# 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?

|  |  |  |  |
| --- | --- | --- | --- |
| * Arabic
* Bosnian
* Burmese
 | * French
* Nepali
* Somali
 | * Spanish
* Swahili
* Vietnamese
 | * Different language preferred:

  |

### 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)
* Questioning
* Different Identity:
* Culturally Specific Identity (e.g.,

Two-Spirit)

* Transgender
* Non-Binary
* 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 ⓘ |
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* + 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 |
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# 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…**ⓘ |
| **Homeless Situations*** Place not Meant for Human Habitation (e.g., a vehicle, an abandoned building, bus/train station or anywhere outside)
* Emergency Shelter/Housing (including hotel or motel paid for by an organization or ESD)
* Safe Haven[1](#_bookmark0) (*see footnote below)*
 |  | **For Homeless situations:*** One night or less
* Two to 6 nights
* One week or more, but less than one month
* One month or more, but less than 90 days
* More than three months, but less than one year
* One year or longer
 | **Not Applicable***Go to question 2.5* |
| **Institutional Situations*** 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
 |  | **For Institutional Situations:*** One night or less
* Two to 6 nights
* One week or more, but less than one month
* One month or more, but less than 90 days
* More than three months, but less than one year
* One year or longer
 | **< 90 days?*** Yes

*Go to question 2.4** No

*Go to Question 2.7**- Housing History* |
| **Temporary Housing Situations*** Transitional Housing for homeless persons (see section 3 for list of qualifying projects)
* Residential project or halfway house with no homeless criteria
* Hotel or motel paid for without emergency shelter voucher (self-paid)
* Host Home (non-crisis)
* Staying or living in a friend’s room, apartment or

house* Staying or living in a family member's room, apartment or house
 |  | **For Temporary and Permanent Housing Situations:*** One night or less
* Two to 6 nights
* One week or more, but less than one month
* One month or more, but less than 90 days
* More than three months, but less than one year
* One year or longer
 | **< 7 nights?*** Yes

*Go to question 2.4** No

*Go to Question 2.7**- Housing History* |
| **Permanent Housing Situations*** Rental by client, no ongoing housing subsidy
* Rental by client, with ongoing housing subsidy

*\*\* Specify Rental Subsidy Type below in Section 3** Owned by client, with ongoing housing subsidy
* Owned by client, no ongoing housing subsidy
 |
| **Other** | * Client doesn’t know
 | * Client prefers not to answer
 | * Data not collected
 |  |

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

* 1. **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*

* 1. **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)**

 / /

* 1. **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
* Two times
* Three times
 | * Four or more time
* Client doesn’t know
* Client prefers not to answer
 |

* 1. 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** |
|  |  |  |
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## 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:

#### 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): ⓘ

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

#### 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: ⓘ

*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****.*

#### 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)*

***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)

* 1. ***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*

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|  |  |  |
| --- | --- | --- |
| **Location (*from question 2.1*)** | **Questions** | ***Program Eligibility******and Instructions*** |
| *Anyone living in the following three locations is considered Category One Homeless* |
|  | **Place not Meant for Human Habitation***Examples:*cars, parks, abandoned or condemned buildings, camps, streets | 1. **Do you have friends or family in the area that you can stay with safely tonight?**
	* Yes ☐ No ☐ Don’t Know ☐ Prefer not to answer
2. **Do you need help finding a safe/warm place to stay?**
	* Yes ☐ No ☐ Don’t Know ☐ Prefer not to answer
3. **Where were you living before you first started experiencing homelessness?**
 | *This household is****Homeless****What to do next:*1. ***Enroll in Homeless CE project***
2. ***Complete Sections***

***4 – 13*** |
| **☐** | **Emergency Shelter/Housing or Safe Haven**Including a motel/hotel paid for with a voucher or host home for youth | 1. **Are you staying in GA Emergency Housing?**
	* Yes ☐ No ☐ Don’t Know ☐ Prefer not to answer
2. **Where were you living before you entered shelter (including GA Emergency Housing)?**

**Homeless Situation*** + Place not Meant for Human Habitation (e.g., a vehicle, an abandoned building, bus/train station or anywhere outside)
	+ Emergency Shelter/Housing (including hotel or motel paid for by an organization or ESD)
	+ Safe Haven

