

# Washtenaw County Barrier Buster Network



## *Program Guidelines and Encompass Training Manual*

**Updated August 2010**

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# Section I: *Introduction to the Barrier Busters Network*

Welcome to the Barrier Busters Network! The Barrier Busters Network is a group of social service provider agencies that are committed to reducing inefficiencies in the community safety net, increasing communication between member agencies, and improving services for Washtenaw County residents in need. The group meets monthly to share information and resources, to consult peers regarding case management questions, and to identify community concerns and systems issues affecting the social safety net.

In addition to the network of agencies, the Barrier Busters Emergency Unmet Needs Fund (BBEUNF) was created in response to the need to improve the delivery of emergency assistance to residents of Washtenaw County. The BBEUNF is actually a collection of a variety of public and private funds that provide service providers with direct access to emergency assistance on behalf of their clients thereby allowing agencies to provide a more efficient way to prevent evictions and utility shut-offs, pay move-in costs for individuals who are homeless, and assist with other emergency costs that threaten Washtenaw County residents' housing stability.

Each agency has at least one identified "Barrier Buster" who functions as the point of contact within the Network when addressing consumers' needs, financial requests and referrals. This person represents the agency at monthly meetings and ensures communication both within their agency as well as within the Barrier Busters Network.

Thank you for your interest in the Barrier Busters Network and the Barrier Busters Emergency Unmet Needs Fund. If you have any questions, or need more information please contact the Washtenaw County/City of Ann Arbor Office of Community Development:

**Office of Community Development**  
110 North Fourth Avenue, Suite 300  
PO Box 8645  
Ann Arbor, MI 48107-8645  
Phone (734) 622-9025



# Section II: *Membership*

Any agency working with Washtenaw County residents is eligible for membership in the Barrier Busters Network (BBN). Membership provides the agency with an opportunity to identify a representative Barrier Buster(s), participate in the online listserv, and attend meetings each month. There are no fees or dues required for an agency to join. In order to become a member, an agency must complete the Barrier Busters Network membership form. Membership forms are available online at the Barrier Busters website: [www.ewashtenaw.org/barrierbusters](http://www.ewashtenaw.org/barrierbusters)

### **Barrier Buster Network General Membership Requirements:**

- Member agencies commit to identifying at least one (1) Barrier Buster designee that is an experienced or senior staff person at the agency.
- Member agencies will commit to sharing information and resources with the Barrier Busters Network through regular attendance at monthly meetings, participation in a confidential listserv, and through direct contact with other Barrier Buster Network agencies.
- Member agencies commit to linking people in need to appropriate resources through direct contact with appropriate staff at other member agencies where possible—specifically through the Barrier Buster designee—and to ensure the proper “Release of Information” form is obtained prior to such linkages.
- Member agencies commit to identifying barriers and gaps in services to vulnerable populations.
- Member agencies commit to working together and with their own agencies to identify the appropriate resources or policy changes to eliminate or mitigate identified barriers and gaps.
- Member agencies commit to providing education and advocacy in order to affect systemic change to improve the quality of life for those in need in Washtenaw County.
- Member agencies commit to align with the principles and vision of Washtenaw County’s Blueprint to End Homelessness, as well as other initiatives aimed at improving the lives of Washtenaw County’s most vulnerable residents.
- Member agencies that choose to participate in accessing the Barrier Buster Emergency Unmet Needs Fund for their clients additionally commit to the Fund Guidelines as set forth in this document in Section III.

### **Barrier Busters Staff and Co-Chairs Responsibilities:**

- Barrier Busters staff will provide administrative support, financial request approval and oversight, and other responsibilities as appropriate.
- Barrier Busters staff is provided through generous support from Washtenaw County and is housed in the Office of Community Development, 110 N. Fourth Avenue, Suite 300, Ann Arbor, MI.
- Barrier Busters Co-chairs will be selected by a majority vote at the January meeting every two years.
- Co-chairs are responsible for facilitation of meetings, ensuring communication between member agencies, assisting staff in the evaluation of requests as needed, and providing resources, information and referrals to other members upon request.

## Section III: *Emergency Unmet Needs Fund* *Use Guidelines*

### 1. **Barrier Busters Emergency Unmet Needs Fund**

The Barrier Busters Emergency Unmet Needs Fund is a county-wide, collection of funds from a variety of funders including foundations, state and local governments, and more. These funds are available for use to Washtenaw County non-profit, human services agencies whose clients are presented with emergency unmet financial needs.

### 2. **Financial Request Process & Approval**

In order to gain access to the Barrier Busters Emergency Unmet Needs Fund, non-profit human services agencies serving Washtenaw County clients must apply to be member agencies. Membership forms are available on the Barrier Buster website at [www.ewashtenaw.org/barrierbusters](http://www.ewashtenaw.org/barrierbusters).

Once an agency becomes a member and completes the required training to access the Emergency Unmet Needs Fund, the Barrier Buster for that agency may submit financial requests. Each Barrier Busters request will be evaluated by the “Master Barrier Buster” which is a staff person or persons appointed by Washtenaw County to administer and oversee the Barrier Busters program. The current Master Barrier Buster’s contact information is available with other participating agency membership information on the Barrier Busters website.

