

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 “①” 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
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- 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
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- 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					

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?	<i>If not,</i> Would you/they like help getting connected with services or treatment?

- 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 homelessness¹, do you recall the approximate date you started staying here? ⓘ _____

Institutional setting

- Hospital or non-psychiatric medical facility
 Jail/prison/Juvenile detention facility
 Psychiatric hospital bed/facility
 Foster Care home/residential program
 Long-term care facility or nursing home
 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

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.

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) ⓘ

<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days
<input type="checkbox"/> Two to 6 nights	<input type="checkbox"/> More than three months, but less than one year
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> 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? ⓘ
Alimony/other spousal support	\$	
Child support	\$	
Earned Income (employment/self-employment)	\$	
General Assistance (GA)	\$	
Other	\$	
Pension/Retirement Income from job	\$	
Private disability insurance	\$	
Social Security Retirement	\$	
SSDI	\$	
SSI	\$	
Reach Up (TANF)	\$	
Unemployment	\$	
VA disability: non-service connected pension	\$	
VA disability: service connected compensation	\$	
Worker's comp	\$	
Total Cash Income	\$	

Non-Cash Income ⓘ	Yes/No ⓘ	Monthly Amount ⓘ (optional)	Which Adult? ⓘ
3SquaresVT - SNAP (Food Stamps)		\$	
WIC		\$	
Reach Up (TANF) child care services		\$	
Reach Up (TANF) transportation services		\$	
Other Reach Up (TANF) services		\$	
Section 8/public housing rental assistance		\$	
Other:		\$	
Other:		\$	
Other:		\$	
Other:		\$	
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.

A.	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 = _____ <input type="checkbox"/> 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? <i>(reasonable expectation)</i>	Yes = 1, No = 0	
	In the next three months, will you receive subsidized housing? <i>(documentation)</i>	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 <i>(exclude pending)</i>	Total Opportunity Score = _____ <input type="checkbox"/> Score >=1 Criteria Met
	Do you have any good or fair landlord references?	Yes = 1, No = 0	
	Do you have your next housing secured? <i>(documented offer from landlord for a unit)</i>	Yes = 1, No = 0	
SITUATION	<i>From previous questions: First episode of homelessness in the past three years?</i>	Yes = 1, No = 0	<input type="checkbox"/> Score = 1 Criteria Met
<input type="checkbox"/> CHECK HERE IF ALL OF THE LAST COLUMN IS CHECKED – ALL CRITERIA ARE MET; HOUSEHOLD SCREENS IN FOR SHORT-TERM ASSISTANCE			
B.	Screen for Long-Term Assistance (more than 24 months)	Score:	
	<i>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)?</i>	Yes = 1, No = 0	<input type="checkbox"/> Score >=1 Household Screens In for Long-term Assistance
	<i>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)?</i>	Yes = 1, No = 0	
	<i>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)?</i>	Yes = 1, No = 0	
C.	Screen for Medium-Term Assistance (3-24 months)		
<input type="checkbox"/> 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.

A. 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 only)?
- Stayed in a prison 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)?

B. 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

C. 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)

- | | |
|--|---|
| <input type="checkbox"/> Need an accessible unit | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Credit history | <input type="checkbox"/> Uneven or no employment |
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Eviction history |
| <input type="checkbox"/> Not enough income | <input type="checkbox"/> Issues with house guests: _____ |
| <input type="checkbox"/> Bad or no landlord references | <input type="checkbox"/> Discrimination- Please explain: _____ |
| <input type="checkbox"/> My pets or animals: _____ | <input type="checkbox"/> Number of children/people in the household |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> 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

Food/Food Shelf/3SquaresVt Benefits

Information about counseling

Budget and financial counseling

Health insurance

Support groups

Employment Search/Training

Information about substance use

Other:

Finding a primary care provider

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: