**Vermont Coalition to End Homelessness – Coordinated Entry Housing Assessment**

*Name of Person(s) providing information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Completing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date Completed: \_\_\_\_\_\_\_\_\_ ServicePoint#: \_\_\_\_\_\_\_\_\_\_\_\_*

***STAFF INSTRUCTIONS:***

* *Check to see if client is in HMIS first. If yes, review and update information.*
* *Staff directions and guidance is italicized. DO NOT read aloud.*
* *HMIS Universal Data Element questions are marked with a “*” after the question.
* *Questions that are dash underlined should be used to make soft referrals for other supports at the end.*

*Begin**reading here to client:***The following questions will help us to figure out how best to help you. Answering these questions can help us find housing that best fits your needs and provide you with referrals to other supports. It’s very important that you answer honestly. Some of the questions are personal, and you may choose to skip any of the questions. Before we start, I want to let you know that we do not discriminate based on race, color, national origin, religion, disability, familial status, marital status, age, sexual orientation, gender identity, or receipt of public assistance. I also want to let you know that we will keep the information you share confidential, and only share what is needed to coordinate housing and service needs when you give us permission. I’ll review a Release form with you at the end of this assessment, and you can choose how you want this information to be shared and with what agencies.**

* **Do you or anyone in your household need any accommodations for a disability, such as help with paperwork or navigating services?**

*No one has to answer this question if they don’t want to. But if someone does have a disability, we can make changes to how we do things to make the process easier for them, if the change is reasonable.*

*Yes  No  DK/Declined If yes, record here:*

## ***SCREENING QUESTION FOR THOSE FLEEING DOMESTIC Or SEXUAL VIOLENCE***

If you answer “Yes” to any of the following questions, we have procedures to help you access this process more safely based on your situation.

* Are you currently fleeing your current location because you feel unsafe with a current or former partner?
* Are you fleeing sexual violence or stalking?
* *(If yes)* Would you like to be referred to the local Domestic/Sexual Violence Shelter for help?

*(If yes)* ***STOP – Do NOT complete the rest of the form. Make referral to Domestic Violence Agency to enter the Coordinated Entry process.***

* **What kind of help are you interested in right now?**

*Emergency Housing (if emergency shelter is needed, STOP assessment & make connections to shelter first)*

*Support Services  Financial assistance  Help to find housing  Mediation/Help for Housing Conflict  Not Sure*

*Other:*

**SECTION 1: HOUSEHOLD INFORMATION**

**First, I’m going to collect some basic information about you and the people in your household.**

* Who is living with you or will be part of your household? 
* Is anyone known by another name? 
* Can you please tell me the relationship to you, the social security number, and date of birth for each person? 
* a. Does anyone in your household identify as transgender or gender non-conforming?

b. What is the gender of each person in your household? 

Male Female Transgender Male to Female Transgender Female to Male Gender Non-Conforming

* Which category or categories describe <use name of each person>? 

Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White

* Is anyone of Hispanic, Latino or Spanish origin? 
* a. Does <use name of each person> have health insurance? 

b. *If yes,* what type of health insurance? 

* Have you or any adult in your household ever served in the U. S. Armed Forces or Military? 
* Are you currently receiving services from a veteran-serving organization?  *Yes  No  Don’t Know  Declined*
* Do you have military ID? *If Yes,* What type?  *Military Card ID  DD-214  VA ID  DD-2*
* May we make a referral to the VA on your behalf?  *Yes  No*

**Thanks for all those answers. The next question may help us get you support that best fits your needs.**

* Do you or anyone in your household have a disabling condition, such as alcohol and/or drug abuse, a chronic health condition, a mental health problem, HIV/AIDS, a developmental disability or another physical disability? You don’t need to be receiving services or treatment to have a disability. 

*Read questions and record answers in the chart below – drop down options in electronic form.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First and Last Name  | Aliases  | Relation to Head of Household  | SSN  | Date of Birth  | Gender  | Race  | Hispanic Y/N  | Health Insurance Y/N  | Health Insurance Type  | Veteran Y/N  | Disabling condition Y/N  |
|  |  | SELF |  |  | Choose | Choose |  |  |  |  |  |
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**SECTION 2: DISABILITY INFORMATION**

**ONLY COMPLETE if someone in the household has a disabling condition. IF NOT, skip to Section 3.**

**Now I’m going to ask you some additional information about the people in your household with a disabling condition. Remember, you don’t have to answer any questions you don’t want to. Your answers may help us figure out how to best to help you. I also want to make sure that you know any specific information about a disability is only used to determine if you might be eligible for a program, not to deny you services or housing for which you are eligible.**

***Note: documentation is not required: client’s self-report is sufficient for this assessment.***

*From previous question on disabling conditions, fill in chart with name of person/people with disabling conditions. Then read questions below and record answers in the chart.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First and Last Name  | Type of disability  (1 type per line)  | Is this expected to be long-term and continue indefinitely, and affect your/their ability to live independently?  | Currently receive services or treatment? | *If not,*  Would you/they like help getting connected with services or treatment? |
|  |  |  |  |  |
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* What type of disabling condition do you/does <use name of each person with disabling condition> have?
* Is the disabling condition expected to be long-term and continue indefinitely, and affect your/their ability to live independently?
* a. Do you/they currently receive services or treatment for the disabling condition?

b. *If not,* Would you/they like help getting connected with services or treatment?

* Do you have any urgent medical conditions right now that you need help with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If yes, make appropriate referrals.*

**SECTION 3: DOMESTIC VIOLENCE HISTORY**

*Read the following questions and record the “YES” answers in the chart below, including the name of the person.*

* Have you ever had a partner that made you afraid for your safety, hurt you or controlled your decisions?  YES NO

*If YES,* a. When did it occur? 

Within the past 3 months 3-6 months ago 6-12 months ago More than 1 year ago

b. Are you currently fleeing them? 

* Has anyone in your household, besides you, had a partner that made them afraid for their safety, hurt them or controlled their decisions?  YES NO

*If YES,* a. When did it occur? 

Within the past 3 months 3-6 months ago 6-12 months ago More than 1 year ago

b. Are they currently fleeing them? 

* Would you or anyone else in your household like to speak with a domestic or sexual violence advocate for support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If yes, make appropriate referrals.*

|  |  |  |
| --- | --- | --- |
| Name (First and Last)  | When did it occur?  | Currently fleeing? Y/N  |
|  | Choose |  |
|  | Choose |  |
|  | Choose |  |

**SECTION 4: CURRENT HOUSING SITUATION & CHRONIC HOMELESSNESS INFORMATION**

**This Section must be completed for each Adult.**

**Thanks for your answers so far. Now, I want to review your current housing situation with you. I’m also going to ask some questions about your housing history. I want to remind you that we do not discriminate. Our goal is to help identify the housing and support that best fits your needs. Answering these questions accurately may help us.**

*If Housing Referral Form is on hand, Review & Update:* I see that you’ve been staying <place from referral form>; is that still where you are staying?

* Where did you stay last night? Please be specific. 

|  |
| --- |
| ***Homeless***  Emergency Shelter or Safe Haven  Place not meant for habitation (cars, parks, abandoned or condemned buildings, camps, streets)  Motel/hotel (General Assistance (GA) or other voucher)   * *If experiencing homelessness[[1]](#footnote-1),* do you recall the approximate date you started staying here?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Institutional setting***  Hospital or non-psychiatric medical facility Foster Care home/residential program  Jail/prison/Juvenile detention facility Long-term care facility or nursing home  Psychiatric hospital bed/facility Substance abuse treatment facility or detox |
| ***Transitional or Permanent Housing***  Motel/hotel paid by self  Renting a house /apartment  *If yes,* Do you live in subsidized housing or have your own voucher right now? (VRS, FUP, Section 8, Shelter + Care, etc)  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staying or living in a family member’s room, apartment or house  Staying or living in a friend’s room, apartment or house  Other residential project (not homeless specific)  Transitional Housing for homeless persons (including youth)  ***Diversion Questions for those who did not stay in Emergency Shelter last night (Optional)***   * Are you able to stay <insert name of location> again tonight?  *Yes*  *No*  *Maybe* * *If no or maybe,* Is there anything that could be done so that you can stay there again? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Do you have friends or family in the area that you can stay with safely tonight?  *Yes*  *No*   ***Transitional or Permanent Housing, cont.***  ***Screen for Imminent or At-Risk of Homelessness (Optional)***   * Have you been threatened with being kicked out of your current place?  *Yes*  *No* * Have you been served a legal eviction notice (from the court) that says you must leave within 14 days?   *Yes*  *No* **DATE (if known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Have you received a notice (from your landlord) that your right to stay or occupy your current housing will be terminated within 21 days?   *Yes*  *No* **DATE (if known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Are you staying with family or friends because you are unable to afford your own place?  *Yes*  *No* * Is your current living situation overcrowded? Meaning, there too many people in your current location (> 1.5 pp/room)?  *Yes*  *No* * Have you moved 2 or more times in the past 60 days?  *Yes*  *No* * Has the housing that you are currently living in been condemned by a health officer?  *Yes*  *No* |
| In a home owned by the individual/family *STOP – Make referral to homeownership center* |

* How long have you been staying where you are staying now? *(Update, if needed)* 

|  |  |
| --- | --- |
| One night or less | One month or more, but less than 90 days |
| Two to 6 nights | More than three months, but less than one year |
| One week or more, but less than one month | One year or longer |

* *If less than 90 days,* on the night before this was where you stayed, where did you stay **AND** approximately when did you start staying there? 

*Emergency Shelter/Safe Haven* *Place not meant for habitation (car, tent, street, etc.)* *Other: \_\_\_\_\_\_\_*

*Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* Have you ever experienced homelessness before (this time?)  *Yes  No*

*a . If yes,* how many times have you been living outside, on the streets, or in an emergency shelter or safe haven in your life? \_\_\_\_\_\_\_\_\_

b. When were you homeless and how long were you homeless each time (include shelter stays)? *(list year & length of episode in months)*

*Staff answer the following from responses above:*

* *Total # of months/years spent homeless:*

*Less than 1 year  12 – 23 mos.  24 – 60 mos. (2-5 years)  More than 60 mos. (5 years)*

* *Regardless of where they stayed last night, # of times the client has been homeless (including current episode) in the past 3 years:*  *\_\_\_\_\_\_\_\_*
* *Total # of months spent homeless (including current episode) in the past 3 years:*  *\_\_\_\_\_\_\_\_*

**SECTION 5: INCOME AND EMPLOYMENT INFORMATION**

**Now, I want to understand your current income and employment situation.**

If you can provide a copy of your pay stubs or benefit statements, we may be able to serve you more quickly.

Do you or any adults in your household have income from any source, including cash and non-cash income?   *Yes  No*

*If yes,*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cash Income  | Monthly Amount  | Which Adult?  |  | Non-Cash Income  | Yes/No  | Monthly Amount  (optional) | Which Adult?  |
| Alimony/other spousal support | $ |  |  | 3SquaresVT - SNAP (Food Stamps) |  | $ |  |
| Child support | $ |  |  | WIC |  | $ |  |
| **Earned Income** (employment/self-employmt) | $ |  |  | Reach Up (TANF) child care services |  | $ |  |
| General Assistance (GA) | $ |  |  | Reach Up (TANF) transportation services |  | $ |  |
| Other | $ |  |  | Other Reach Up (TANF) services |  | $ |  |
| Pension/Retirement Income from job | $ |  |  | Section 8/public housing rental assistance |  | $ |  |
| Private disability insurance | $ |  |  | Other: |  | $ |  |
| Social Security Retirement | $ |  |  | Other: |  | $ |  |
| SSDI | $ |  |  | Other: |  | $ |  |
| SSI | $ |  |  | Other: |  | $ |  |
| Reach Up (TANF) | $ |  |  |  |  |  |  |
| Unemployment | $ |  |  |  |  |  |  |
| VA disability: non-service connected pension | $ |  |  |  |  |  |  |
| VA disability: service connected compensation | $ |  |  |  |  |  |  |
| Worker's comp | $ |  |  |  |  |  |  |
| **Total Cash Income** | **$** |  |  | **Total Non-Cash Income** |  | **$** |  |

Do you expect any changes in your household income in the next month? *Yes  No If Yes,* what changes?

If you are receiving Reach Up (TANF), do you expect any changes to this benefit in the near future?  *Yes  No* *If Yes,* what changes?

Would you like to explore a way to increase your income?  *Yes  No*

*If yes,* Do you think employment training or support could help you to increase your income?  *Yes  No*

*If yes,* Would you like help with finding employment, training or education opportunities?

*If no,* Are you interested in other benefits?

**SECTION 6: LEVEL OF ASSISTANCE**

**Now that I have your income and employment information, I’m going to ask you some questions to help better understand your housing needs.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Screen for Short-Term Assistance (up to 3 months) Score:*** | | | |
| **INCOME** | Do you have enough income right now to afford ongoing rent for your own apartment? | *Yes = 1, No = 0* |  | *Total Income Score = \_\_\_\_\_*  *Score >=1*  *Criteria Met* |
| Do you expect that your income will increase in the next three months, such as a raise from a job or pending military, retirement, alimony, child support or social security benefits? *(reasonable expectation)* | *Yes = 1, No = 0* |  |
| In the next three months, will you receive subsidized housing? *(documentation)* | *Yes = 1, No = 0* |  |
| In the next three months, will your households expenses decrease enough so that you can afford your own apartment? | *Yes = 1, No = 0* |  |
| **OPPORTUNITY** | Have you ever been asked to leave your apartment or given legal papers asking you to leave? ***If yes,* How many times?** \_\_\_\_\_\_\_\_\_\_\_ | *Score 1 if No (exclude pending)* |  | *Total Opportunity Score = \_\_\_\_\_*  *Score >=1*  *Criteria Met* |
| Do you have any good or fair landlord references? | *Yes = 1, No = 0* |  |
| Do you have your next housing secured? *(documented offer from landlord for a unit)* | *Yes = 1, No = 0* |  |
| **SITUATION** | *From previous questions: First episode of homelessness in the past three years?* | *Yes = 1, No = 0* |  | *Score = 1*  *Criteria Met* |
| **CHECK HERE IF ALL OF THE LAST COLUMN IS CHECKED – ALL CRITERIA ARE MET; HOUSEHOLD SCREENS IN FOR SHORT-TERM ASSISTANCE** | | | | |
|  | ***Screen for Long-Term Assistance (more than 24 months) Score:*** | | | |
| *Has the client been experiencing homelessness (this episode) continuously for one year or more OR has had at least 4 episodes of homelessness in past 3 years (previously determined)?* | | *Yes = 1, No = 0* |  | *Score >=1*  ***Household Screens In for Long-term Assistance*** |
| *Does the client have a disability that is expected to be long-term, and substantially impairs their ability to live independently over time (previously determined)?* | | *Yes = 1, No = 0* |  |
| *Has the client been asked to leave an apartment or given legal papers asking to leave* ***3 or more times****, including anything that is pending (previously determined)?* | | *Yes = 1, No = 0* |  |
|  | ***Screen for Medium-Term Assistance (3-24 months)*** | | | |
| **CHECK HERE IF THE HOUSEHOLD DID NOT SCREEN IN FOR SHORT-TERM OR LONG-TERM ASSISTANCE; SCREENS FOR MEDIUM-TERM ASSISTANCE** | | | | |

**SECTION 7: COMPLEX SERVICE NEEDS  
ONLY COMPLETE if Household screened into Medium-Term or Long-Term Assistance (A or B) in preceding section.   
If Not, Skip to Section 8.**

**Your responses to these next questions will help us understand the kind of services you might need in housing. Like before you don’t have to answer, but it will help identify housing support for you.**

1. Have you or a member of your household:

Had one or more trips to an emergency room in the past year?

Stayed in a psychiatric facility (lifetime)?

Stayed in a substance abuse treatment facility (lifetime)?

Stayed in another type of residential facility, including a nursing home or group home (lifetime)?

Been in foster care at age 16 years or older?

