

Homelessness Prevention Call Center Call Point Script/Workflow

Scripts highlighted in GREEN


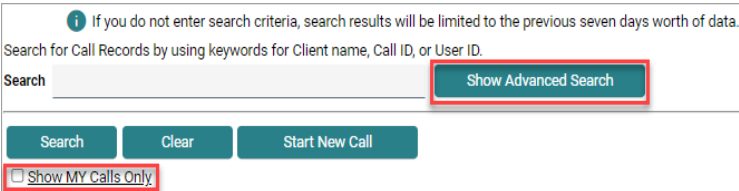
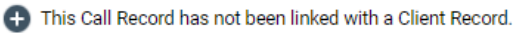
Updated October 2025

Data Elements (Process)

Definition

- [Step 1: Starting a Call](#)
- [Step 2: Release of Information & Record Locking](#)
- [Step 3: Completing HPCC Call Assessment](#)
 - [Client Contact Information](#)
 - [Reason for Call](#)
 - [Client Demographics](#)
 - [Income and Expenses](#)
 - [Need Assessment](#)
 - [Referrals for Call](#)
- [Step 4: Completing Type of Call Questions](#)
- [Step 5: Entry/Exit Enrollment](#)
- [Step 6: Referral to Homelessness Prevention Project](#)

Step 1: Starting a Call

<p>Navigating to the “Calls” module</p> 	<p>The call module can be found in the navigation panel on the left side of the Home Page Dashboard</p>
<p>Preparing to start a Call.</p> 	<p>Uncheck “Show My Calls Only” and click on Show Advanced Search</p>
<p>Click on “Start New Call” – Must press for every call.</p>	<p>"Hello, my name is <first name>, with the Homelessness Prevention Call Center at 211 Metro. What is your name?"</p>
<p>Click on the plus sign next to “This Call Record has not been linked with a Client Record.”</p> 	<p>Ensures link to Client records and provides enhanced Search screen. Calls must be linked to a new or existing Client record</p>
<p>Search for client record</p>	<p>Limit search to no more than the first three letters of first name and first three letters of last name. Click on 'Search'. While searching, ask, "Have you called our service in the past?" If the answer is no, or the record is not found, read Part 1 of the Client Consent Form. If the caller does</p>

Updated October 2025

Homelessness Prevention Call Center Call Point Script/Workflow

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Data Elements (Process)

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Sex question must be completed at the time of client creation or by editing the client record for existing clients. **Required Question**

If the Client Record is not found

Name	First	Middle	Last	Suffix
Name Data Quality	-Select-			Date of Birth
Alias				DOB Data Quality
Social Security Number				-Select-
Social Security Number Data Quality	-Select-			
U.S. Military Veteran?	-Select-			
Race and Ethnicity	American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina/o Middle Eastern or North African Native Hawaiian or Pacific Islander White Client doesn't know Client prefers not to answer Data not collected			
Sex	-Select-			
Exact Match	<input type="checkbox"/>			

Clear All

New Record

When creating a new client record for a client who does not have an existing HMIS record, you will need to complete the Sex question at this time. Once completed, you can continue by clicking **Adding New Client With This Information**

Existing Record

If the client already has an HMIS ID, you need to complete the Sex question in the Call Module after selecting the client ID. Once on the Call screen, you can **click on the pencil** next to the clients ID number and name to edit the **Client Record**

"I need to ask a question about your sex assigned at birth, which means the sex listed on your birth certificate. The options are male or female. What sex were you assigned at birth?"

Staff Note (do not read aloud):
If the client says they don't know or prefers not to disclose, please select "Client doesn't know" or "Client prefers not to answer" in the system.

If the Client Record is found

Client Record

Editing the Client Record Information could affect the Unique ID and the Client Search.

Name	First	Middle	Last	Suffix
Name Data Quality	Full Name Reported			
Alias				
Social Security				
SSN Data Quality	Approximate or partial SSN reported (HUD)			
U.S. Military Veteran?	-Select-			
Sex	-Select-			

Save Cancel

Homelessness Prevention Call Center Call Point Script/Workflow

Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Step 2: Release of Information & Record Locking

All clients must have two Releases of Information entries completed.

(59) Parker, peter

Alias: -Not Set- Social Security Number: -Not Set- SSN Data Quality: -Not Set-
U.S. Military Veteran?: -Not Set- Release of Information: **None**

Age: Unknown Call Status * -Select-

Add Referral Save Save & End Call Cancel Call

Current Call Previous Calls (4) **Client Information** Service Transactions Follow Up

Caller Profile Households **ROI** Entry/Exit Case Managers Assessments

Release of Information

Provider	Permission	Start Date	End Date
Add Release of Information No matches.			

This can be done via the Client Information Tab followed by clicking on the tab ROI. You will need to create two separate ROIs in HMIS to document the client's data-sharing preferences.

1. Consent for Data Sharing (A, B or C)
2. Supplemental Client Consent for Sharing of Certain Disability Data and Health Information

To begin entering 1 of the 2 ROI. Click on Add Release of Information

Release of Information Data

Provider * HPCC (644) Search My Provider Clear

Release Granted * Yes

Start Date * 05 / 14 / 2024

End Date * / /

Documentation A - Share 1 with Collaborative and 1 and 2 with agencies overseeing housing and service matching

Witness HPCC Staff Name

Save Release of Information Cancel

Documentation	Release Granted
A. Share 1 with Collaborative and 1 and 2 with agencies overseeing housing and service matching.	"Yes"
B. Share 1 and 2 as a locked file (Data only shared with agencies overseeing matching and housing)	
C. Does not agree to share any information (Data not shared with any agencies)	"No"

Next, you will need to add another ROI (Supplemental Client Consent)

Standard Consent: This information will be shared through HMIS and with members of the Collaborative.

- Personal Identifying Information (Name, Social Security Number, Date of Birth, Gender, Veteran Status, photo)
- Personal identifying information about your dependents (if applicable) (Note: Anyone 18 years of age or older must sign a separate consent form.)
- Enrollment information (may include your past enrollment information)
- Recipient Identification Number (if you do not know the number, we will try to look it up)
- Contact information

Provider: Your agency should be automatically displayed.

Homelessness Prevention Call Center Call Point Script/Workflow







Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Release of Information Data

Provider *	HPCC (644)	<button>Search</button> <button>My Provider</button> <button>Clear</button>
Release Granted *	Yes	
Start Date *	05 / 14 / 2024	  
End Date *		  
Documentation	Supplemental - Agrees to share disability information	
Witness	HPCC Staff Name	

Save Release of Information Cancel

Documentation	Release Granted
Supplemental - Agrees to share disability information	"Yes"
Supplemental - Does not agree to share disability information	"No"
Supplemental - Client does not experience listed	"Yes"

Release Granted: This is dependent on the Documentation.

Start Date: The day the client signs the form.

End Date: Take the Start Date and add three (3) years. Though the consent form does not have an expiration date, this is required.







Witness: Staff Name

Once all fields are filled, click **Save Release of Information**.

If the caller selects option C in the standard ROI, then no client data should be recorded in HMIS. Please proceed to completing [Step 4 - Completing Type of Call Questions](#).

Caller Profile Households **ROI** Entry/Exit Case Managers Assessments


Release of Information

	Provider	Permission	Start Date	End Date	
 	HPCC	Yes	05/14/2024	05/14/2029	
 	HPCC	Yes	05/14/2024	05/14/2029	

Add Release of Information Showing 1-2 of 2



Once completed you should see two ROI entries added

If the caller is experiencing domestic violence or selects option B in the standard ROI or Supplemental - Does not agree to share, then you are required to lock that client's file.

 (497161) Parker, Peter

Alias: -Not Set- Social Security Number: -Not Set- SSN Data Quality: -Not Set- U.S. Military Veteran?: No (HUD) Release of Information: None

Visibility Groups Deny Groups

	Group ID	Group Name	Group Type	Last Updated
 	0	Global	Public	01/07/2024

Add Visibility Group Showing 1-1 of 1




Click on the Lock in the client detail box. If the record should be locked, click on the Red Minus next to the Global visibility name. The lock should then turn RED.

Step 3: Completing HPCC Call Assessment

After completing the Release of Information, navigate back to the Current Call tab to begin completing the HPCC Call Assessment.

Current Call	Previous Calls (3)	Client Information
Caller Profile	ROI	

Client Contact Information

Client Contact Information	
Start Date *	<input type="text"/> / <input type="text"/> / <input type="text"/>   
Client Information	
Client's Phone Number:	<input type="text"/>
Client's Email address:	<input type="text"/>
Mailing address:	<input type="text"/>
City:	<input type="text"/>
State:	-Select- ▼
Zip code (5 digits):	<input type="text"/>
Alternative Contact Information	
Is there a family member or friend we can contact if you get matched to housing and we can't reach you?	-Select- ▼
Alternative Contact Name:	<input type="text"/>
Alternative Contact Relationship:	<input type="text"/>
Alternative Contact Address:	<input type="text"/>
Alternative Contact Number 1:	<input type="text"/>
Alternative Contact Number 2:	<input type="text"/>
Mailing Address	Ask, "What is your address?" Enter the address in the text field. If they live outside, ask if they can provide an address of where they are moving or use a recent address. If they are moving to a new unit, ask for the address they are moving to.