All Barrier Busters requests must have a Release of Information form submitted for each client before the application. The participating agencies requesting Unmet Needs funds for clients should use the online application through the Encompass system. See Section V for step-by-step instructions on how to use the online Encompass system.

When a request has been approved, the payment is processed by a non-profit payee corporation, B&B Payee Services. Barrier Busters payments are **not** made directly to member agencies or to consumers, though Barrier Buster designees may pick up payments directly from the payee in order to expedite payment. B&B Payee Services is located in Ypsilanti, MI and may be found on the internet here: <http://www.bbpayeeservices.org/>.

### 3. **Emergency Unmet Needs & Other Community Funds**

Barrier Busters Emergency Unmet Needs Funds are often the most flexible and the most accessible in the community. Given this flexibility, Barrier Busters requests that agencies pursue public funds from other sources (Department of Human Services, Employment Training & Community Services, Veteran’s Services, etc.) prior to accessing the Emergency Unmet Needs fund, if time and circumstances allow. Availability of Barrier Buster Emergency Unmet Needs Funding may vary according to the Barrier Busters funding sources.

The following are the basic categories for which financial requests may be made to the BBEUNF. All requests must be demonstrated to support ongoing housing and financial stability for the individual or family for whom the request was submitted. Exceptions to the following categories may be made at the discretion of staff and Barrier Busters Co-Chairs.

# Barrier Busters Network

Barrier Buster Emergency Unmet Needs Funding Categories	
1. Housing	Rent Arrears or Payments
	Mortgage Arrears or Payments
	Property Tax Arrears or Payments
	Security Deposits
	Safety Upgrades or Home Repair
	Moving Costs
2. Utilities	Gas Utility Arrears or Payments
	Electric Utility Arrears or Payments
	Water Utility Arrears or Payments
	Phone Utility Arrears or Payments
	Other Utility Arrears or Payments
3. Health	Medical Costs
	Dental Costs
	Prescription Co-Pays
	Health Insurance Costs
	Accommodation Equipment Costs
4. Transportation	Car Insurance
	Car Repair
	Public Transportation
5. Miscellaneous	Other Emergency Unmet Needs*

*\*For other questions about eligibility, contact the Office of Community Development at 734-622-9025*

#### 4. Evaluation of Financial Requests

Each request is evaluated based upon the individual emergency unmet need of the client for whom the request has been made. Exceptions may be made on a case-by-case basis. The following criteria are typically used to determine the approval or denial of the emergency unmet needs request:

##### a. Income Verification

Barrier Busters does not mandate member agencies to collect income documentation and will allow self-reported income in the request. However, Barrier Busters highly encourages detailed income verification along with the provision of financial management education and budgeting assistance, as the consumers' ability to manage future financial crises is linked to these services.

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## **b. Housing Affordability & Stability**

The amount of money consumers spend on housing costs is recommended by the Department of Housing and Urban Development to be no more than 30% of a household's monthly income to be considered 'affordable.' Barrier Busters recognizes that many consumers do not have access to affordable housing and will not deny a request strictly based on a higher than recommended rent to income ratio, however, requests with no household income will generally not be approved unless a clear and achievable plan for income is in place.

## **c. Sustainability**

The intent of the Emergency Unmet Needs Fund is to assist consumers with one-time, emergency financial assistance. To that end, Barrier Busters are required to document in their request how the consumer will be able to avoid this and other emergency unmet needs in the future and what the Barrier Buster agency has done and/or will do with the client to support the sustainability of the request. The Barrier Buster should, at a minimum, evaluate the client's ability to maintain both their housing and utilities with the client's verified income.

## **d. Residency**

Barrier Busters Emergency Unmet Needs Funds may be used on behalf of any Washtenaw County, MI resident. A security deposit request made for non-residents moving into the county may be approved at the discretion of staff and the Barrier Buster Co-Chairs.

## **e. Citizenship**

For most funding sources in the Barrier Busters Emergency Unmet Needs Fund, verification of U.S. Citizenship is not required.

## **f. Documentation and Release of Information**

For each request submitted, the Barrier Buster agency must retain documentation to support the request, including the Release of Information submitted by the client. This may include, but is not limited to, electronic, voice-recorded and/or paper documentation of the following:

- i. Income (pay stubs, tax returns, case notes describing stated income, etc.)
- ii. Housing (leases, eviction notices, repair estimates, mortgage documents, tax bills, communications with property manager, etc.)
- iii. Utilities (bills, shut-off notices, etc.)
- iv. Health (doctor's notes, medical bills, invoices, etc.)
- v. Transportation (license/ registration / insurance or bills, repair estimates, etc.)

## **g. Accuracy of Information**

The information presented in any Unmet Needs Fund request must be true to the best of the agency's knowledge and ability.

## **h. Limits on the Amount & Frequency**

The Emergency Unmet Needs Fund does not limit the amount of funding available to a consumer per request. However, funding is limited and Barrier Busters are asked to seek

# Barrier Busters Network

additional funds as often as possible. Consumers may only receive Emergency Unmet Needs Funds once per 12 months.

## 5. **Six-Month Evaluation Surveys**

Each Barrier Buster member agency is required to follow-up on all approved requests six months after the request was paid. An electronic notice will be sent to the Barrier Buster that completed the original request six months after the request was sent. If the evaluation survey is not completed within a two-week window, staff will contact the agency regarding the evaluation and will not approve any future requests until the evaluations are complete.

4. **Landlords or other community members** seeking information or funds should be referred to any Barrier Busters member agency or 2-1-1. For questions about the Barrier Busters Network, anyone may contact the Office of Community Development at 734-622-9025 or the Barrier Busters Network Co-Chairs (listed on the Barrier Busters website: [www.ewashtenaw.org/barrierbusters](http://www.ewashtenaw.org/barrierbusters)).

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## Section IV: *Release of Information*

The Barrier Busters Release of Information (ROI) is required for any Barrier Busters Emergency Unmet Needs Fund request. The ROI is a consent form, signed by the client, which allows the assisting Barrier Busters agency to help the client. It also allows the sharing of information between agencies through the online application system, Encompass. As a HIPPA (Health Insurance Portability and Accountability Act) secure database, *Encompass* keeps all client information protected and secure by federal and state government standards.

### Notes on the ROI:

- You must have a Release of Information signed by the consumer prior to submitting a financial request.
- The Release of Information must be kept on file by the requesting agency.
- The Release of Information provides the staff with permission to access the information online and process the request.
- The Release of Information also allows the Barrier Busters Network to discuss the case if the circumstances require such action for resource or learning purposes.
- The Release of Information allows the Barrier Buster to conduct 6 month follow-up evaluation.
- When referring to a consumer in an email or other correspondence, use the client number or the initials as an identifier.

A sample of the ROI is shown the figure below. The actual ROI can be found on our website at any given time. Please always refer to the online copy of the ROI to get the most recent form (as new agencies are joining the Barrier Busters Network every day). [Current Release of Information](#)

**Authorization to Release Information**

I, \_\_\_\_\_ (Print Name) hereby authorize the Agencies,

Organizations and/or Persons listed below, as well as future agencies that sign onto a Barrier Busters Membership Agreement, to disclose the following information about me (if consent is obtained by phone, a list of participating agencies may be provided to the applicant upon request): name, support needs, and any additional information necessary to substantiate a Barrier Buster Unmet Needs fund request. I understand that this information will be available to Barrier Busters member agencies in the form of a shared electronic database. I understand that the purpose of this disclosure is to ensure best coordination of support and to enable the Barrier Buster Coordinating Group to conduct its own internal evaluation. I also understand this consent is valid for two years from the date signed.

<ul style="list-style-type: none"><li>• 211 Regional Call Center</li><li>• BBB Payee Services</li><li>• American Red Cross - Washtenaw County</li><li>• Catholic Social Services</li><li>• The Center for Independent Living</li><li>• Child Care Network</li><li>• Community Action Network</li><li>• Community Supports and Treatment Services</li><li>• Community Corrections</li><li>• The Corner Health Center</li><li>• Department of Human Services - Washtenaw County</li><li>• Domestic Violence Project/SAFEHouses</li><li>• Education Project for Homeless Youth</li><li>• Employment Training and Community Services (ETCS)</li><li>• Friends in Deed</li><li>• Hemophilia Foundation of Michigan</li><li>• HIV/AIDS Resource Center (HARC)</li><li>• Home of New Vision</li><li>• Housing Bureau for Seniors</li><li>• Interfaith Hospitality Network - Alpha House</li><li>• Jewish Family Services</li></ul>	<ul style="list-style-type: none"><li>• Michigan Ability Partners</li><li>• MSU Extension Service</li><li>• Neighborhood Senior Services</li><li>• Northfield Human Services</li><li>• Ozone House</li><li>• Peace Neighborhood Center</li><li>• Pediatric Advocacy Initiative</li><li>• POWER, Inc.</li><li>• Public Health of Washtenaw County</li><li>• Salvation Army of Washtenaw County</li><li>• Shelter Association of Washtenaw</li><li>• SOS Community Services</li><li>• St. Joseph Mercy - Senior Health Services</li><li>• Treasurer's Office of Washtenaw County</li><li>• Turner Geriatric Clinic - UM</li><li>• UM Hospital - Social Work Department</li><li>• Veteran Services</li><li>• Washtenaw Community Health Organization</li><li>• Washtenaw County - Community Development</li><li>• Washtenaw Community College</li><li>• Washtenaw Health Plan</li></ul>
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## Section V: *Initiating and Completing an Application for Funds*

Before an agency can submit requests for financial assistance through the Barrier Busters Emergency Unmet Needs Fund, the Barrier Buster designee(s) needs to receive training on the Washtenaw County Health Organization's online *Encompass* system. Financial requests will not be processed until all membership and *Encompass* training requirements have been met. If you are in need of *Encompass* Training, please contact Barrier Busters staff or co-chairs to determine the next available date(s).

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### **BEFORE YOU BEGIN:**

*If you are already trained on Encompass and are prepared to make a request for funds, please consider the following questions before submitting your application:*

1. Is the situation an emergency (i.e. the client is at imminent risk of eviction, utility shut off, etc.)?
2. Are there other resources (client resources, mainstream resources, etc.) that could be used to meet this request?
3. Can these other resources be used to meet the request *within the necessary timeframe* of this request?
4. If the request is paid, how will the household meet their expenses in the future?
5. Are there any complicating factors?

