

BALANCE OF STATE COORDINATED ENTRY ASSESSMENT FORM

STAFF INSTRUCTIONS:

Check to see if the client is in HMIS first. If yes, review and update information.

Staff directions and guidance are *italicized*. DO NOT read aloud.

Bold text is important information to read to the client.

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.

SECTION 1A: CONTACT INFORMATION

Staff/Organization Completing Form (Name & Contact Info): _____

Date Completed: _____

Assessment Location: _____

Assessment Type: Phone Virtual In Person

Assessment Level: Housing Needs Assessment

Client (Head of Household) Name: _____

Date of Birth: _____

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) PAUSE – Discuss if client would like to continue with the Coordinated Entry process or if they would like to move forward with the DV Agency referral at this time

Can we use any of the following to reach you safely?

Primary contact information: _____

Phone: _____

If this is a cell phone, can you receive text messages? Yes No

Email: _____

Physical Address: _____

Mailing Address: _____

Secondary contact information: _____

Phone: _____

If this is a cell phone, can you receive text messages? Yes No

Email: _____

Physical Address: _____

Mailing Address: _____

The best time to reach you: _____

If we cannot reach you, is there someone you want us to contact instead?

Contact Info for Alternative Contact: _____

Physical Address: _____

Mailing Address (if different): _____

Do you need translation assistance or an interpreter?

If yes, what is your preferred language?

- | | | | |
|----------------------------------|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Spanish | <input type="checkbox"/> Different language preferred: |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Nepali | <input type="checkbox"/> Swahili | |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali | <input type="checkbox"/> Vietnamese | _____ |

No one has to answer this next 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.

Do you or anyone in your household need any accommodation for a disability, such as help with paperwork or navigating services? If yes, what accommodation(s)?

SCREENING QUESTION FOR THOSE LOOKING FOR EMERGENCY SHELTER

If you answer "Yes", we have procedures to help you access emergency shelter.

Do you need emergency housing tonight?

(If yes) PAUSE – Discuss if client would like to continue with the Coordinated Entry process or if they would like to move forward with an Emergency Shelter referral at this time

SECTION 1B: HOUSEHOLD INFORMATION

I'm going to collect some basic information about you and the people in your household.

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

1. Who is living with you or will be part of your household? ⓘ
 2. Is anyone known by another name? ⓘ
 3. Can you please tell me the relationship to you, the social security number, and date of birth for each person? ⓘ
 4. What is the gender identity of each person in your household? *(may select multiple options)* ⓘ
 - Woman (Girl, if child)
 - Man (Boy, if child)
 - Culturally Specific Identity (e.g., Two-Spirit)
 - Transgender
 - Non-Binary
 - Questioning
 - Different Identity: _____
 - Don't know
 - Prefer not to answer
- Please select any race and ethnicity that <use name of each person> identifies with. You may choose multiple options.
- American Indian, Alaska Native, or Indigenous
 - Asian or Asian American
 - Black, African American, or African
 - Hispanic/Latina/e/o
 - Middle Eastern or North African
 - Native Hawaiian or Pacific Islander
 - White
 - Don't know
 - Prefer not to answer

First and Last Name ⓘ	SSN ⓘ	Date of Birth ⓘ	Gender ⓘ	Race and Ethnicity	Relation to Head of Household ⓘ	Aliases ⓘ
					SELF	

- Have you or any adult in your household ever served in the U. S. Armed Forces or Military? ⓘ Yes No
 - 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
 - May we make a referral to a Veteran Service Provider for services on your behalf?
 - Yes No

If Yes, make a referral to regional Veteran Committee Representative

First and Last Name ⓘ	Veteran Status ⓘ	Currently receiving services from veteran-serving org?	Type of ID	Referral Y/N

SECTION 2A: LIVING SITUATION

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, access resources 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 go further, 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.

Living Situation – For adults 18 and older and/or Head of Household, all fields required unless otherwise noted		
2.1 Where did you stay last night? ⓘ	2.2 How long have you been staying where you are staying now? ⓘ	2.3 Did the client stay less than... ⓘ
<p>Homeless Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place not Meant for Human Habitation (e.g., a vehicle, an abandoned building, bus/train station or anywhere outside) <input type="checkbox"/> Emergency Shelter/Housing (including hotel or motel paid for by an organization or ESD) <input type="checkbox"/> Safe Haven¹ (see footnote below) 	<p>For Homeless situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to 6 nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer 	<p>Not Applicable</p> <p><i>Go to question 2.5</i></p>
<p>Institutional Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center 	<p>For Institutional Situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to 6 nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer 	<p>< 90 days?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <i>Go to question 2.4</i> <input type="checkbox"/> No <i>Go to Question 2.7 - Housing History</i>
<p>Temporary Housing Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transitional Housing for homeless persons (see section 3 for list of qualifying projects) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher (self-paid) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house 	<p>For Temporary and Permanent Housing Situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to 6 nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer 	<p>< 7 nights?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <i>Go to question 2.4</i> <input type="checkbox"/> No <i>Go to Question 2.7 - Housing History</i>
<p>Permanent Housing Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <i>** Specify Rental Subsidy Type below in Section 3</i> <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy 		
<p>Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>		

¹ "Safe Haven" is a HUD technical term for a specific program type. Please note there are no "Safe Haven" programs in Vermont.

SECTION 2B: HOMELESS HISTORY

2.4. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?

- Yes No

If yes, ask question 2.5.

If no, go to Section 3: HOUSING STATUS – Additional Questions

2.5. Approximately what date did your current episode of homelessness start? (Note: this is defined as staying in emergency shelter including GA-funded emergency hotels, safe haven, or place not meant for human habitation) (Approximate date homelessness started)

____/____/____

2.6. In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? (Number of times on the streets, in ES, or Safe Haven in the past three years including today)

- One time Four or more time
 Two times Client doesn't know
 Three times Client prefers not to answer

2.7 Let's talk about your housing history

Please share any times in the past three years when you didn't have stable housing, including when you were staying outside, in a motel paid for with a voucher, in an emergency shelter, or in a safe haven. For each time, it would be helpful if you can tell us where you stayed, when it was, and how long it lasted.

****List year & length of episode in months in the table below****

Location	Dates	Total Months

Staff, answer the following from the responses above and Use for Scoring in Section 9: Complex Service Needs Using the information gathered above, answer the following HUD required questions:

2.8 Regardless of where they stayed last night, # of times the client has been literally homeless (living outside, on the streets, in a motel w/ a voucher, emergency shelter/safe haven), including the current episode, in the past 3 years (HUD: Number of times on the streets, in ES, or Safe Haven in the past three years): ① _____

Reminder: Include all episodes of literal homelessness in the past 3 years, regardless of where the client stayed last night.

2.9 Total # of months spent in literal homelessness (living outside, on the streets, in a motel w/ a voucher, emergency shelter/safe haven), including current episode, in the past 3 years: ① _____

Reminder: Ensure all months in the past 3 years spent in literal homelessness are accurately counted.

Using the information gathered above, answer the following question used for scoring in **Section 9: Complex Service Needs**.

2.10 Total # of months spent in literal homelessness (living outside, on the streets, in a motel w/ a voucher, emergency shelter/safe haven) during lifetime:

- Less than 1 year 12 – 23 mos. 24 – 60 mos. (2-5 years) More than 60 mos. (5 years)
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Scoring in Section 9: Complex Service Needs

_____ 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

NOTE: this score will be used in Section 9 Complex Service Needs (pg. 23 below)

2.11 Do you have other resources or supports?

Do you have other resources or supports (e.g., family, friends, faith-based or other social networks) that are enough and available to you to help get you a place to stay and prevent you from moving into an emergency shelter, being unsheltered or moving into a hotel/motel paid for by someone else?

- No (Continue)
- Yes (STOP – Not appropriate for Coordinated Entry)

SECTION 3: HOUSING STATUS – Additional Questions

The following section includes guiding questions to help facilitate discussion and determine eligibility for Homeless or At-Risk Coordinated Entry enrollment

Location (from question 2.1)	Questions	Program Eligibility and Instructions
<i>Anyone living in the following three locations is considered Category One Homeless</i>		
<input type="checkbox"/> <p>Place not Meant for Human Habitation</p> <p><i>Examples:</i></p> <p>cars, parks, abandoned or condemned buildings, camps, streets</p>	<p>1. Do you have friends or family in the area that you can stay with safely tonight?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer not to answer</p> <p>2. Do you need help finding a safe/warm place to stay?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer not to answer</p> <p>3. Where were you living before you first started experiencing homelessness?</p>	<p><i>This household is Homeless</i></p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> Enroll in Homeless CE project Complete Sections 4 – 13
<input type="checkbox"/> <p>Emergency Shelter/Housing or Safe Haven</p> <p>Including a motel/hotel paid for with a voucher or host home for youth</p>	<p>1. Are you staying in GA Emergency Housing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer not to answer</p> <p>2. Where were you living before you entered shelter (including GA Emergency Housing)?</p> <p>Homeless Situation</p> <p><input type="checkbox"/> Place not Meant for Human Habitation (e.g., a vehicle, an abandoned building, bus/train station or anywhere outside)</p> <p><input type="checkbox"/> Emergency Shelter/Housing (including hotel or motel paid for by an organization or ESD)</p> <p><input type="checkbox"/> Safe Haven</p> <p>Institutional Situations</p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p>Temporary Housing Situations</p> <p><input type="checkbox"/> Transitional Housing for homeless persons</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher (self-paid)</p> <p><input type="checkbox"/> Host Home (non-crisis)</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment or house</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment or house</p> <p>Permanent Housing Situations</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p>	<p><i>This household is Homeless</i></p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> Enroll in Homeless CE project Complete Sections 4 – 13