Been homeless before the age of 25 (adults and heads of household only)?

Stayed in a prison, jail, or correctional facility (lifetime)?

Do you currently have an open case with Family Services (DCF Child Welfare)?

Have you been without any cash income (including from a job or not from a job) for the entire past year?

Do you or anyone in your household have an urgent medical need (e.g., severe infection, acute diabetic condition, mental health crisis)

1. *Staff member answer from information collected earlier (pages 3 and 4):*

*Currently unsheltered or living in a place unfit for human habitation (e.g., car, tent)*

*Survivor of domestic/sexual violence*

*Adult household member living with a chronic condition that is disabling*

1. *Staff member answer from information collected earlier (page 5)*

\_\_\_\_ *Mark “0” for less than 12 months of homelessness; “1” for 12 – 23 months of homelessness; “2” for 24 – 60 months (2-5 years) of homelessness; “3” for more than 60 months (5 years) of homelessness*

*Total boxes checked above in sections A and B: \_\_\_\_\_\_\_\_*

*Score for length of time homeless in section C: \_\_\_\_\_\_\_\_*

***Total Complex Service Needs Score (add the two above): \_\_\_\_\_\_\_\_\_***

**SECTION 8: HOUSING PREFERENCES AND BARRIERS (OPTIONAL)**

**The next set of questions will help us gather information about your housing preferences and barriers.**

* Where would you like or prefer to live (county/towns)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you currently owe any back rent?  *Yes  No*
* Do you currently owe money on any utility bills?  *Yes  No*
* Do you have friends or family members with whom you can stay for a short period of time, or who can lend you money?  *Yes  No*
* Would you say you have trouble getting or keeping an apartment?  *Yes  No*

***If yes***, was it for any of the following reasons? (Check all that apply)

Need an accessible unit  Smoking

Credit history  Uneven or no employment

Criminal record  Eviction history

Not enough income  Issues with house guests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bad or no landlord references  Discrimination- Please explain: \_\_\_\_\_\_\_\_\_\_\_

My pets or animals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of children/people in the household

Housekeeping  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What would you say is your biggest barrier to getting or keeping housing right now?

***ONE MORE PAGE LEFT! PLEASE COMPLETE THE FINAL PAGE WITH CLIENT; THEN FILL OUT THE RELEASE OF INFORMATION.***

**SECTION 9: REFERRALS AND SERVICE CONNECTIONS**

**This is our final page! Thanks again for being patient as we fill this out together. I have just a few final questions.**

* Have you worked with any service agencies or programs in the last 12 months?

Agency: Agency: Agency:

Program Name: Program: Program:

With whom did you work? With whom did you work? With whom did you work?

* Are you currently on Probation or Parole?  *Yes  No*

Parole Officer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are all school aged children enrolled in school?  *Yes  No If yes*, are there any enrollment or attendance difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If yes,* what school do they attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can I contact the local homeless liaison at your school?  *Yes  No* <http://education.vermont.gov/homeless-children-and-youth>

* Are you interested in any of these other resources we can provide to help you?

Adult education classes

Budget and financial counseling

Employment Search/Training

Finding a primary care provider

Food/Food Shelf/3SquaresVt Benefits  Health insurance

Information about substance use

Information about counseling

Support groups

Other:

***REFERRALS FOR CLIENT*** *Go back to pages 1, 2 3, 6 and 10 and check for any soft referrals (Reminder: Questions that lead to referrals are dash underlined.*

*Emergency Housing: Shelter or Overflow Motel  Support Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Financial assistance*

*Help to find housing  Mediation/Help for Housing Conflict  VA  Services or Treatment for Disability  DV/SV Advocate*

*Urgent Medical Care  Homeownership Center  Employment, Training or Education Opportunities  Benefits  Utilities*

Service Referrals (Note: These are soft referrals, meaning the assessor can provide client with agency information or call agency with the client present):

Housing Next Steps:

Next Appointment with:

1. In Emergency Shelter or Safe Haven, place not meant for human habitation (tent, street, car, etc.) or in a motel paid for through a state or other voucher. [↑](#footnote-ref-1)