**For example:**

- a. If it is a housing payment request, what is the status of their utilities?
  - b. If there is a Section 8 voucher involved, has Section 8 already approved the household for move-in?
  - c. Does the household need to get legal advice before the expense is paid?
- 

Once you have completed the *Encompass* training, considered the questions above, and obtained a signed Release of Information from the client, you are prepared to submit an application on the client's behalf. The following pages will walk you through how to make a Barrier Busters funding request in *Encompass*, and how to complete the evaluation survey six (6) months after the request.

## Encompass Login Homepage

**Login:** Please go to [www.ewcho.org](http://www.ewcho.org) to begin the online application through the Washtenaw County Health Organization's *Encompass* system. A login page should appear on your screen.

**Washtenaw Community Health Organization**

Encompass

Help LOGIN

Welcome to Washtenaw Community Health Organization Consumer Management System

Access to this site is limited to authorized Washtenaw Community Health Organization Personnel, and authorized affiliates and providers.

Unauthorized attempt to access the system is prohibited.

Please enter your login ID and password

User Name:

Password:

Login

[I forgot my password](#)

Washtenaw Community Health Organization monitors and logs the activities of this web site. By accessing this web site, you are expressly consenting to these monitoring activities. Unauthorized attempts to access, obtain, alter, damage, or destroy information, or otherwise to interfere with the system or its operation are prohibited and recorded by the Washtenaw Community Health Organization.

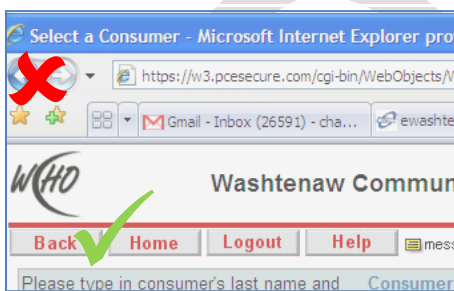
This site is best viewed and operated with version 5.0 or higher of Microsoft Internet Explorer

Friday, June 12, 2009 5:56 PM Eastern Time  
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Enter your username & password and click "Login." The username and password are obtained from staff after completing the Encompass training.

### **Important Notes about your Encompass Username and Password:**

- The first time you login to the system, your username and password will be the same. You will receive a prompt to change your password before you will be able to access any other parts of Encompass. This also applies when you have your passwords reset or have your account reactivated.
- Be sure to login at least once every 90 days even if you are not making a request. If you do not login, your password will automatically expire. You cannot repeat passwords.
- If you forget your password, follow the "I forgot my password" link and directions. It will give you ½ of a temporary password on the screen and will email the other half to you. Use this temporary password to login and then change your password.



**FOR YOUR INFORMATION:**  
Internet web browser buttons do not work in Encompass. Use the Encompass Navigation buttons instead.

## Encompass Confidentiality Page

Next, please review and accept the **confidentiality terms of use** for the *Encompass* System

**ATTENTION**

All information contained in this information system is private and confidential. This system is intended for professional use by the staff and contractors of the Michigan Department of Community Health and its affiliated organizations. Records contained herein should be accessed only by authorized staff from approved work stations. Information should be accessed on a need-to-know basis only.

By accepting these terms, you agree under penalty of law that you are an authorized agent using this system only for professional purposes.

For security and identification purposes, your IP address has been recorded.

Anyone accessing or using this system inappropriately will be prosecuted to the fullest extent of the law, as set forth in agency policies.

The confidentiality of this information is legally protected under the Michigan Mental Health Code (PA 258 of 1974, as amended) and the Health Insurance Portability and Accountability Act of 1996 (45 CFR, Parts 160 and 164). Additionally, some information may also be protected under the Confidentiality of Alcohol and Drug Abuse Patient Records; Final Rule (42 CFR, Part 2) and the Confidentiality of HIV/AIDS Information (MCL 333.5131; PA 488 of 1988, as amended).

## Encompass Homepage

Resources Listed on the Left Side of the Homepage:

Click **“Barrier Buster”** to return to this “Barrier Busters Homepage.”

**“Medicaid Lookup”** is not a function we use.

Click **“Change Password”** or **“My Preferences”** to change your password or personal preferences for the homepage.

Other Homepage Resources:



Click **“View Barrier Buster Requests”** to add a new client request through the funding application.

Click **“History of Barrier Buster Requests”** for all pending files that staff has not yet made into official “cases” and for all past requests. This is the best resource for you to search for a recently submitted request. It is good to look here for similar names or spouse’s names.

Click **“View Barrier Buster Funding Sources”** to see the status of Barrier Buster funds. You also receive this information at regular Barrier Buster monthly meetings.

## Consumer Search Pages


Before you submit a financial request, please always begin by searching to see if the client is in the *Encompass* system and if they have received Barrier Busters funding in the past. Knowing the client's request history will assist you in determining your next steps.