<input type="checkbox"/>	<p>Transitional Housing for the Homeless</p> <p>Note: Only a limited number of programs are recognized as qualifying for this category. These must specifically serve persons experiencing homelessness at the time of their admission. For a comprehensive list of approved transitional housing programs in Vermont, please refer to the VT Housing Inventory Chart.</p> <p>Examples of qualifying programs include: <i>Grant and Per Diem (GPD) Program, Dodge House, Youth Transitional Living Program, and Domestic Violence Transitional Living.</i></p>		<p><i>This household is Homeless</i></p> <p><i>What to do Next:</i></p> <ol style="list-style-type: none"> 1. Enroll in Homeless CE project 2. Complete Sections 4 – 13
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	Location	Questions	Program Eligibility and Instructions
<input type="checkbox"/>	Staying with friends/family	<p>1. Are any of the following true for you? (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staying with someone else because of economic hardship or unable to afford your own housing <input type="checkbox"/> Have moved 2 or more times in the past 60 days <input type="checkbox"/> Current housing is overcrowded (more than 1.5 people/room or in an SRO/efficiency with more than 2 people) <input type="checkbox"/> Current housing situation is unsafe <input type="checkbox"/> The people I'm staying with are facing eviction <input type="checkbox"/> Have to leave current housing within 21 days <input type="checkbox"/> Have to leave current housing within 14 days <p>If leaving location:</p> <p>When do you have to leave? _____</p> <p>Why do you have to leave?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Overcrowding <input type="checkbox"/> Conflict with household members <input type="checkbox"/> Host can no longer afford to house me <input type="checkbox"/> Host's lease restrictions <input type="checkbox"/> Host's change in circumstances (e.g., moving, selling the property) <input type="checkbox"/> Other (please specify): _____ 	<p><i>If at least one of the boxes are checked, this household is At Risk of Homelessness</i></p> <p><i>What to do Next:</i></p> <ol style="list-style-type: none"> 1. Enroll in At Risk CE project 2. Complete Sections 4 – 13 (9 & 10 only if prompted) <p><small>NOTE: income must be <50% AMI to be eligible for financial assistance</small></p> <p>If no boxes are checked: Do NOT Enroll in CE</p>
		<p>2. Is the housing you are currently in safe for human habitation?</p> <p>If no, has it been condemned by a health officer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have documentation related to these issues?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe the conditions that led the property to be uninhabitable.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Structural Damage <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Utility Failures <input type="checkbox"/> Fire Damage <input type="checkbox"/> Pest Infestation <input type="checkbox"/> Code Violations <input type="checkbox"/> Other, please specify: _____ <p>3. Note: <i>With proper documentation, the household will be considered living in a "place not meant for human habitation"</i></p>	<p><i>This household is Homeless</i></p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> 1. Enroll in Homeless CE project 2. Complete Sections 4 – 13

	Location	Questions	Program Eligibility and Instructions
<input type="checkbox"/>	<p>Self-Pay Motel/Hotel (or paid by family/friend)</p> <p><i>Note: self-pay while enrolled in GA should not be captured here.</i></p>	<p>1. Are you able to continue staying there/self-paying for more than three weeks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p>	<p>This household is At Risk of Homelessness</p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> Enroll in At Risk CE project Complete Sections 4 – 13 (9 & 10 only if prompted) <p><i>NOTE: income must be <50% AMI to be eligible for financial assistance</i></p>
<input type="checkbox"/>	<p>Renting an apartment, house, room, or mobile/manufactured home (current leaseholder)</p> <p>Landlord contact information:</p>	<p>1. Have you been told you must leave your location? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, reason(s):</p> <p>2. Do you have any paperwork from your landlord about the current situation?</p> <p><input type="checkbox"/> Court Eviction notice <input type="checkbox"/> Termination of tenancy notice <input type="checkbox"/> Notice to quit <input type="checkbox"/> Other: _____</p> <p>3. Vacate date (if known): _____</p> <p>4. Expected to lose housing within how many days?</p> <p><input type="checkbox"/> 1-14 days <input type="checkbox"/> 15-21 days <input type="checkbox"/> More than 21 days</p> <p>5. Are any of the following true for you? (check all that apply)</p> <p><input type="checkbox"/> Have moved 2 or more times in the past 60 days for economic reasons</p> <p><input type="checkbox"/> Current housing situation is unsafe</p> <p><input type="checkbox"/> Current housing is overcrowded (more than 1.5 people/room or in an SRO/efficiency with more than 2 people)</p> <p>6. Do you currently owe any back rent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. How much do you owe?</p> <p>b. How many months behind are you?</p> <p>c. What happened to have you get behind?</p> <p><input type="checkbox"/> Loss of income (e.g., job loss, reduced work hours) <input type="checkbox"/> Unexpected expenses (e.g., medical bills, car repairs) <input type="checkbox"/> Rent increase <input type="checkbox"/> Change in household composition (e.g., loss of roommate, family member leaving) <input type="checkbox"/> Delay or reduction in benefits (e.g., unemployment, disability) <input type="checkbox"/> Health-related issues (e.g., hospitalization, disability) <input type="checkbox"/> Other (please specify): _____</p>	<p><i>If household will need to leave their housing within 21 days (Question 4), OR one of the risk factors is true (Question 5), this household is At Risk of Homelessness</i></p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> Enroll in At Risk CE project Complete Sections 4 – 13 (9 & 10 only if prompted) <p><i>NOTE: income must be <50% AMI to be eligible for financial assistance</i></p> <p><i>Otherwise: This Household is not Eligible, DO NOT Enroll in CE</i></p>

d. Have you received help with back rent in the last 3 years?

Yes No

If yes, what are some of the ways the current situation is different?

e. Is there a payment plan in place with your landlord?

Yes No

7. Do you currently have subsidized housing or your own voucher?

Yes No

If yes, please indicate which subsidy type below (check box):

GPD TIP (Grant & Per Diem Transition in Place) housing subsidy

VASH housing subsidy

RRH or equivalent subsidy (e.g., CoC RRH, HOME Family Voucher, Vermont Rental Subsidy)

HCV voucher (tenant or project based) (not dedicated) (e.g., "Section 8", 811/Mainstream)

Public housing unit

Rental by client, with other ongoing housing subsidy

Housing Stability Voucher

Family Unification Program Voucher (FUP)

Foster Youth to Independence Initiative (FYI)

Permanent Supportive Housing (e.g., DMH, CoC Shelter + Care, other)

Other permanent housing dedicated for formerly homeless persons

8. Is the housing you are currently in safe for human habitation? Yes No

If no, has it been condemned by a health officer?

Yes No

Do you have documentation related to these issues?

Yes No

Describe the conditions that led the property to be uninhabitable.

Structural Damage

Pest Infestation

Hazardous Materials

Code Violations

Utility Failures

Other, please specify:

Fire Damage

Note: *With proper documentation, the household will be considered living in a "place not meant for human habitation"*

If household DOES NOT have documentation, review whether there are conditions that could lead the housing to be considered unfit for habitation (consult the Guidance Document on habitability). This may prompt a referral to the local Town Health Officer (THO). You can locate the local THO at: <https://www.healthvermont.gov/environment/town-health-officers>

*This household is **Homeless***

What to do Next:

1. **Enroll in Homeless CE project**

2. **Complete Sections 4 – 13**

Note: *With proper documentation, the household will be considered a "place not meant for human habitation"*

	Location	Questions	Program Eligibility and Instructions
<input type="checkbox"/>	<p>Institutional Setting (publicly funded)</p> <p><i>Including: foster care home or foster care group home, hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility substance abuse treatment facility or detox center</i></p>	<p>1. What is your discharge date?</p> <p>2. Do you have a place to stay when you are discharged?</p> <p>3. Where were you staying just before you entered where you are now?</p> <p><input type="checkbox"/> Emergency Shelter/Motel with Voucher Start Date: _____</p> <p><input type="checkbox"/> Place not meant for habitation (car, tent, street, etc.) Start Date: _____</p> <p><input type="checkbox"/> Other</p>	<p><i>If <90 days in current location (Section 2, Question 2.3) AND prior stay (Question 3) was Emergency Shelter/Motel with Voucher OR Place not meant for habitation, this household is Homeless</i></p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> Enroll in Homeless CE project Complete Sections 4 – 13 <p><i>If not homeless (does not meet the criteria above), BUT lacks other discharge options (Question 2), this household is At Risk of Homelessness</i></p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> Enroll in At Risk CE project Complete Sections 4 – 13 (9 & 10 only if prompted) NOTE: income must be <50% AMI to be eligible for financial assistance <p><i>In all other cases:</i></p> <ol style="list-style-type: none"> Do not Enroll in CE Refer back to institution for supports

	Location	Questions	Program Eligibility and Instructions
<input type="checkbox"/>	<p>Homeowner (including Mobile/ Manufactured Home)</p> <p><i>Note: Homeowners are typically not eligible for homeless assistance or appropriate for coordinated entry. Resources for assistance with mortgage arrears, legal fees related to foreclosure, etc. are not accessed through coordinated entry.</i></p> <p>Alternative Resources to refer to: Homeownership Center, Disaster Assistance, Community Action Financial Coaching Program, CVOEO Mobile Home Project, local DV/SV agency.</p>	<p>1. Are any of the following true for you? (check all that apply)</p> <p><input type="checkbox"/> Actively fleeing/ attempting to flee domestic/sexual violence</p> <p><input type="checkbox"/> Will lose housing due to lot rent arrears within 21 days</p> <p><input type="checkbox"/> Home is in foreclosure and those proceedings will be finalized within 21 days</p> <p>2. Is the housing you are currently in safe for human habitation?</p> <p>If no, has it been condemned by a health officer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have documentation related to these issues?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe the conditions that led the property to be uninhabitable.</p> <p><input type="checkbox"/> Structural Damage <input type="checkbox"/> Pest Infestation</p> <p><input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Code Violations</p> <p><input type="checkbox"/> Utility Failures <input type="checkbox"/> Other, <i>please specify:</i></p> <p><input type="checkbox"/> Fire Damage _____</p> <p>Link to guidance document (forthcoming)</p> <p>Note: <i>With proper documentation, the household will be considered a “place not meant for human habitation”</i></p> <p><i>If household DOES NOT have documentation, review whether there are conditions that could lead the housing to be considered unfit for habitation (consult the Guidance Document on habitability). This may prompt a referral to the local Town Health Officer (THO). You can locate the local THO at:</i></p> <p>https://www.healthvermont.gov/environment/town-health-officers</p>	<p><i>If any boxes in this section are checked, this household is At Risk of Homelessness</i></p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> Enroll in At Risk CE project Complete Sections 4 – 13 (9 & 10 only if prompted) <p><i>NOTE: income must be <50% AMI to be eligible for financial assistance</i></p> <p><i>If no boxes are checked: Do not enroll in CE, household is not eligible.</i></p> <p><i>This household is Homeless</i></p> <p><i>What to do next:</i></p> <ol style="list-style-type: none"> Enroll in Homeless CE project Complete Sections 4 – 13
	<p>Other</p> <p><i>Includes other specialized housing such as re-entry or recovery housing (not homeless specific).</i></p>	<p><i>Not eligible for CE</i></p>	<p>Do not Enroll in CE</p>

SECTION 3.2: ADDITIONAL FAMILY OR YOUTH QUESTIONS

The following section is used to determine Category 3 Homelessness Status for youth.

Please complete only for unaccompanied youth and families with children or youth if they are not already determined to be eligible for Homeless CE.

Complete only if one of the following is true and the household is not literally homeless:

- Unaccompanied youth under 25 years of age
- Family with children and youth (18-24 years old)

		Questions	Program Eligibility and Instructions
<input type="checkbox"/>	<p>Child/Youth considered homeless under other statute</p> <p><i>Note: Only use this housing status if no other housing status is appropriate.</i></p> <p><i>List of other federal statutes and definitions can be found here (link forthcoming.)</i></p>	<p>1. Does the household qualify as homeless under other Federal statutes, such as the Runaway and Homeless Youth Act? <i>Please see below for a complete list of federal statutes.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are all of the following true?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have not had a lease or ownership interest in a housing unit in the last 60 or more days <input type="checkbox"/> Have had two or more moves in the last 60 days <input type="checkbox"/> Are likely to continue to be unstably housed because of disability or multiple barriers to employment <p><u>List of Federal Statutes</u></p> <ul style="list-style-type: none"> • Section 387 of the Runaway and Homeless Youth Act (45 U.S.C. 1351.1) • Section 637 of the Head Start Act (42 U.S.C. 9832) • Section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2) • Section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)) • Section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012) • Section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) • Section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a); 	<p><i>If an unaccompanied youth or a family with children and youth and Question 1 is yes, this household is Category 3 Homeless.</i></p> <p><i>If Question 1 is yes AND all the boxes in Question 2 are checked, this household is At Risk of Homelessness</i></p> <p><i>What to do next:</i> <i>In both cases</i></p> <ul style="list-style-type: none"> • Enroll in At Risk CE project • Complete Sections 3 – 12 (8 & 9 only if prompted) <p><i>In all other cases:</i> Do not Enroll in CE</p>

SECTION 4: HEALTH INSURANCE INFORMATION

4.1 Does <use name of each person> have health insurance? ①

- Yes
 No
 Don't Know
 Declined

a. If yes, what type of health insurance? ① (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Health Insurance obtained through COBRA |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> Dr. Dynasaur (State Children's Health Insurance Program) | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Veteran's Health Administration (VHA) | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other |

b. If no, may we make a referral to help you get insurance?

