

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	

Veteran Assessment Completed by SSVF Projects

Veteran status confirmed by VA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date veteran status confirmed by VA:	
Veteran eligible for VA funded supportive housing projects:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	

Initial Data Collection

Contact Date:	
Interviewer Name:	
Interviewer Agency:	
First Name:	
Last Name:	
SSN:	
DOB:	
Date of Birth Type:	<input type="checkbox"/> Full DOB Reported (HUD) <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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
MACCH Gender:	<input type="checkbox"/> Cisgender <input type="checkbox"/> Gender Neutral
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:	

Contact Information

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)	

On-going Case Manager Information

Case Manager Name:	
Case Manager Agency:	
Case Manager Email Address:	
Case Manager Phone Number:	
Start Date:	
End Date:	

Additional 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
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

Coordinated Entry Diversion

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?	

Phase 1 Assessment

Are you currently interested in housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	

Disabilities

Does the client have a disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Disabling condition:	Disability Type	Yes	No	Client Doesn't Know	Client Refused	Data Not Collected	Incomplete
	Alcohol Abuse						
	Drug Abuse						
	Both Alcohol and Drug Abuse						
	Developmental						
	HIV/AIDS						
	Mental Health Problem						
	Physical Chronic Health Condition						

Homeless History

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

In the past three years, how many months have you been living on the streets or in an emergency shelter? (enter number of months)	
Residence prior to project entry	
Length of stay in previous place:	
Approximate date homelessness started:	
Regardless of they stayed last night - 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	
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Phase 2 Assessment

Daily Living Activities – 20 (DLA-20) Score:	
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