**Institutional Situations*** + 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

**Temporary Housing Situations*** + Transitional Housing for homeless persons
	+ Residential project or halfway house with no homeless criteria
	+ Hotel or motel paid for without emergency shelter voucher (self-paid)
	+ Host Home (non-crisis)
	+ Staying or living in a friend’s room, apartment or house
	+ Staying or living in a family member's room, apartment or house

**Permanent Housing Situations*** + Rental by client, no ongoing housing subsidy
	+ Rental by client, with ongoing housing subsidy
	+ Owned by client, with ongoing housing subsidy
	+ Owned by client, no ongoing housing subsidy
 | *This household is****Homeless****What to do next:*1. ***Enroll in Homeless CE project***
2. ***Complete Sections***

***4 – 13*** |

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| --- | --- | --- | --- |
|  | **Transitional Housing for the Homeless*****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.***Examples of qualifying programs include****: Grant and Per Diem (GPD) Program, Dodge House, Youth Transitional Living Program, and Domestic Violence**Transitional Living.* |  | *This household is****Homeless****What to do Next:*1. ***Enroll in Homeless CE project***
2. ***Complete Sections***

***4 – 13*** |

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| --- | --- | --- | --- |
|  | **Location** | **Questions** | ***Program Eligibility and Instructions*** |
|  | **Staying with friends/family** | 1. **Are any of the following true for you?** (check all that apply)
	* Staying with someone else because of economic hardship or unable to afford your own housing
 | *If at least one of the boxes are checked, this household is* ***At Risk of Homelessness*** |
|  | * Have moved 2 or more times in the past 60 days
 | *What to do Next:* |
|  | * Current housing is overcrowded (more than 1.5
 | *1.* ***Enroll in At Risk CE*** |
|  | people/room or in an SRO/efficiency with more | ***project*** |
|  | than 2 people) | *2.* ***Complete Sections*** |
|  | * Current housing situation is unsafe
 | ***4 – 13*** *(9 & 10 only* |
|  | * The people I’m staying with are facing eviction
 | *if prompted)* |
|  | * Have to leave current housing within 21 days
 | *NOTE: income must be <50%* |
|  | * Have to leave current housing within 14 days
 | *AMI to be eligible for financial**assistance* |
|  | **If leaving location:**When do you have to leave?  | ***If no boxes are checked: Do NOT Enroll in CE*** |
|  | Why do you have to leave? |  |
|  | * Overcrowding
 |  |
|  | * Conflict with household members
 |  |
|  | * Host can no longer afford to house me
 |  |
|  | * Host's lease restrictions
 |  |
|  | * Host's change in circumstances (e.g., moving, selling
 |  |
|  | the property) |  |
|  | * Other (please specify):
 |  |
|  | 1. **Is the housing you are currently in safe for human habitation?**

**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
* Hazardous Materials
* Utility Failures
* Fire Damage
* Pest Infestation
* Code Violations
* Other, *please specify*:

**3. Note:** *With proper documentation, the household will be considered living in a “place not meant for human habitation”* | *This household is* |
|  | ***Homeless*** |
|  | *What to do next:* |
|  | *1.* ***Enroll in Homeless*** |
|  | ***CE project*** |
|  | *2.* ***Complete Sections*** |
|  | ***4 – 13*** |

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|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location** | **Questions** | ***Program Eligibility and Instructions*** |
| **☐** | **Self-Pay Motel/Hotel**(or paid by family/friend)*Note: self-pay while enrolled in GA should* ***not*** *be captured here.* | 1. **Are you able to continue staying there/self-paying for more than three weeks?**
	* Yes ☐ No If no, please explain:
 | *This household is* ***At Risk of Homelessness****What to do next:*1. ***Enroll in At Risk CE project***
2. ***Complete Sections***

***4 – 13*** *(9 & 10 only if prompted)* |
|  |  | *NOTE: income must be <50% AMI to be eligible for financial**assistance* |
| **☐** | **Renting an apartment, house, room, or mobile/manufactured home**(current leaseholder) | 1. **Have you been told you must leave your location**?
	* Yes ☐ No