- Yes
 No

4.2 Do you or anyone in your household have a disabling condition, such as an alcohol and/or drug use disorder, a chronic health condition, a mental health disorder, HIV/AIDS, a developmental disability or another physical disability? You don't need to be receiving services or treatment to have a disability. ①

- Yes
 No

First and Last Name ①	Health Insurance Y/N	Health Insurance Type ①	Disabling condition Y/N ①

SECTION 5: DISABLING CONDITIONS

ONLY COMPLETE if someone in the household has a disabling condition. IF NOT, skip to Section 6.

Now I'm going to ask you for 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 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.

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

First and Last Name ①	Type of disability (1 type per line: physical, developmental*, chronic health, HIV/AIDS*, Substance Use Disorder (such as alcohol use, drug use, alcohol & drug use)) ①	Is this expected to be long-term and continue indefinitely, and affect your/their ability to live independently? ① *	Do you/ they currently receive services or treatment? Y/N	If not, would you/they like help getting connected with services or treatment?

**HIV and Developmental Disability does not require the question about long-term and indefiniteness*

- 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?
 - Yes, All Yes, Some No, none No, not interested
 - c. If not, would you/they like help getting connected with services or treatment?
 - Yes No
- Do you or any household members have any urgent medical conditions right now that you need help with?
- Do you or any household members have any unmanaged health conditions? Or, need help finding a primary care doctor?

If yes, may we make a referral to help you access health care?

SECTION 6: DOMESTIC & SEXUAL VIOLENCE HISTORY

Read the following questions and record the “YES” answers in the chart below, including the name of the person. Please note that these questions have changed to include all family violence.

6.1 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? ⓘ

6.2 Have any other adults 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? ⓘ

Name (First and Last) ⓘ	When did it occur? ⓘ	Currently fleeing? Y/N ⓘ

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

SECTION 7: INCOME AND EMPLOYMENT INFORMATION

Now, I want to understand your current income and employment situation. Different programs have specific income requirements for eligibility. Knowing your income level helps us determine which programs may be best suited for you and can expedite the process if you are eligible. 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

Cash Income ⓘ	Monthly Amount ⓘ	Which Adult? ⓘ	Non-Cash Benefits ⓘ	Yes/No ⓘ	Monthly Amount ⓘ (optional)	Which Adult? ⓘ
Alimony/other spousal support	\$		3SquaresVT - SNAP (Food Stamps)		\$	
Child support	\$		WIC		\$	
Earned Income (employment/self-employment)	\$		Reach Up (TANF) child care services		\$	
General Assistance (GA)	\$		Reach Up (TANF) transportation services		\$	
Other	\$		Other Reach Up services		\$	
Pension/Retirement Income from Job	\$		Other:		\$	
Private disability insurance	\$		Other:		\$	
Social Security Retirement	\$		Other:		\$	
SSDI	\$		Other:		\$	
SSI	\$					
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 or benefits in the next month? Yes No

If Yes, what changes?

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

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

If yes, Are you interested in other benefits?

Is household income at or below 50% AMI? (See Chart) Yes No

See current AMI limits for your county here: <https://www.huduser.gov/portal/datasets/il.html>

SECTION 8: COMPLEXITY OF SITUATION

The next few questions will help us understand what kind of resources might help your situation.

No.	Question	Response	Score <i>(Record Below)</i>
1	Do you have your next housing secured? <i>For example, a documented offer from a landlord for a unit</i>	<input type="checkbox"/> Yes [Score: 0] <input type="checkbox"/> No [Score: 1]	
2	Do you have any income and/or rental assistance that can support your housing costs? <i>**No more than 65% of income contributed towards housing costs</i> <i>Link to HUD Fair Market Rent charts:</i> https://www.huduser.gov/portal/datasets/fmr.html <i>If client does not have housing unit secured, take 65% of current income and locate the appropriately sized unit in the FMR chart (e.g., 1 BR, 2 BR). If Fair Market Rent is below 65% of current income, income can sustainably support housing costs.</i>	<input type="checkbox"/> Yes [Score: 0] <input type="checkbox"/> No [Ask Question 2.1, Do Not Score] <i>If yes, skip to question 2.2</i> <i>if no, ask question 2.1 below</i>	
2.1	Is there a reasonable expectation for increased net income in the next 3 months or before temporary rental assistance ends (e.g., debt paid off, new employment secured)?	<input type="checkbox"/> Yes [Score: 0] <input type="checkbox"/> No [Score: 1] <i>Skip to question 3</i>	
2.2	Do you have a housing voucher or rental assistance to help secure housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Scored
2.3	Can this information be verified? (e.g., contact information for landlord, housing authority, or voucher agency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, skip to question 3</i>	Not Scored
	If you have a housing voucher or rental assistance, please provide the contact information if available (landlord and/or housing authority):		

3	Have you had stable housing, either with a lease of your own or living on an ongoing basis with friends/family, in the past 3 years? Yes = 0 No = 1	<input type="checkbox"/> Yes [Score: 0] <input type="checkbox"/> No [Score: 1]	
4	Have you ever been evicted in the past (not including any current circumstances)? ²	<input type="checkbox"/> Yes [Score: 1] <input type="checkbox"/> No [Score: 0]	
4.1	If yes, were any of your previous evictions “no cause”?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Scored
	TOTAL SCORE *		

***Scoring:**

0-1 points = Non-Complex Situation

2 points or more = Complex Situation

Instructions for Staff:

For all homeless households and at-risk households with Complex Situations (2 or more points)- Complete Section 9

For at-risk households with Non-Complex Situations (less than 2 points)- skip to Section 10

² If the only Score is related to a “no cause” eviction, additional discussion may be needed.

SECTION 9: COMPLEX SERVICE NEEDS

Your responses to these next questions will help us understand the kind of services you might need in housing. Just 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 (could include children):

One point for every Yes (boxed checked)

- Had two 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*)?
- Are you currently struggling with substance abuse?
- 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?
- Stayed in a prison, jail, or correctional facility (*lifetime*) and/or have you been convicted of a crime?
- Does anyone have a documented disability including an IEP or 504 plan? (*Note: may need to revisit Section 4: Disability Information*)

Have you or any adult member of your household:

For Adults and Heads of Household only:

Maximum one point for every Yes (box checked)

- Been homeless before the age of 25?
- Ever been kicked out or asked to leave where you were staying, two or more times, because of a real or perceived mental health or substance use issue? (This pertains to any housing situation, including staying with friends/family, emergency shelters or hotel/motel)
- If head of household is under the age of 25, are you or your partner currently pregnant?
- Is there anyone who does not have a high school diploma or GED or trade certification and is not currently working on getting one? If yes, are you interested in support with high school completion?
- Do you currently have an open case with Family Services (DCF Child Welfare)?
- Been without any income (including from a job or not from a job – e.g. disability benefits, GA assistance, Social Security, unemployment insurance) 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. For Adults and Heads of Household only:

Yes = 0 No = 1

One point for every No (unchecked box)

- Have you ever had a job where you were employed for at least 3 consecutive months?
- Have you ever been named on a rental lease or owned your own home before?

C. Staff member answer from information collected earlier:

One point for every Yes (box checked)

- Currently unsheltered or living in a place unfit for human habitation (e.g., car, tent)
- History of unsheltered homelessness (not including any current episode)
- Survivor of domestic/sexual violence
- Adult household member (aged 18 and up) living with a chronic condition that is disabling and affects ability to maintain housing independently
- Parenting youth or young adult (head of household is under the age of 25)
- Unaccompanied 16- or 17-year-old (youth is presenting as their own head of household)

D. Staff member answer from information collected in Section 2B: _____

SCORING

Section A total boxes checked: _____

Score for section B: _____

Section C total boxes checked: _____

Score for length of time homeless in section D: _____

Total Complex Service Needs Score (add): _____

SECTION 10: SCREEN FOR LONG-TERM OR MEDIUM-TERM ASSISTANCE

For Staff to complete – do not ask

Screen for Long-term or Medium-term Assistance	
<p>1. 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)?</p> <p><i>Note: This is determined through data gathered in Section 2 and/or Section 8</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. 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 from Sec. 4)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes to either questions 1 or 2 above (or yes to both), the client screens in for Long-term assistance, client screens for long-term assistance (check box)</p> <p>If no to both questions 1 and 2, client screens for Medium-term assistance (check box)</p>	<p>Does client screen for medium or long-term assistance?</p> <input type="checkbox"/> Long-term Assistance <input type="checkbox"/> Medium-term Assistance
<p>Does this person have a housing sustainability plan?</p> <p>If yes, screen client for medium-term assistance (including clients who answered yes to question 1 and/or 2 above).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 11: REFERRALS AND SERVICE CONNECTIONS

We are almost done! Thanks again for being patient as we fill this out together. I have just a few final questions.

- 1 Have you worked with any community agencies or programs in the last year? Yes No

Agency?	Contact Name?	Who did you work with?	Contact Information

- 2 Are you currently on Probation or Parole? Yes No

Parole Officer's Name	Telephone #	Type of Offense?

- 3 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

Go back and check for any soft referrals (Reminder: Questions that lead to referrals are dash underlined.)

- Emergency housing/shelter – 211 for local shelter, ESD for GA Emergency Housing
- Homeownership Center: <http://www.vthomeownership.org/>
- CVOEO Mobile Home Project: <https://www.cvoeo.org/get-help/mobile-home-park-rights-and-resources>
- Veteran Services/Veteran CE Referral: <https://helpingtohousevt.org/wp-content/uploads/2021/03/Veterans-Referral-Process.pdf>
- Homeless Education Liaisons: <http://education.vermont.gov/homeless-children-and-youth>
- Help with finding employment, training or education opportunities
- For people with a Disability: <https://www.hireabilityvt.com/>
- All others, VT Department of Labor: <https://labor.vermont.gov/workforce-development/job-centers>
- Public Benefit Programs: <https://dcf.vermont.gov/benefits>
- Support for adults to complete high school/GED: <https://education.vermont.gov/student-learning/adult-education/local-services>
- Domestic/sexual violence advocate for support? <https://www.vtnetwork.org/get-help/>
- Help connecting to substance use services or treatment? <https://vthelplink.org/>
- Help connecting to mental health or disability services? <https://vermontcarepartners.org/intake-and-crisis-lines/>
- Health Care Access: unmanaged health conditions, help finding a primary care doctor or no health insurance? <https://dvha.vermont.gov/providers/vermont-chronic-care-initiative/make-referral>

SECTION 12: HOUSING PREFERENCES AND BARRIERS

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

- 1 Where do you want to live?
- 2 Where are your support networks?
- 3 Do you have any town or county preferences?
- 4 How many bedrooms do you need?

The following questions will help support the case management process and should be asked by the Housing Navigator/Service Coordinator/Advocate/Case Manager

5 Do you have family or friends you might be able to stay with for a short while if? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> They could get financial help while housing you. | <input type="checkbox"/> It was only for a short time (less than 3 months). | <input type="checkbox"/> This is not an option for me. |
| <input type="checkbox"/> They could get help renovating their space for me. | <input type="checkbox"/> Someone could help us resolve conflicts from the past or in the future. | |
| <input type="checkbox"/> Someone could help me have a conversation with them, or with their landlord (if they rent). | <input type="checkbox"/> I could still have access to housing resources, like rental assistance. | |

6 Could any of the following be an option for you?

You may be able to access rental assistance.

- | | | |
|--|---|---|
| <input type="checkbox"/> A separate apartment or home on the property of family or friends | <input type="checkbox"/> Renting a mobile home | <input type="checkbox"/> This is not an option for me. |
| <input type="checkbox"/> An apartment building, or a house with multiple apartments | <input type="checkbox"/> Owning a mobile home in a park | <input type="checkbox"/> I plan to leave Vermont Other (please specify) |
| <input type="checkbox"/> Renting a house | <input type="checkbox"/> Homeownership | |

7 What do you have that will help you succeed with your housing plan?

- | | | |
|---|---|--|
| <input type="checkbox"/> I have rental assistance or a housing voucher. | <input type="checkbox"/> I have someone who helps me advocate for my needs. | <input type="checkbox"/> I have a job or I am in a job training program. |
| <input type="checkbox"/> I have a stable income. | <input type="checkbox"/> I have access to land. | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> I have landlord references. | <input type="checkbox"/> I have a case manager or someone who is helping me with my housing plan. | |
| <input type="checkbox"/> I have supportive friends or family. | <input type="checkbox"/> I have my own determination and know-how! | |

8 Would you say you have had 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"/> Eviction history | <input type="checkbox"/> My pets or animals: |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Not enough income | <input type="checkbox"/> # of children/people in the household |
| <input type="checkbox"/> Credit history/no credit | <input type="checkbox"/> Issues with house guests | <input type="checkbox"/> Other |
| <input type="checkbox"/> Uneven or no employment | <input type="checkbox"/> Bad or no landlord references | |
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Discrimination- Say more: | |

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

SECTION 13: CLIENT SELF-CERTIFICATION

I give certify that the information I have provided is true, accurate, and complete.

Signature: _____ Date: _____

Signature: _____ Date: _____

HOUSING NAVIGATOR

Housing Navigator Assigned? Yes No

Name: _____

Organization: _____

Client Notice

Housing Navigator tool

Housing Next Steps: _____

Next Appointment with: _____