INSURANCE:**
  - Covered by Health Insurance:** Select

At the bottom of the form, there are two buttons: **SAVE & CLOSE** (highlighted with a red border) and **CANCEL**.