

COORDINATED ENTRY ASSESSMENT TOOL

Coordinated Entry ROI Granted	<input type="checkbox"/> Yes <input type="checkbox"/> Yes in part (no PII) <input type="checkbox"/> No
Start Date	
End Date	

Universal Data Elements

Contact Date	
Interviewer Name:	
Interviewer Agency:	
First Name:	
Last Name:	
SSN:	
DOB:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
Secondary Race (optional):	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Client Refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
Household Type:	<input type="checkbox"/> Single Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family with children
Total Number in the Household	
On a regular day, where is it easiest to find you and what time of day is it easiest to do so?	
Street address where you regularly go to pick up mail:	
Do you have a phone number or email address?	
Can we text you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an email address?	
Do you have any social media accounts such as Facebook that we could message you through?	

Is there an agency person/outreach worker that is currently helping you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can we contact them? (Obtain contact information)	

Have you ever served in the US Military, whether basic training, active duty, reserve duty or National Guard?	<input type="checkbox"/> No <input type="checkbox"/> Basic Training <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve Duty
Status of Discharge	<input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other, please specify

As a child, were you ever in Foster Care or are you in now	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Has any adult in your household ever been in foster care or in the custody of the state (as a minor)?	<input type="checkbox"/> Yes <input type="checkbox"/> NO

Diversion attempted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why?	<input type="checkbox"/> Staff Capacity <input type="checkbox"/> Household Refused <input type="checkbox"/> Safety Concern <input type="checkbox"/> Meeting/Call Interrupted <input type="checkbox"/> Client Capacity (i.e. mental health, intoxicated) <input type="checkbox"/> Other (specify):
Diversion successful?	<input type="checkbox"/> Yes – Permanent <input type="checkbox"/> Yes – Temporary <input type="checkbox"/> No – If no, why?
What type of service was provided?	<input type="checkbox"/> Mediation or dispute resolution <input type="checkbox"/> Housing placement <input type="checkbox"/> Other type of service - specify:
Was financial assistance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of financial assistance was provided?	<input type="checkbox"/> Moving cost <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Security Deposit <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Transportation <input type="checkbox"/> Other - specify:
How much financial assistance was provided?	

Would you like to be referred to shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of shelter would you be most comfortable in?	<input type="checkbox"/> Low Barrier <input type="checkbox"/> Dry Shelter <input type="checkbox"/> Faith Based <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Any
Was a referral made to the Street Outreach Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to whom was the referral made and when?	

Are you currently interested in housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently interested in housing, where would you like to live?	<input type="checkbox"/> Douglas County Only <input type="checkbox"/> Sarpy County Only <input type="checkbox"/> Douglas or Sarpy County Only <input type="checkbox"/> Pottawattamie County Only <input type="checkbox"/> Any

Does the client have a disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabling condition:	<input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Physical <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Both Alcohol and Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Developmental <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health Problem

Start Date	End Date	Whereabouts (description)	Whereabouts (type)	Documentation

Residence prior to becoming homeless, this episode?	
Length of stay in previous place:	
On the night before did you stay on the streets, ES or SH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate date homelessness started:	
Number of times (episodes) the client has been on the streets, in ES, or SH in the past three years including today:	
Total number of months homeless on the street, in ES or SH in the past 3 years	