Homelessness Prevention Call Center Call Point Script/Workflow

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Updated October 2025

Data Elements (Process)

Definition

City	If caller is living outside of Chicago, please proceed to Step 4 - Completing Type of Call Questions to document termination of the call.
Zip Code (5 digits)	Ask, "What is your current zip code?" Enter the caller current zip code.
Client Phone Number	Ask, "If I can find a referral or program for your situation, what is the phone number where you can be contacted?" After typing the number, read back and ask for confirmation on accuracy.
Client Email Address	Ask, "Do you have an email address in case they are unable to reach you by phone? ".
Alternate Contact	Ask, "Do you have an alternate number in case they are unable to reach you at the first number? ".

Reason for Call

Caller Consent and Notification	Select the appropriate value to indicate consent. If the caller has selected to share information in HMIS then Yes should be selected unless caller is Emancipated Minor or has a Power of Attorney, then those options should be chosen. If the caller selected to not share information (ROI - Option C) then data should not be entered into HMIS and should proceed to completing Step 4 - Completing Type of Call Questions
Online Application?	Select Yes or No to indicate if this is an online application.
Reason for calling Reason for Calling <input type="text"/>	"Are you calling for rent, security deposit, mortgage, light, gas?" Enter the first letter of the assistance needed (R,S,M,L,G, O(other)). If the caller replies, "Something else", ask, "Please describe what assistance you are seeking." If the caller is not seeking rent, gas, electric, water or security deposit, please proceed to completing Step 4 - Completing Type of Call Questions
Zip code of Last Permanent Address	Ask, "What is the Zip code of your last permanent address? ".
Enrollment CoC	Enrollment CoC will always be IL-510

Homelessness Prevention Call Center Call Point Script/Workflow



Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Client Demographics

Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>   G
Date of Birth Type	-Select- ▼ G
<u>To make multiple selections, hold the Control (Ctrl) key and left-click each value as necessary. It will display as a blue highlight.</u>	
Gender	<div> <div> Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identity (e.g., Two-Spirit) Transgender Non-Binary Questioning Different Identity Client doesn't know Client prefers not to answer Data not collected </div> <div>▲ ▼</div> </div> <div>Clear All</div>
Text field below is required when selecting "Different identity"	
If Different Identity, Please Specify	<input type="text"/> G
<u>To make multiple selections, hold the Control (Ctrl) key and left-click each value as necessary. It will display as a blue highlight.</u>	
Race and Ethnicity	<div> <div> American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina/e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White Client doesn't know Client prefers not to answer Data not collected </div> <div>▲ ▼</div> </div> <div>Clear All</div>
Additional Race and Ethnicity Detail	<input type="text"/> G
U.S. Military Veteran?	-Select- ▼ G
Primary Language Spoken	-Select- ▼ G
Number of household members under 18	<input type="text"/> G
Number of household members 18 & over	<input type="text"/> G

Relationship to Head of Household

The answer should always be "Self".

Since the assessment will only be completed by the Head of Household, "Self" should be selected.

Date of Birth

Full DOB Reported (HUD)
Approximate or Partial DOB Reported (HUD)
Client doesn't know (HUD)
Client prefers not to answer (HUD)
Data not collected (HUD)

Ask, "What is your date of birth?". If the caller refuses to provide DOB, ask "Are you over 18?". If the answer is "No", do not proceed and contact the Supervisor. **Required**

Date of Birth Type

Choose an appropriate answer based on the caller's disclosure. **Required.**

Gender

Ask, "What is your gender?". The Gender section is multi-select, left click values as necessary. If Different Identity is selected the following question must be completed. **Required**

If Different Identity, Please Specify

If Different Identity is selected for Gender, document the identity in the text field.

