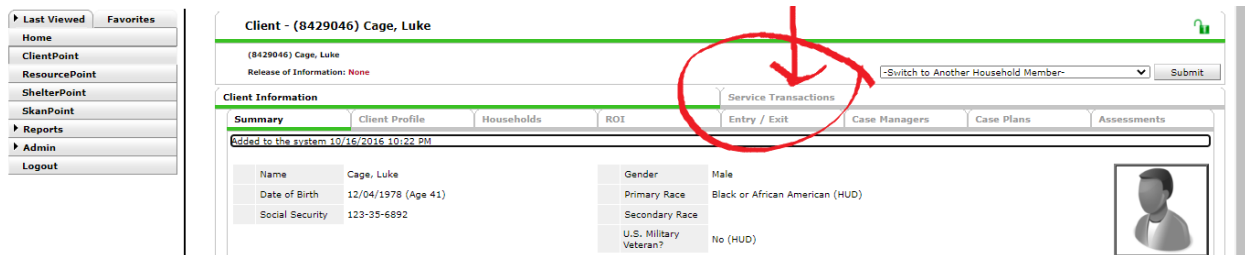


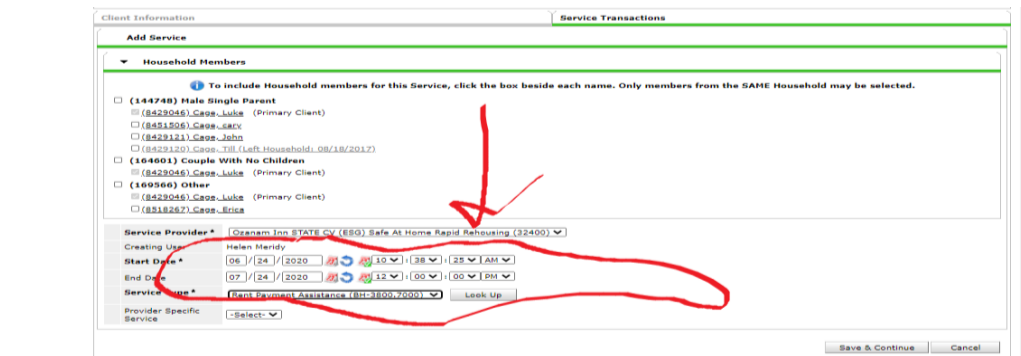
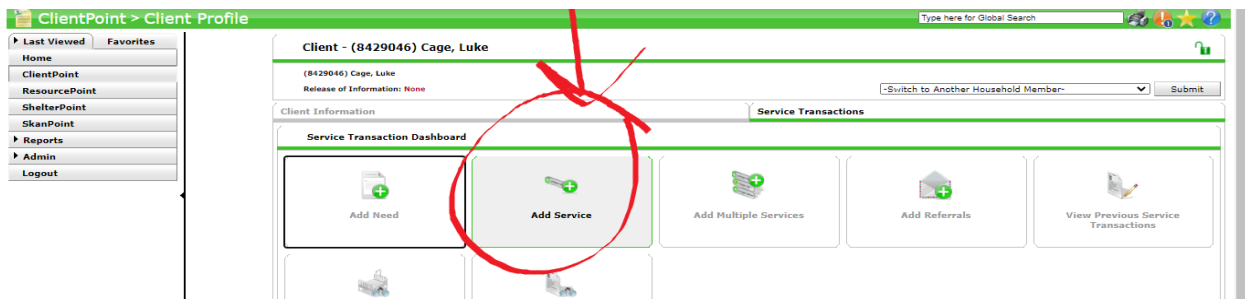
How to Add a Service in Service Transactions

Pre-Prep: If your Agency has more than one Program you need to use “Enter Data As” and select the program you are adding the transaction (s) to. The workflow is still the same. You are just going to go to Service Transaction to add the service to the client’s profile.

1st you want to go to Service Transactions



Next you want to “Add Service”



This Part may be Unclear. You need to do a Service Transaction representing every month your agency has made a payment for /Rent Payments. For Example, For the month of July you must do a Service Transaction with the Start Date of July 1st, 2020 and the end date needs to be July 31st, 2020. This will represent the payment done for that specific month. Rent Deposits needs their own Service Transaction reflecting the month the client’s deposit was paid before you began Rent Payments. You want to Make Sure you have a Start date and end date for when that service started and ended. For Rent Deposits You will then go to “Save and Continue”.

Service Costs

Number of Units: 1
 Unit Type: -Select-
 Cost per Unit: \$ 1,200.00
 Total Cost of Units: \$ 1,200.00

Apply Funds for Service

Vendor's Client Account Number: [Field]
 Name on Bill: Cage, Luke
 Vendor: Please Select a Vendor [Search] [Clear]
 Code for Accounting Department: [Field]

Funding Sources

Client Co-Pay: \$ 0.00
 Add Funding Source | Add Other Contributing Sources | Calculate | Total: \$0.00

Conditional Commitments

Responsible Party | Condition | Due Date | Status
 Add Conditional Commitment | Print Commitment Letter | No matches.

You need to make sure you fill in the Service Costs Information. For Number of Units put “1”. Next for “Total Cost of Units” you want to add how much payment was made total for the service. You then want to click on the arrow next to **Apply Funds for Service** to select your Vendor.

The term “**Vendor**” is the business that have provided the goods to meet the client’s need and must be paid as a result. You will then search for your Vendor (Vendor Form must be filled out by your agency in order to have them added as a choice) and go down to the Funding Sources. If you did not get your Vendors to HMIS to input into the system you can use the Generic Vendor titled “**NEW ORLEANS/JEFFERSON PARISH GENERIC VENDOR**”.

| Vendor ID | Vendor Name | Address | Location | Distance |
|-----------|--|---------------------------|-----------------------|----------|
| 87 | Housing Authority of New Iberia | 325 North Street | New Iberia, LA 70500 | N/A |
| 1099 | New Cedar Trace LLC- Summer Trace Apartments | 404 Fontaine Place | Ridgeland, MS 39157 | N/A |
| 1295 | NEW ORLEANS/JEFFERSON PARISH GENERIC VENDOR (LA-503) | UNITY GREATER NEW ORLEANS | New Orleans, LA 70119 | N/A |
| 1258 | NEW SEASONS PROPERTY | PO BOX 65197 | Shreveport, LA 71290 | N/A |
| 1141 | Stonewall Retirement Center | Unknown | Unknown | N/A |

Showing 1-5 of 5 results

Your Next Step will be to “Add Funding Source”

Apply Funds for Service

Distribute as Voucher: Yes No
 Vendor's Client Account Number: [Field]
 Name on Bill: Cage, Luke
 Vendor: (1602) NEW ORLEANS/JEFFERSON PARISH GENERIC VENDOR [Search] [Clear]
 Code for Accounting Department: [Field]

Funding Sources

Client Co-Pay: \$ 0.00
 Add Funding Source | Add Other Contributing Sources | Calculate | Total: \$0.00

Conditional Commitments

Responsible Party | Condition | Due Date | Status
 Add Conditional Commitment | Print Commitment Letter | No matches.

Support Documentation

Date Added | Name | Description | Type
 Add Support Documentation | No matches.

Your **“FUND”** will be titled and sent to you guys. We just recently made some edits to the Generic Vendor and Fund name so please stay up to date with the following. It is an amount set up for you to pull out for payments. The Fund will be titled **“Safe at Home Orleans/Jefferson ESG CV”**

Add Funding Source

Fund Search
 Search for Funds by using keywords for Fund Name, Category, or Description.
 Search Show Advanced Options
 Show Matching Funds ONLY
 Search Clear

Fund Search Results

| | Fund | Submission Deadline | Remaining Balance |
|-------------------------------------|---|---------------------|-------------------|
| <input type="checkbox"/> | HUD Supportive Housing Program | N/A | N/A |
| <input type="checkbox"/> | ICE | N/A | N/A |
| <input type="checkbox"/> | Interest on Louisiana Trust Association | N/A | N/A |
| <input type="checkbox"/> | Internal Budget | N/A | N/A |
| <input type="checkbox"/> | IX: CCS | N/A | N/A |
| <input type="checkbox"/> | Motel Vouchers | N/A | N/A |
| <input type="checkbox"/> | Office of Mental Health | N/A | N/A |
| <input type="checkbox"/> | Prescriptions | N/A | N/A |
| <input checked="" type="checkbox"/> | Safe At Home Orleans/Jefferson ESG CV Cares ACT Funding for Jefferson/Orleans Parish Rapid Rehousing | 08/25/2021 | \$841,352.99 |
| <input type="checkbox"/> | Shelter Care | N/A | N/A |

Showing 21-30 of 38 First Previous Next Last

Once you select the Fund you then want to add the service amount in next to the **Safe at Home Orleans/Jefferson ESG CV** Fund and then select **Calculate** to make sure the amount shows in the **Total**. **IF YOU NEED TO VOID THE PAYMENT PLEASE CONTACT HMIS WITH THE HMIS NUMBER AND DATE OF NEED SO IT CAN BE VOIDED ENTIRELY!**

Apply Funds for Service

Distribute as Voucher Yes No

Vendor's Client Account Number
 Name on Bill Cage, Luke

Vendor* (1602) NEW ORLEANS/JEFFERSON PARISH GENERIC VENDOR Search Clear

Code for Accounting Department

Funding Sources

| Source | Amount |
|--|-----------|
| Client Co-Pay | \$ 3,000 |
| Safe At Home Orleans/Jefferson ESG CV (submit by 08/25/2021) | \$ 900.00 |

Save Submission Completed

Automatically Submit when Saved

Add Funding Source Add Other Contributing Sources

Calculate Total: \$900.00

Conditional Commitments

Once you have added your amount and Calculated the Total, you then will scroll down to Need Information and select whether the client’s service was able to satisfy their Need. Save and Exit and you have successfully created a service transaction.

Follow Up Made -Select-

Completed Follow Up Date / /

Need Information

Need Status* Identified

Outcome of Need Fully Met

Need is Not Met, Reason -Select-

Please visit our site to fill out the Vendor Form here: <http://vialinkhmis.org/other/>. Then email the completed Vendor Form to HMISDEPT@vialink.org.