Vermont Coalition to End Homelessness
Coordinated Entry FALL 2019 UPDATE
for Households already on the local Master List

Name of Person(s) providing information: ________________________________________

Staff Completing:___________________________   Date Completed: _________   ServicePoint#: ____________

Update to questions regarding past experiences of violence. Please note that these questions have changed to include all family violence.

➢ Has a partner or someone you were living with ever 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, attempting to flee, or afraid to return to where you are staying? ☐

➢ 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, attempting to flee, or afraid to return to where they are staying? ☐

Review Screen for Long-Term Assistance Screening for the Household, is still accurate?

<table>
<thead>
<tr>
<th>Has the client been experiencing literal homelessness (this episode) continuously for one year or more OR has had at least 4 episodes of literal homelessness in past 3 years (previously determined)?</th>
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<tbody>
<tr>
<td>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)?</td>
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<td>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)? (only for leased housing)</td>
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Update to Complex Service Needs
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.

Have you or a member of your household:
  ☐ Ever had an IEP or 504 plan in school? (Note: may need to revisit Section 2: Disability Information)

Have any adults (>18 years old):
  ☐ Ever been kicked out or asked to leave housing (any housing, not just housing where you were on a lease) because of a real or perceived mental health or substance use issue?
  ☐ Never had a job where you were employed for at least three consecutive months?
  ☐ Never been named on a rental lease before?
  ☐ If head of household is under the age of 25, are you or your partner currently pregnant?
  ☐ Are there any adults (or head of households) who do not have a high school diploma or GED and are not currently working on getting one?

Add to Complex Service Needs:
  ☐ Unaccompanied 16 or 17 year old (youth is presenting as their own head of household)