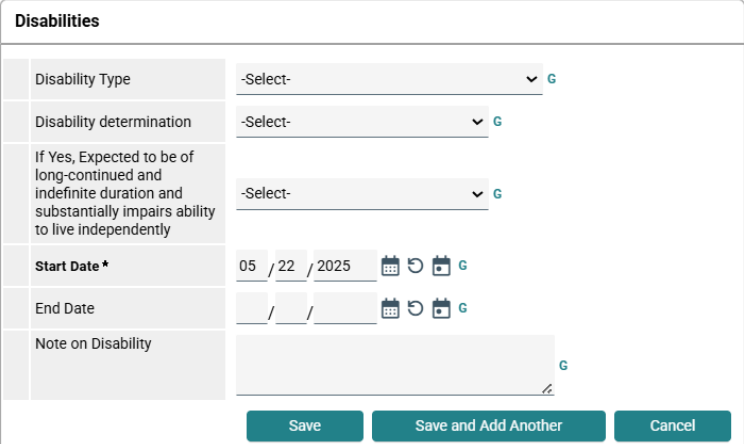
Homelessness Prevention Call Center Call Point Script/Workflow

Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Race and Ethnicity	Ask, "What is your race or ethnicity?". If the caller provides something other, read the available list and ask them to choose. This must be caller-stated, not Specialist-defined. The Race and Ethnicity section is multi-select, left click values as necessary.
US Military Veteran	Ask, "Are you a veteran?".
Primary language spoken	Ask, "What is the primary language spoken in your home?" Choose the caller's preferred language. Required.
Number of household members under 18	Ask, "How many in your household are younger than 18?". Required.
Number of household members 18 & over	Ask, "How many in your household, including yourself, are 18 and over?". Required.
Does the client have a disabling condition?	<p>Ask, "Do you have any disabling conditions?". Required.</p> <p>Enter the type of disability and details. Be sure to include the date of the disability starting</p>
Disabilities (subassessment) 	
Medical Insurance	Ask, "Do you have medical insurance?". Required.

Homelessness Prevention Call Center Call Point Script/Workflow

Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Income and Expenses

Head of Household Income

The question below is asking for the Head of Household Income only. Please provide the income for the Head of the Household below:

Income from Any Source G

Monthly Income

HUD Verification ⚠

Monthly Amount	Source of Income	Receiving Income Source?	Start Date *	End Date
<input type="text" value="Add"/>	<input type="text" value="View Gross Income"/>			

2024 Area Median Income (AMI)

"# in HseHld --- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ---"

30% AMI | \$23,550 | \$26,910 | \$30,270 | \$33,630 | \$36,330 | \$39,030 | \$41,730 | \$44,400

50% AMI | \$39,250 | \$44,850 | \$50,450 | \$56,050 | \$60,550 | \$65,050 | \$69,550 | \$74,000

80% AMI | \$62,800 | \$71,800 | \$80,750 | \$89,700 | \$96,900 | \$104,100 | \$111,250 | \$118,450

100% AMI | \$78,500 | \$89,700 | \$100,900 | \$112,100 | \$121,100 | \$130,100 | \$139,100 | \$148,000

AMI Level G

Household Total Income

The question below is asking for the Household Income. Please provide the total monthly income for all members of the household below:

Total Monthly Income G

Source of Current Income

Monthly Income

Monthly Amount	<input type="text"/> G
Source of Income	<input type="text" value="-Select-"/> G
If Other, Please Specify	<input type="text"/> G
Receiving Income Source?	<input type="text" value="-Select-"/> G
Start Date *	05 / 22 / 2025 📅 🔄 📅 G
End Date	/ / 📅 🔄 📅 G
<input type="button" value="Save"/> <input type="button" value="Save and Add Another"/> <input type="button" value="Cancel"/>	

Located in the **Monthly Income Sub-assessment**.

"Now I am going to ask about your monthly income and expenses since many of the programs require that you can pay your own bills after an award is given."
"What type of monthly income do you have and how much?"

Enter the amount and type for each income source.

This Sub-assessment is asking for the Head of Household Income only.

AMI Level

Using the AMI chart based on household size and income (adjust for gross),

Homelessness Prevention Call Center Call Point Script/Workflow

Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

		select the appropriate AMI. Required.																																							
	<div><div>Household Expenses</div><table><tr><td>Monthly Rent</td><td><input type="text"/></td><td>G</td></tr><tr><td>Mortgage (monthly)</td><td><input type="text"/></td><td>G</td></tr><tr><td>Subsidized Housing</td><td><div>-Select-<div></div></div></td><td>G</td></tr><tr><td>Monthly Gas (heat)</td><td><input type="text"/></td><td>G</td></tr><tr><td>Monthly Gas (cooking)</td><td><input type="text"/></td><td>G</td></tr><tr><td>Monthly Electric</td><td><input type="text"/></td><td>G</td></tr><tr><td>Water (monthly)</td><td><input type="text"/></td><td>G</td></tr><tr><td>Other (1)</td><td><input type="text"/></td><td>G</td></tr><tr><td>Other (2)</td><td><input type="text"/></td><td>G</td></tr><tr><td>Explain Other</td><td><input type="text"/></td><td>G</td></tr><tr><td>Total Monthly Expenses</td><td><input type="text"/></td><td>G</td></tr><tr><td>Has previous assistance been given?</td><td><div>-Select-<div></div></div></td><td>G</td></tr><tr><td>Explanation-previous assistance</td><td><input type="text"/></td><td>G</td></tr></table></div>	Monthly Rent	<input type="text"/>	G	Mortgage (monthly)	<input type="text"/>	G	Subsidized Housing	<div>-Select-<div></div></div>	G	Monthly Gas (heat)	<input type="text"/>	G	Monthly Gas (cooking)	<input type="text"/>	G	Monthly Electric	<input type="text"/>	G	Water (monthly)	<input type="text"/>	G	Other (1)	<input type="text"/>	G	Other (2)	<input type="text"/>	G	Explain Other	<input type="text"/>	G	Total Monthly Expenses	<input type="text"/>	G	Has previous assistance been given?	<div>-Select-<div></div></div>	G	Explanation-previous assistance	<input type="text"/>	G	
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Explanation-previous assistance	<input type="text"/>	G																																							
<div>Household Total Income</div> <div>Total Monthly Income</div>	<div>Add the income amount available to the caller to pay their monthly bills. If they do not receive any income enter "0". Required.</div> <div>This question is asking for the total income of the Household. This would be the total income of all Household members.</div>																																								
Monthly Rent/Mortgage	<div>Ask, "How much is the monthly rent or mortgage?"</div> <div>If the caller has not yet located a place, please enter the estimated amount. Ask the caller or help them estimate. Required.</div>																																								
Subsidized Housing?	<div>Ask, "Do you have a subsidy to help you pay your monthly rent?"</div> <div>Record the caller's answer. Required.</div>																																								

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Updated October 2025

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Definition

<p>Monthly Gas (heat) And Monthly Gas (cooking)</p>	<p>Ask "Do you have to pay for gas heat?". If the caller answers, "Yes", ask, "How much is your average gas bill per month?" If the caller isn't sure, ask for the highest bill of the winter and the lowest of the summer, then take the average. If heat is included, write "0". If the caller has not yet located a place, please enter the estimated amount. Required.</p> <p>If disclosed, enter cooking gas.</p>
<p>Monthly Electric</p>	<p>Ask "How much is your average electric bill per month?" If the caller isn't sure, ask for the highest bill of the summer and the lowest of the winter, then take the average. If electricity is included, write "0". Required.</p>
<p>Other Expense</p>	<p>If the caller mentions any other recurring payments such as child support, mandated creditors, etc., place the monthly amount here.</p>
<p>Explain Other Expense</p>	<p>Write the type of the other recurring payments here.</p>
<p>Total Monthly Expenses</p>	<p>Add monthly expenses together. If they do not have any monthly expenses enter "0"; Required.</p>
<p>Has Previous assistance been given?</p>	<p>Ask, "Have you had financial assistance from any agency in the past?" Select "Yes" or "No". Required.</p>
<p>Explanation previous assistance</p>	<p>If the caller answered, "Yes" in the previous question, record who, what, when, and amount. Required, if previous question = "Yes".</p>

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Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Need Assessment

Current Needs:	
Rent Need	<input type="text"/> G
Document of Risk (R)	-Select- ▼ G
Security Deposit	<input type="text"/> G
Document of Risk (S)	-Select- ▼ G
Gas	<input type="text"/> G
Document of Risk (G)	-Select- ▼ G
Contacted (G)	-Select- ▼ G
Electric	<input type="text"/> G
Document of Risk (E)	-Select- ▼ G
Contacted (E)	-Select- ▼ G
Mortgage	<input type="text"/> G
Document of Risk (M)	-Select- ▼ G
Contacted (M)	-Select- ▼ G
Gas (cooking) bill assistance	<input type="text"/> G
Document of Risk (GC)	-Select- ▼ G