1. If the client has received funding in the past twelve (12) months, they are ineligible for additional funds at this time. NOTE: *Barrier Busters are allowed to request an exemption from staff for their client if there are extraordinary circumstances.*
2. If the client has received funding in the past, but it has been more than twelve months, you may submit a new request for funding on their behalf. However, it is important to read through the previous request and determine why there is additional need at this time. *Please reflect this in your request narrative.*
3. If the client has not received Barrier Busters funds in the past, please continue to enter the request.

To search for a client, you must first search the "History of Barrier Busters Requests" for any pending requests that may have been made by another agency.

**"History of Barrier Busters Requests" Search:** Since this search shows pending and past requests, you do not have to search by specific consumer information. Instead, you can simply click "search" and retrieve a list of the most recently submitted requests (see below).

**Washtenaw Community Health Organization** EnCompass

[Back](#) [Home](#) [Logout](#) [Help](#)  Barrier Buster Request List

Provider: \* All Providers   
Request Type: \* All Types   
Status: \* All Statuses   
Consumer Last Name:   
Encompass ID:   
Request Date on or after:  **SEARCH**

0 Barrier Buster Requests [View Help](#)

Consumer	Agency	Request Date	Request Type	Ann Arbor Resident	Amount	Status
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[Back](#) [Home](#)

Thursday, August 06, 2009 6:52 PM Eastern Time Chantel Cotton  
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# Barrier Busters Network

**“View Barrier Busters Requests” Search:** If the client does not show up on the “History of Barrier Busters Requests” as having a recent request when you clicked “search,” then go to “View Barrier Busters Requests.” This search function will determine if a consumer has made a request in the more distant past. It will also let you enter a new application for a client. Here, you can search by Consumer Name, Birth date, or Encompass Consumer ID number. If you do not know the *Encompass* ID number, please search by birth date before searching by name.

Search by Client ID #



**Washtenaw Community Health Organization**



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Select a Consumer

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Consumer Last Name		Consumer First Name	AKA or Other Information
Consumer ID	123456	Social Security No.	Birth Date (mmddyy)
		Case #	<input type="button" value="SEARCH"/>

0 Consumers

Last Name	First Name	Social Security	Birth Date

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Home

Friday, June 12, 2009 6:02 PM Eastern Time Chantel Cotton

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Search by Client Name or Birth Date



**Washtenaw Community Health Organization**



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Select a Consumer

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Consumer Last Name	Doe	Consumer First Name	AKA or Other Information
Consumer ID		Social Security No.	Birth Date (mmddyy)
		Case #	01/30/1776 <input type="button" value="SEARCH"/>

0 Consumers

Last Name	First Name	Social Security	Birth Date

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Home

Thursday, August 06, 2009 6:40 PM Eastern Time Chantel Cotton

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## Entering the Request

If the consumer is not in the system, your “View Barrier Busters Requests” screen will display a message asking you to revise your search or to **“Click here to continue.”** If you are certain the consumer’s name was accurately spelled and entered, and you did not see them in the “History of Barrier Busters Requests” list, please follow the **“Click here to continue”** link and skip to the next part of this section: **Completing the Financial Request.**

Washtenaw Community Health Organization | EnCompass

Back Home Logout Help messages Select a Consumer

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Consumer Last Name: Doe  
 Consumer First Name:   
 AKA or Other Information:   
 Consumer ID:   
 Social Security No.:   
 Birth Date (mmddyy):   
 Case #:

SEARCH

Please review your search results below. If you could not find an existing consumer record [click here](#) to continue.

0 Consumers

Last Name	First Name	Social Security	Birth Date
-----------	------------	-----------------	------------

Back Home

Friday, June 12, 2009 6:04 PM Eastern Time | Chantel Cotton  
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Note: You can only enter a new request through “View Barrier Busters Requests” and not through “History of Barrier Busters Requests.”

If you **DO** find the consumer’s name through the search, click “select” on the right hand side of the page for the consumer.

Washtenaw Community Health Organization | EnCompass

Back Home Logout Help messages Select a Consumer

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Consumer Last Name: Doe  
 Consumer First Name:   
 AKA or Other Information:   
 Consumer ID:   
 Social Security No.:   
 Birth Date (mmddyy):   
 Case #:

SEARCH

Please review your search results below. If you could not find an existing consumer record [click here](#) to continue.

Last Name	First Name	Social Security	Birth Date	
Doe	Jane	***-**-0000	01/30/1776	Select
Doe	Pineapple	***-**-0001	12/26/1776	Select
Doe	Apple	***-**-0002	05/13/1776	Select
Doe	Orange	***-**-0003	05/07/1776	Select

# Barrier Busters Network

Once you get to a page with the consumer's past requests listed, click "add request" to get to a new application.

The screenshot shows the 'Barrier Buster Request List' page. At the top, there are logos for WHO and EnCompass, and navigation buttons for Back, Home, Logout, and Help. A messages icon is also present. The page title is 'Barrier Buster Request List'. Below the navigation, it says '1 Barrier Buster Requests' and provides a 'View Help' link. A table lists the request details:

Consumer	Agency	Request Date	Request Type	Amount	Status	<a href="#">Add Request</a>
Jane Doe	CSTS	05/08/2008	Eviction Prevention - Rent	\$550.00	Check Mailed	<a href="#">View</a> <a href="#">Print Request</a> <a href="#">Evaluation Surveys</a>

Below the table, there are 'Back' and 'Home' buttons, the current date and time (Friday, June 12, 2009 6:06 PM Eastern Time), and the user's name (Chantel Cotton). A callout box with a dashed border points to the 'Add Request' link in the table, stating: "Add Request" takes you to a new application.

After a request has been made and staff has approved or denied it, the status of the request can be found here. The possible statuses are:

1. "Check Mailed"
2. "Check Issued"
3. "Waiting for Approval"
4. "Approved"
5. "Denied"
6. "Returned to Barrier Buster"

## Completing the application

You are now ready to complete the application.

After you have obtained a Release of Information (ROI) Agreement from the client (form can be found online as well as in Section IV of this manual), then you should enter the information from the ROI into this first part of the *Encompass* application as seen below.

Barrier Buster Name	Phone	Email address	Agency
Mary Beth Lampe		lampem@ewashtenaw.org	CSTS

The Expiration Date should be set for 2 years after date signed

After the release of information is entered, you will see that the Request Date, your name, phone, e-mail and agency name automatically populate the form (see above). The next part of the form addresses the consumer's basic identifying and demographic information. Please complete all parts as accurately as possible.

# Barrier Busters Network

**Client Information**

First Name: Jane MI: X Last Name: Doe SSN: \*\*\*-\*\*-0000

**Address**

123 Declaration Dr. State: MI Zip: 48109 (lookup)

Apt. 93 City: Ann Arbor

City of Ann Arbor Resident?  Yes  No

Phone: 555-555-5555 # of Adults in Household: 2 # of Children in Household: 4

Gender:  Male  Female Date of Birth: 1-30-1776

**Ethnicity**

Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture)  
 Not Hispanic or Latino  
 Unknown

Race/Ethnic Origin 1	Race/Ethnic Origin 2	Race/Ethnic Origin 3
<input type="radio"/> White	<input type="radio"/> White	<input type="radio"/> White
<input type="radio"/> Black or African American	<input type="radio"/> Black or African American	<input type="radio"/> Black or African American
<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> American Indian or Alaskan Native
<input type="radio"/> Asian	<input type="radio"/> Asian	<input type="radio"/> Asian
<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander
<input type="radio"/> Some Other Race	<input type="radio"/> Some Other Race	<input type="radio"/> Some Other Race
<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Unknown
<input type="radio"/> Consumer refused to provide information	<input type="radio"/> Consumer refused to provide information	<input type="radio"/> Consumer refused to provide information

**Living Arrangement**  Rent  Own

Monthly Rent: 900.00 Gross Annual Household Income: 16800.00 Affordability: 64%

Check here if you authorize that this electronic narrative can be considered equal to a letter on your agency's letterhead

**Explanation of Need**

THIS SECTION MUST INCLUDE AND/OR ADDRESS ALL OF THE FOLLOWING ITEMS: THE TOTAL AMOUNT NEEDED TO RESOLVE THE EMERGENCY; THE URGENCY/TIMELINE OF THE REQUEST; THE UNDERLYING CAUSE OF THE FINANCIAL NEED; WHICH OTHER FUNDING SOURCES HAVE BEEN PURSUED; HOW THE SITUATION WILL BE SUSTAINABLE IF FUNDS ARE ALLOCATED; AND WHAT PLANS ARE IN PLACE TO PREVENT FUTURE EMERGENCIES.

The explanation should ALWAYS include the items listed to the right (also shown in the paragraph above).

This person was referred to your agency by 2-1-1  
 This person was referred to 2-1-1 by his/her landlord

**Consumer Information:**

The identifying and demographic information for the consumer and her/his family should be entered here.

**Affordability:**

The Gross Annual Household Income and Monthly Rent (Housing Payment) help calculate the housing affordability. Click "calculate" for the percentage of rent affordability (after you enter the rent and annual income).

**Please include the following in the Explanation of Need:**

1. Total amount needed to resolve the crisis
2. Total amount requested from BBEUNF
3. Timeline of need
4. Other funding sources
5. Sustainability
6. Housing & Utility Status
7. Source (s) of income

# Barrier Busters Network

**Check Request Information**

**Amount Requested**

**Date by which check is needed**

**Check Payable to (agency/company name)**

**Check Payable to (Address)**  
  
 City:  State:  Zip:

**Contact Person regarding payment**

**Title**

**Phone**

**Email**

**Choose One of the Following**

Mail Check

Hold Check for Pickup by:

First name:  Last name:

Phone:  Email:

**Optional Information to be printed on check**

Invoice #/Account #/Client Name:

**Request Type:**

Please explain:

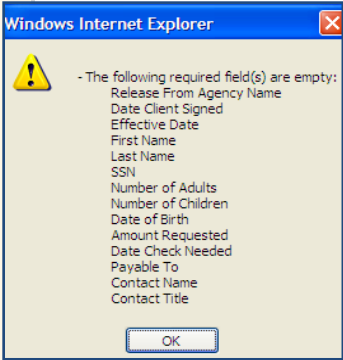
**Other Funding Sources**

DHS	<input type="radio"/> NA	<input type="radio"/> Denied	<input checked="" type="radio"/> Utilized - Amount: <input type="text" value="300"/>
ETCS	<input type="radio"/> NA	<input checked="" type="radio"/> Denied	<input type="radio"/> Utilized - Amount: <input type="text"/>
Friends In Deed	<input checked="" type="radio"/> NA	<input type="radio"/> Denied	<input type="radio"/> Utilized - Amount: <input type="text"/>
Ann Arbor Thrift Shop	<input type="radio"/> NA	<input type="radio"/> Denied	<input checked="" type="radio"/> Utilized - Amount: <input type="text" value="150"/>
ES Funds from Non-Profit	<input checked="" type="radio"/> NA	<input type="radio"/> Denied	<input type="radio"/> Utilized - Amount: <input type="text"/>
Veteran's Services	<input checked="" type="radio"/> NA	<input type="radio"/> Denied	<input type="radio"/> Utilized - Amount: <input type="text"/>
Salvation Army	<input checked="" type="radio"/> NA	<input type="radio"/> Denied	<input type="radio"/> Utilized - Amount: <input type="text"/>
SOS Community Services	<input checked="" type="radio"/> NA	<input type="radio"/> Denied	<input type="radio"/> Utilized - Amount: <input type="text"/>
Consumer/Client Contribution	<input type="radio"/> NA	<input type="radio"/> Denied	<input checked="" type="radio"/> Utilized - Amount: <input type="text" value="61"/>
Other	<input checked="" type="radio"/> NA	<input type="radio"/> Denied	<input type="radio"/> Utilized - Amount: <input type="text"/>
Specify:	<input type="text"/>		

This is the absolute deadline by which the money is needed. **DO NOT** put today's date unless that is true. False dating will not speed up the process.

Please indicate here the information about the landlord, utility contact, or other payee contact (HINT: this is **not** for the Barrier Buster's name!)

If you leave any mandatory fields blank, you will be prompted (see below) to fill them in before you can submit the application.



**NOTE:** You cannot save and edit the application. Once you have submitted it, it will be evaluated by staff for approval, denial or return to Barrier Buster for more information. Please gather all necessary information **BEFORE** starting the application.

# Section VI: Evaluation Survey

The purpose of the Barrier Busters evaluation survey is to determine the extent to which the use of Barrier Busters Emergency Unmet Needs Funds is effective in meeting emergency needs and ensuring sustainability for the consumer.


The *Encompass* system will automatically generate an e-mail reminder to the Barrier Buster designee who entered a financial request at six months after the date the request was paid. Barrier Busters must complete the survey within two weeks of this reminder in order for their agencies to continue to be able to request funds.

### Process for Following Up with the Client:


1. Call the client and attempt to complete the online survey. Record call date in a *Client Follow-Up Log* (see an example on the following pages) for your records and convenience.
  - If you are unable to reach the client on the first attempt, please try to call at least two more times at different times of day. Please record your call dates and times.
2. If you are unable to contact the client by phone, it is okay. Here are a few alternatives that could work to get in touch with the client:
  - Calling the Landlord/Property Manager listed for the client at the time of request
  - Using current case files if the client still works with your agency
3. If you are still unable to reach the client, please complete the survey as much as possible and indicate "Client not reached by phone" in all narrative sections related to questions that can't be answered.

### Navigating to the Encompass Survey:


Use the "View Barrier Busters Requests" search function to find the consumer. See Section IV (Initiating the Application) of this manual (Page 11) for help with this function. Once you find the consumer through the search, find the request that was paid six months prior to the date you received the e-mail reminder and click "Evaluation Surveys."



**Washtenaw Community Health Organization**



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Barrier Buster Request List

---

**3 Barrier Buster Requests**

[View Help](#)

Consumer	Agency	Request Date	Request Type	Amount	Status	Add Request
Jane Doe	Avalon Housing	12/12/2008	Misc.	\$550.00	Check Mailed	<a href="#">View</a> <a href="#">Print Request</a> <span style="border: 2px solid black; border-radius: 50%; padding: 2px;"><a href="#">Evaluation Surveys</a></span>
Jane Doe	Avalon Housing	07/2/2008	Eviction Prevention - Rent	\$75.00	Check Mailed	<a href="#">View</a> <a href="#">Print Request</a> <a href="#">Evaluation Surveys</a>
Jane Doe	SOS	01/24/2008	Transportation	\$2000	Denied	<a href="#">View</a> <a href="#">Print Request</a> <a href="#">Evaluation Surveys</a>

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Friday, June 12, 2009 6:06 PM Eastern Time  
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Chantal Cotton

# Barrier Busters Network

You will be taken to a page that allows you to search for completed evaluation surveys for the request you chose. If there are no surveys listed or if you search for a survey by date and do not find one, then you can click “add survey” to get to a new survey for the consumer.