If yes, reason(s):1. **Do you have any paperwork from your landlord about the current situation?**
	* Court Eviction notice ☐ Termination of tenancy notice
	* Notice to quit ☐ Other:
2. **Vacate date (if known):**
3. **Expected to lose housing within how many days?**

1-14 days* 15-21 days

More than 21 days1. **Are any of the following true for you?**

(check all that apply)Have moved 2 or more times in the past 60 days for economic reasonsCurrent housing situation is unsafeCurrent housing is overcrowded (more than 1.5 people/room or in an SRO/efficiency with more than 2 people)1. **Do you currently owe any back rent?**
	* Yes ☐ No
2. How much do you owe?
3. How many months behind are you?
4. What happened to have you get behind?
	* Loss of income (e.g., job loss, reduced work hours)
	* Unexpected expenses (e.g., medical bills, car repairs)
	* Rent increase
	* Change in household composition (e.g., loss of roommate, family member leaving)
	* Delay or reduction in benefits (e.g., unemployment, disability)
	* Health-related issues (e.g., hospitalization, disability)
	* Other (please specify):
 | *If household will need to leave their housing within 21 days (Question 4), OR one of**the risk factors is true* |
|  | **Landlord contact information:** | *(Question 5), this**household is* ***At Risk of Homelessness*** |
|  |  | *What to do next:* |
|  |  | *1.* ***Enroll in At Risk CE*** |
|  |  | ***project*** |
|  |  | *2.* ***Complete Sections*** |
|  |  | ***4 – 13*** *(9 & 10 only* |
|  |  | *if prompted)* |
|  |  | *NOTE: income must be* |
|  |  | *<50% AMI to be eligible* |
|  |  | *for financial assistance* |
|  |  | *Otherwise: This* |
|  |  | *Household is not* |
|  |  | *Eligible, DO NOT Enroll* |
|  |  | *in CE* |

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| --- | --- | --- | --- |
|  |  | 1. 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?1. Is there a payment plan in place with your landlord?
	* Yes ☐ No
 |  |
| 1. **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
 |  |
| 1. **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-*](https://www.healthvermont.gov/environment/town-health-officers)[*officers*](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”* |

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| --- | --- | --- | --- |
|  | **Location** | **Questions** | ***Program Eligibility and Instructions*** |
|  | **Institutional Setting (publicly funded)***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* | 1. **What is your discharge date?**
2. **Do you have a place to stay when you are discharged?**
3. **Where were you staying just before you entered where you are now?**
	* Emergency Shelter/Motel with Voucher Start Date:
	* Place not meant for habitation (car, tent, street, etc.) Start Date:
	* Other
 | *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****What to do next:*1. ***Enroll in Homeless CE project***
2. ***Complete Sections***

***4 – 13*** |
|  |  | ***If not homeless*** *(does not meet the criteria above), BUT lacks other* discharge options (Question 2), this household is ***At Risk of Homelessness*** |
|  |  | *What to do next:*1. ***Enroll in At Risk CE project***
2. ***Complete Sections***

***4 – 13*** *(9 & 10 only if prompted)* |
|  |  | *3.* ***NOTE:*** *income must be <50% AMI to be eligible for financial assistance* |
|  |  | ***In all other cases:*** |
|  |  | 1. ***Do not Enroll in CE***
2. ***Refer back to institution for supports***
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| --- | --- | --- | --- |
|  | **Location** | **Questions** | ***Program Eligibility******and Instructions*** |
|  | **Homeowner (including Mobile/** | 1. **Are any of the following true for you? (check all that apply)**
 | *If any boxes in this section are checked, this household is* ***At Risk of Homelessness****What to do next:*1. ***Enroll in At Risk CE project***
2. ***Complete Sections***