Need Type (complete based on caller need)	Complete the type of need assistance the caller disclosed.
Amount <p>Example of help text in HMIS</p> <div> <div>Mortgage</div> <div><input type="text"/> G</div> </div> <div> <div>Document of Risk (M)</div> <div>-Select- ▼ G</div> </div> <div> <div>Contacted (M)</div> <div>-Select- ▼ G</div> </div> <div> <div>Do they have a statement from bank stating they are behind? Required if behind on mortgage.</div> <div><input type="text"/></div> </div>	

Homelessness Prevention Call Center Call Point Script/Workflow

Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Document of Risk	Select Yes if they have or can get documentation stating their housing is threatened. Caution the caller about asking for a 5-day notice, instead suggest they ask the landlord for a letter stating they are behind, payment is needed, and their housing is threatened. Required for each Type entered. Proof includes a text message, email, or notice stating they are currently behind. The caller is not required to have an eviction notice.
Contacted	If asking for Utility assistance, ask, "Have you contacted CEDA?". If the answer is yes, choose CEDA. If the answer is no, leave it blank. Required.
Foreclosure	Ask, "Have you been affected by foreclosure?" If the caller's reason for needing assistance is due to foreclosure, select "Y"; if not, select "N"; Required.
Date Client Received SHPF	This question is only completed by All Chicago staff and should be left blank when completing the assessment.

Homelessness Prevention Call Center Call Point Script/Workflow

Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Referrals for Call

<div> <div>Referrals for this Call:</div> <div> <div>Reason applying for assistance</div> <div>-Select-</div> <div>G</div> </div> <div> <div>Reason applying for assistance - 2</div> <div>-Select-</div> <div>G</div> </div> <div> <div>Reason applying for assistance - 3</div> <div>-Select-</div> <div>G</div> </div> <div> <div>Explanation-applying</div> <div></div> </div> <div> <div>Prior Living Situation</div> <div>-Select-</div> </div> <div> <div>Length of Stay in Previous Place</div> <div>-Select-</div> <div>G</div> </div> <div> <div>Ineligible Reason</div> <div>-Select-</div> <div>G</div> </div> <div> <div>Ineligible Reason - 2</div> <div>-Select-</div> <div>G</div> </div> <div> <div>Ineligible Reason - 3</div> <div>-Select-</div> <div>G</div> </div> <div> <div>Ineligible Reason - 4</div> <div>-Select-</div> <div>G</div> </div> <div> <div>Referral Made to:</div> <div>-Select-</div> </div> <div> <div>Referral Amount</div> <div></div> <div>G</div> </div> <div> <div>Caller Contribution</div> <div></div> <div>G</div> </div> <div> <div>Referral made to - 2:</div> <div>-Select-</div> </div> <div> <div>Referral made to - 3:</div> <div>-Select-</div> </div> <div> <div>Referral made to - 4:</div> <div>-Select-</div> </div> <div> <div>Referral made to - 5:</div> <div>-Select-</div> </div> </div>
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Homelessness Prevention Call Center Call Point Script/Workflow

Scripts highlighted in GREEN

Updated October 2025

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Definition

<p>Prior Living Situation</p> <p>-Select-</p> <p>----- HOMELESS SITUATIONS ----- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train Emergency shelter, including hotel or motel paid for with emergency shelter vou Safe Haven (HUD) ----- INSTITUTIONAL SITUATIONS ----- Foster care home or foster care group home (HUD) Hospital or other residential non-psychiatric medical facility (HUD) Jail, prison, or juvenile detention facility (HUD) Long-term care facility or nursing home (HUD) Psychiatric hospital or other psychiatric facility (HUD) Substance abuse treatment facility or detox center (HUD) ----- TEMPORARY HOUSING SITUATIONS ----- Transitional housing for homeless persons (including homeless youth) (HUD) Residential project or halfway house with no homeless criteria (HUD) Hotel or motel paid for without emergency shelter voucher (HUD) Host Home (non-crisis) (HUD) Staying or living in a friend's room, apartment, or house (HUD) Staying or living in a family member's room, apartment, or house (HUD) ----- PERMANENT HOUSING SITUATIONS -----</p>	<p>Indicate where the caller lives/stays based on discussion; Required.</p> <p>If you need to inquire, please ask, "Where do/did you live" or "Where did you stay last night?"</p>
<p>Length of Stay</p> <p>-Select-</p> <p>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 Client doesn't know Client prefers not to answer Data not collected</p>	<p>Ask, "How long have you lived in your current placement" or "How long did you live in the previous place?"</p>
<p>Ineligible Reasons</p>	<p>If the call outcome is "Ineligible", select (and add) all reasons why the caller did not receive the referral. Refer to 211.</p>
<p>Referral Made to</p>	<p>If the caller is eligible for financial assistance, check Referral Logs for any available referral; select referral agency for State HF Funds for financial assistance over \$300 for rent, lights, gas, mortgage, or security deposit. For ineligible callers or other needs such as furniture, utility-only assistance or, non-financial assistance, advise the caller to contact 211 Metro Chicago.</p>
<p>Caller Contribution</p>	<p>If the caller can pay part of the amount needed, enter here. If they are referred and are not contributing, then enter '0'. If the referral is made this is Required.</p>
<p>Referral Amount</p>	<p>If the referral is for financial assistance, enter the referral amount; leave it blank if not applicable. The referral amount should not be more than the fund cap of 6 months of rent/mortgage and \$5000 total. Note: Referral amount (if entered) should = Total amount of above debt - Caller Contribution</p>
<p>Scroll to the BOTTOM of the assessment screen and Click Save.</p>	
<p>Next, <u>Complete Step 4: Type of Call Questions</u></p>	