WCHD Washtenaw Community Health Organization EnCompass

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Searching: Date [calendar icon] Surveys On [dropdown] this date

Sorting: Sort By Date [dropdown] Desc [dropdown]

SEARCH

0 Surveys

Date	Completed By	<a href="#">Add Survey</a>
------	--------------	----------------------------

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Friday, June 12, 2009 6:12 PM Eastern Time Chantel Cotton

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## The Survey

The consumer’s information will automatically appear in the survey. You can quickly review it and then move on to the actual survey questions. The survey questions will ask about the consumer’s housing situation, utilities, budget counseling, and anything related to the request type (Housing, Utilities, Transportation, Medical, Misc., etc.) made for that consumer.

WCHD Washtenaw Community Health Organization EnCompass

Back Home Logout Help messages Add Barrier Buster Eval Survey

<b>Consumer</b> Doe, Jane	<b>Encompass ID</b> 333999	<b>Date of Birth</b> 01/30/1776 (Age: 233)	<b>Gender</b> Male
<b>Address</b> 3121 Scenic Ann Arbor Dr. #2 Ann Arbor, MI 48108		<b>Home Phone</b> 555 555 5555	
<b>Current Status</b>			
Washtenaw	Livingston	Monroe	Lenawee
No Admission	No Admission	No Admission	No Admission

[View Current Eligibility/Insurance Information](#)

**Barrier Buster Evaluation Survey**

**Survey Date**  
1/22/2010 [calendar icon]

**Entered By**  
Mary Beth Lampe [lookup clear]

Check if the consumer declined to complete the survey

The only time that you should check the “Consumer Declined to Complete the Survey” checkbox is if the consumer declines to complete the survey with you, via the phone or in person. After you click this, save and exit the survey. It will no longer require you to fill out the required fields.

# Barrier Busters Network

**Utilities**

Is the client current on utilities?  
No

If no, please describe  
The client lost his job and has not been able to keep up with many of his bills. He has been paying the payment plan bills for his utilities, but he has also recently gotten behind on that as well.

characters left: 29802

**Housing**

Describe client's current housing situation  
Rents House/Apartment

Is client current on rent (if rental)/mortgage & taxes (if ownership)?  
Yes

Is client currently housed in the same location as was identified in Barrier Buster request?  
No

If no, please explain (e.g. eviction)  
Moved to a smaller apartment that was more energy efficient.

characters left: 0

This current housing information was provided by  
Client

If other, please specify

characters left: 64

**Budget Counseling**

Was budget counseling recommended or referred to the client at the time of Barrier Buster request?  
Yes

If yes, please specify what organization/person client was referred to  
MSU Extension, Terry Jones

characters left: 38

Did client receive budget counseling at the time of Barrier Buster request or soon thereafter?  
No

If yes, please specify budget counseling organization and counselor's name

characters left: 64

✓ Spell Check

SAVE CANCEL

“Current” on utilities or rent = up to date on all payments. If the client is on a repayment plan, they must be current on their payments to be considered “current.” Please verify this information on ORA or by viewing the client’s most current bill from DTE.

Budget counseling means that the client has gone over their personal expenditures (bills) and income with a trained professional.

## Additional information about the Evaluation Survey:

- Gather all the information you need before beginning the survey. Once you save it, you cannot come back to it.
- It is mandatory that you fill in the explanations for the consumer if you say that they are not current on any of their bills (housing, utilities, miscellaneous, transportation, or health).
- Please only check “Consumer declined to complete survey” box at the top of the form if the client was reached and verbally declined to participate. If the consumer was not reached by phone or in person, you must still complete the survey to the best of your ability using landlord contacts, case notes, the ORA system from DTE, etc. For questions for which you could not obtain an answer because the consumer was not reached, please indicate that you could not reach the consumer in the narrative box provided for each question.

## Barrier Busters Evaluation Survey

This page has the survey questions with space in between for you to jot down the client responses when you are not next to a computer. **The responses on this form MUST BE TRANSFERRED TO THE ENCOMPASS SURVEY ONLINE IN ORDER TO COUNT.** Thank you!

**Request type:** \_\_\_\_\_

**Utilities:** Is the Client current on Utilities? Yes, No? If no, then please explain.

### **Housing:**

**Describe the Client's current housing situation: Choose only one.**

Owns House/Apartment; Rents House/Apartment; Home of Friends/Family; Hotel/Motel; Institution/Inpatient Treatment Facility; Emergency Shelter; Car on the Street/Place not meant for Human Habitation; Transitional Housing Program; Other (e.g. - Jail, Foster Care, Group Home, etc.); Unknown

**Is the client current on rent (if rental) or mortgage and taxes (if ownership)?**

Yes, No, N/A (homeless/no housing costs), or Unknown

**Is the Client currently housed in the same location as was identified in Barrier Busters request?**

Yes, No? If no, please explain.

### **Budget Counseling:**

**Was budget counseling recommended or referred to the client at time of Barrier Buster request?**

Yes, No? If yes, please express what organization to which the client was referred.

Did client receive budget counseling at the time of Barrier Buster request or soon thereafter?

Yes, No? If yes, please express the organization where the client received counseling.

**If applicable: Is the Client able to meet all health-related monthly expenses?** Yes, No? If no, please explain.

**If applicable: On most occasions, is the client able to get to and from medical appointments, work, and/or childcare?** Yes, No? If no, then please explain.

**If applicable: Is the Client able to meet all monthly expense related to the request made 6 months ago?** Yes, No? If no, then please explain.