***4 – 13*** *(9 & 10 only if prompted)**NOTE: income must be**<50% AMI to be eligible for financial assistance**If no boxes are checked:* ***Do not enroll in CE, household is not eligible.*** |
| **Manufactured Home)** | * Actively fleeing/ attempting to flee domestic/sexual
 |
| ***Note:*** *Homeowners are typically not eligible for homeless assistance or* | violence* Will lose housing due to lot rent arrears within 21 days
* Home is in foreclosure and those proceedings will be
 |
| *appropriate for* | finalized within 21 days |
| *coordinated entry.* |  |
| *Resources for assistance* |  |
| *with mortgage arrears,* |  |
| *legal fees related to* |  |
| *foreclosure, etc. are not* |  |
| *accessed through* |  |
| *coordinated entry.* |  |
| ***Alternative Resources to*** |  |
| ***refer to****: Homeownership* |  |
| *Center, Disaster* |  |
| *Assistance, Community* |  |
| *Action Financial Coaching* | 1. **Is the housing you are currently in safe for human habitation?**

**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

**Link to guidance document (forthcoming)****Note:** *With proper documentation, the household will be considered**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-*](https://www.healthvermont.gov/environment/town-health-officers)[*officers*](https://www.healthvermont.gov/environment/town-health-officers) | *This household is* |
| *Program, CVOEO Mobile**Home Project, local DV/SV* | ***Homeless*** |
| *agency.* | *What to do next:* |
|  | *1.* ***Enroll in Homeless*** |
|  | ***CE project*** |
|  | *2.* ***Complete Sections*** |
|  | ***4 – 13*** |
| **☐** | **Other***Includes other specialized housing such as re-entry or recovery housing (not homeless specific).* | *Not eligible for CE* | ***Do not Enroll in CE*** |

# 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*** |
|  | **Child/Youth considered homeless under other statute*****Note:*** *Only use this housing status if no other housing status is appropriate.**List of other federal statutes and definitions can be found here (link forthcoming.)* | 1. **Does the household qualify as homeless under other Federal statutes, such as the Runaway and Homeless Youth Act?** *Please see below for a compete list of federal statutes.*
	* Yes ☐ No
2. **Are all of the following true?**
	* *Have not had a lease or ownership interest in a housing unit in the last 60 or more days*
	* *Have had two or more moves in the last 60 days*
	* *Are likely to continue to be unstably housed because of disability or multiple barriers to employment*

*List of Federal Statutes** Section 387 of the Runaway and Homeless Youth Act (45 U.S.C. 1351.1)
* Section 637of 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);
 | *If an unaccompanied youth or a family with children and youth and Question 1 is yes, this household is* ***Category 3 Homeless.****If Question 1 is yes AND all the boxes in Question 2 are checked, this household is* ***At Risk of Homelessness****What to do next: In both cases** ***Enroll in At Risk CE project***
* ***Complete Sections 3 – 12*** *(8 & 9 only if prompted)*

*In all other cases:****Do not Enroll in CE*** |

# SECTION 4: HEALTH INSURANCE INFORMATION

* 1. Does <use name of each person> have health insurance? ⓘ
		+ Yes ☐ No ☐ Don’t Know ☐ Declined
1. If yes, what type of health insurance? ⓘ (Select all that apply)

|  |  |
| --- | --- |
| * Medicare
* Medicaid
* Dr. Dynasaur (State Children’s Health

Insurance Program)* Veteran’s Health Administration (VHA)
* Employer-Provided Health Insurance
 | * Health Insurance obtained through

COBRA* Private Pay Health Insurance
* State Health Insurance for Adults
* Indian Health Services Program
* Other
 |

1. If no, may we make a referral to help you get insurance?
	* Yes ☐ No
	1. 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. ⓘ
		* Yes ☐ No

|  |  |  |  |
| --- | --- | --- | --- |
| First and Last Name ⓘ | Health Insurance Y/N | Health Insurance Type ⓘ | Disabling condition Y/N ⓘ |
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# 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 ⓘ | 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)) ⓘ | Is this expected to be long-term and continue indefinitely, and affect your/their ability to live independently? ⓘ \*Y/N | Do you/ they currently receive services or treatment?Y/N | If not, would you/they like help getting connected with services or treatment? |
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\**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?
	1. Do you/they currently receive services or treatment for the disabling condition?
		+ Yes, All ☐ Yes, Some ☐ No, none ☐ No, not interested
1. 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.*