Homelessness Prevention Call Center Call Point Script/Workflow

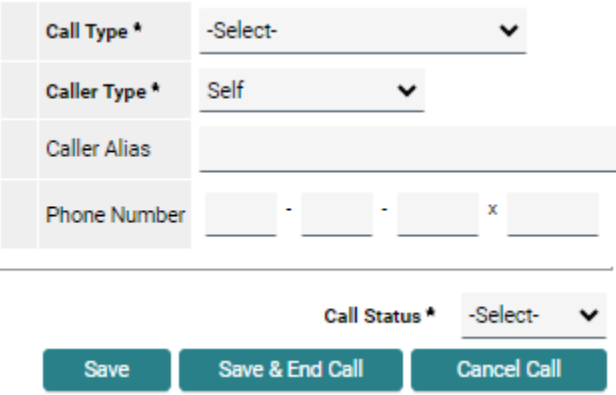
Scripts highlighted in GREEN

Updated October 2025

Data Elements (Process)

Definition

Step 4: Completing Type of Call Questions

 <p>The screenshot shows a form with the following fields: 'Call Type *' with a dropdown menu showing '-Select-'; 'Caller Type *' with a dropdown menu showing 'Self'; 'Caller Alias' with a text input field; 'Phone Number' with a masked input field (____ - ____ - ____ x ____); and 'Call Status *' with a dropdown menu showing '-Select-'. At the bottom are three buttons: 'Save', 'Save & End Call', and 'Cancel Call'.</p>	<p>Call Type, Caller Type and Call Status can all be found at the top of the call screen.</p> <p><u>Located under Current Call Tab</u> Call Type Caller Type</p> <p><u>Located top right corner of the call screen.</u> Call Status</p>
<p>If the assessment was <u>COMPLETED</u></p>	<p>Choose the appropriate call outcome. Outcome determination should be based on the referral most likely to match the request. Seek Supervisor assistance if necessary. Enter one outcome per call. Required.</p> <p>Call Type = (select appropriate outcome) This is likely: Eligible or Eligible, No Funds. Caller Type = Self Call Status = Complete</p>
<p>If option C was selected in the standard ROI</p>	<p>If the caller selects option C in the standard ROI, then no client data should be recorded in HMIS. Please let the caller know that choosing option C will result in no data being entered into HMIS and referrals cannot be made for State HP and conclude the call.</p> <p>Call Type = Ineligible Caller Type = Self Call Status = Incomplete</p>
<p>If NOT seeking rent, gas, electric, water, or security deposit</p>	<p>If the caller is not seeking rent, gas, electric, water or security deposit, please let the caller know they are not eligible for State HP. Please select the call type as ineligible and conclude the call.</p> <p>Call Type = Ineligible Caller Type = Self Call Status = Incomplete</p>
<p>If client is outside of Chicago</p>	<p>If the caller is outside of Chicago, please let them know they are not eligible for State HP. If the caller is within Suburban Cook County, please ask the caller if they would like the phone number or to be transferred to the Suburban Cook County team. Please select the call type as Errant Call – outside of service area and conclude the call.</p> <p>Call Type = Errant Call – Out of Service Area Caller Type = Self Call Status = Incomplete</p>

Step 5: Entry/Exit Enrollment

This step is only required for all HPCC assessments that were completed. If the caller did not consent, was deemed ineligible or was outside of Chicago, steps 5 and 6 are not required.

Alias: -Not Set- Social Security Number: -Not Set- SSN Data Quality: -Not Set- U.S. Military Veteran?: -Not Set- Release of Information: None

Age: Unknown Call Status * -Select- ▼

Add Referral Save Save & End Call Cancel Call

Current Call Previous Calls (0) **Client Information** Service Transactions Follow Up

Caller Profile **Entry/Exit**

Entry / Exit

Program	Type	Project Start Date	Exit Date	Interims	Follow Ups	Client Count
Add Entry / Exit No matches.						

Location

Enrollment can be completed by navigating to the **Client Information Tab** followed by the **Entry/Exit tab**. Click **Add Entry/Exit**

Household Members

This Client is not a member of any Households.

Project Start Data - (578215) Parker, Peter

Provider *	HPCC (644)	Search My Provider Clear
Type *	HUD ▼	
Project Start Date *	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="button" value="Calendar"/> <input type="button" value="Refresh"/> <input type="button" value="Clear"/>	

Save & Continue Cancel

The Provider should be **HPCC (644)**. The Type should be marked as **HUD**. The Project Start Date should be the date of the call.

Entry/Exit

	Project Start Date	Exit Date	Interims	Follow Ups	Client Count
	01/01/2024				

Showing 1-1 of 1

Click on the Exit Date pencil to Exit the caller from the project. Please note: The caller's destination should be where the caller will stay tonight.

Homelessness Prevention Call Center Call Point Script/Workflow

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Updated October 2025

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Step 6: Referral to Homelessness Prevention Project

This step is only required if the HPCC assessment indicates a referral would be made. If the caller did not consent, was deemed ineligible or was outside of Chicago, no referral should be made.

Alias: -Not Set- Social Security Number: -Not Set- SSN Data Quality: -Not Set- U.S. Military Veteran?: -N-

Age: Unknown

Add Referral

Current Call Previous Calls (0)

Call Type * Test

Caller Type * Self

Caller Alias

Phone Number - x

Call Notes

Assessments

HPCC (2024)

Incorrect Program/Provider

HPCC (2024)

Import Client Data

This screen is limited to entries from

Add Referral

Add Homeless Prevention referral by clicking **Add Referral** at the top of the Call page

Needs Assignment

Service Code Quicklist

Information and Referral (TJ-3000)

Rental Application Fee Payment Assistance (BH-3800.7200)

Rental Deposit Assistance (BH-3800.7250)

Rent Payment Assistance (BH-3800.7000)

Utility Deposit Assistance (BV-8900.9150)

Utility Service Payment Assistance (BV-8900.9300)

Add Terms

Service Code Look-Up

For those who are receiving a financial referral over \$300 for rent, lights, gas, mortgage, or security deposit. Add a need that reflects the caller's request (i.e., Rental Payment Assistance). Only one needs to be selected per client record. Once selected click **Add Terms**

Referral Provider Quicklist

Provider -Select-

Add Provider

After referring to the excel spreadsheet for available HP providers, select the provider from the Referral Provider Quicklist. Once selected click **Add Provider**

Homelessness Prevention Call Center Call Point Script/Workflow

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Updated October 2025

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Next, ensure that the Service selected from the Service Code Quicklist has a check in the box under Referrals. **If the check is not added the referral will not be created**

Referrals		Send Summary
Referred-To Provider	Rent Payment Assistance	Referred Clients
State Homeless Prevention Funds	<input checked="" type="checkbox"/>	Parker, Peter

Finally, complete the Need Status and Outcome questions.

Needs Status: **Identified**

Outcome: **Service Pending**

Need Data

Date of Need *

08 / 30 / 2024

7 : 07 : 44 AM

Selected Needs

Need	Amount if Financial	Need Status / Outcome / If Not Met, Reason	Notes
<div> <div>+</div> <div>Rent Payment Assistance (BH-3800.7000)</div> </div>		<div>Identified</div> <div>Service Pending</div> <div>-Select-</div>	

Remove All Needs

Once complete Click SAVE ALL. Choosing anything else will not result in a referral being created

Notes: Let the client know that a referral has been provided and to expect a call from the agency within 10 business days. If they have not heard back from an agency after 10 full business days, they may call back the HPCC line to request updates. If a client is eligible and referrals are exhausted, advise the client to call back early next week to be assigned to an agency. Offer 211 Metro Chicago as a backup resource in the meantime. For ineligible clients or other needs such as furniture, utility-only assistance, or non-financial assistance, advise the caller to contact 211 Metro Chicago or ask if they would like to be transferred directly.