

APPENDIX 5:

COORDINATED ENTRY LEVEL OF ASSISTANCE AND COMPLEX SERVICE NEEDS ASSESSMENT

Coordinated Entry Level of Assistance Screening Questions:

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:	
	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	<input type="checkbox"/> 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	
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			

Coordinated Entry Complex Service Needs Screening questions

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 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)?

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): _____