* 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,

1. When did it occur? ⓘ
	* Within the past 3 months
	* 3-6 months ago
	* 6-12 months ago
	* More than 1 year ago
2. Are you currently fleeing, attempting to flee, or afraid to return to where you are staying? ⓘ
	1. 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,
3. When did it occur? ⓘ
	* Within the past 3 months
	* 3-6 months ago
	* 6-12 months ago
	* More than 1 year ago
4. 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 ⓘ |
|  |  |  |
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* 1. 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?****** |
| 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 Benefits ** | **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 services |  | $ |  |
| Other: |  | $ |  |
| Other: |  | $ |  |
| Other: |  | $ |  |
| Other: |  | $ |  |
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|  |  |  |  |
| **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*](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*****(Record Below)*** |
| **1** | Do you have your next housing secured?*For example, a documented offer from a landlord for a unit* | * Yes [Score: 0]
* No [Score: 1]
 |  |
| **2** | Do you have any income and/or rental assistance that can support your housing costs?*\*\*No more than 65% of income contributed towards housing costs**Link to HUD Fair Market Rent charts:* [*https://www.huduser.gov/portal/datasets/fmr.html*](https://www.huduser.gov/portal/datasets/fmr.html)*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.* | * Yes [Score: 0]
* No [Ask Question 2.1, Do Not Score]

*If yes, skip to question 2.2**if no, ask question 2.1 below* |  |
| 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)? | * Yes [Score: 0]
* No [Score: 1]

*Skip to question 3* |  |
| 2.2 | Do you have a housing voucher or rental assistance to help secure housing? | * Yes
* No
 | **Not Scored** |
| 2.3 | Can this information be verified? (e.g., contact information for landlord, housing authority, or voucher agency)? | * Yes
* No

*If no, skip to question 3* | **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 | * Yes [Score: 0]
* No [Score: 1]
 |  |
| **4** | Have you ever been evicted in the past (not including any current circumstances)?[2](#_bookmark1) | * Yes [Score: 1]
* No [Score: 0]
 |  |
| 4.1 | If yes, were any of your previous evictions “no cause”? | * Yes
* 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.

1. **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:****One point for every No (unchecked box)* | ***Yes = 0*** | ***No = 1*** |
| * 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?
 |  |

#### 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)
1. ***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*** |
| *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)?**Note: This is determined through data gathered in Section 2 and/or Section 8* | * Yes
* No
 |
| *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)?* | * Yes
* No
 |
| *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)**If* ***no*** *to* ***both*** *questions 1 and 2, client screens for* ***Medium-term assistance*** *(check box)* | *Does client screen for medium or long-term assistance?** Long-term Assistance
* Medium-term Assistance
 |
| *Does this person have a housing sustainability plan?**If yes, screen client for medium-term assistance (including clients who answered yes to question 1 and/or 2 above).* | * Yes
* 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Are you currently on Probation or Parole? ☐ Yes ☐ No

|  |  |  |
| --- | --- | --- |
| **Parole Officer’s Name** | **Telephone #** | **Type of Offense?** |
|  |  |  |
|  |  |  |

1. 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-](https://helpingtohousevt.org/wp-content/uploads/2021/03/Veterans-Referral-Process.pdf) [Process.pdf](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-](https://education.vermont.gov/student-learning/adult-education/local-services) [services](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***

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

|  |  |  |
| --- | --- | --- |
| * They could get financial help while housing you.
 | * It was only for a short time (less than 3 months).
 | * This is not an option for me.
 |
| * They could get help renovating their space for me.
 | * Someone could help us resolve conflicts from the past or in the future.
 |  |
| * Someone could help me have a conversation with them, or with their

landlord (if they rent). | * I could still have access to housing resources, like rental assistance.
 |  |

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

***You may be able to access rental assistance.***

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

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

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

1. **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)***

|  |  |  |
| --- | --- | --- |
| * Need an accessible unit
 | * Eviction history
 | * My pets or animals:
 |
| * Smoking
 | * Not enough income
 | * # of children/people in the household
 |
| * Credit history/no credit
 | * Issues with house guests
 | * Other
 |
| * Uneven or no employment
 | * Bad or no landlord references
 |  |
| * Criminal record
 | * Discrimination- Say more:
 |  |

1. **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: