

Opening Script

Hello, my name is [_____] and I work for [_____].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

Basic Client Information (if not already in HMIS)

Name	First	Middle	Last	Suffix
Name Data Quality	<ul style="list-style-type: none"> <input type="radio"/> Full Name Reported <input type="radio"/> Partial, Street Name or Code Name Reported <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected 			
Social Security #				
SSN Data Quality	<ul style="list-style-type: none"> <input type="radio"/> Full SSN Reported <input type="radio"/> Approximate or Partial SSN Reported <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected 			
U.S. Military Veteran	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected 			

Coordinated Entry Assessment

Date of Assessment	
Assessment Location	
Assessor's Name	
Assessor's Organization	
Assessor's Title	
Assessor's Phone	
Assessor's Email	
Assessment Type	<ul style="list-style-type: none"> <input type="radio"/> Phone <input type="radio"/> Virtual

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	<input type="radio"/> In Person
Assessment Level	Housing Needs Assessment
Prioritization Status	Placed on Prioritization List

SECTION 1. Client & Household Information






Date of ROI Consent	Day___ / Month___/ Year_____		
Relationship to Head of Household	<i>(Should always be "Self (head of household)" as that is the only member of a household that should be assessed).</i>		
What gender do you identify with?	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Trans Female (MTF or Male to Female) <input type="radio"/> Trans Male (FTM or Female to Male)	<input type="radio"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not Collected	
Date of Birth	Day___ / Month___/ Year_____		
Race (may select more than one)	<input type="radio"/> American Indian or Alaska Native (HUD) <input type="radio"/> Asian (HUD) <input type="radio"/> Black or African American (HUD) <input type="radio"/> Native Hawaiian or Other Pacific Islander (HUD) <input type="radio"/> White (HUD) <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected		
Ethnicity	<input type="radio"/> Non-Hispanic/Non-Latino (HUD) <input type="radio"/> Hispanic/Non-Latino (HUD) <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected		
Household Type	<input type="radio"/> Family <input type="radio"/> Single <input type="radio"/> Youth - Family <input type="radio"/> Youth -Single		
Household Size	Total # of Persons_____	Total # of Adults_____	Total # children_____
Are you pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data Not collected		

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SECTION 2. Eligibility:

Current Living Situation Start Date (Date of Assessment: Month___/Day___/Year_____)	
Information Date (Same as Start Date Above): Month___/Day___/Year_____	Location details:

Current Living Situation (Pick ONLY ONE)

<i>Literally Homeless Situations</i>	<i>Institutional Situations</i>	<i>Temporary and Permanent Housing Situations</i>		<i>Other</i>
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven <div style="text-align: center; margin-top: 20px;"></div>	<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 <div style="text-align: center; margin-top: 20px;"></div>	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <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 <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <div style="text-align: center; margin-top: 20px;"></div>	<input type="checkbox"/> Permanent Housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <div style="text-align: center; margin-top: 20px;"></div>	<input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected <div style="text-align: center; margin-top: 20px;"></div>
Skip the rest of this form & Go To 'Housing Summary'	Continue to Question A.	Continue to Question A.		Skip the rest of this form & Go To 'Housing Summary'

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Question A: Is client going to have to leave their current Prior Living Situation within 14 days?

- Yes No DK (Client Doesn't Know) R (Client Refused) DNC (Data Not Collected)

If "Yes" to question A, please answer questions B - E:

B. Has a subsequent residence been identified? Yes No DK R DNC

C. Does individual or family have resources or support networks to obtain other permanent housing?

- Yes No DK R DNC

D. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- Yes No DK R DNC

E. Has the client moved 2 or more times in the past 60 days? Yes No DK R DNC

Please do a housing summary that includes episodes of homelessness

Start Date	End Date	Residence Type	City / County / State

Assessing MN Long Term Homelessness		
Extent of Homelessness by Minnesota's Definition	<input type="radio"/> Not currently homeless <input type="radio"/> 1 st time homeless and less than 1 year without home <input type="radio"/> Multiple times homeless, but NOT meeting LTH definition <input type="radio"/> Long term: At least 1 year OR at least 4 times in past 3 years.	
Approximate Date of Most Recent Episode of Homelessness (MN)?	Month___/Day___/Year_____	
Total # of months homeless or doubled up? (do not include time in TH or other housing)		
Leave any of these? (0-3 months ago)	<input type="radio"/> Adoptive home (from foster care) <input type="radio"/> Foster Home <input type="radio"/> Juvenile Detention Center <input type="radio"/> County Jail <input type="radio"/> State or Federal Prison <input type="radio"/> Mental Health Treatment <input type="radio"/> Drug or Alcohol Treatment	<input type="radio"/> Combined MI/CD treatment <input type="radio"/> Group Home <input type="radio"/> Halfway House <input type="radio"/> Residence for people with physical disabilities <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused

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Assessing Chronic Homelessness		
<p>"Prior Living Situation" (should capture where the client stayed the night before their CE assessment).</p>	<ul style="list-style-type: none"> <input type="radio"/> Place not meant for habitation <input type="radio"/> Emergency shelter, including hotel/motel paid w/ voucher <input type="radio"/> Safe Haven <input type="radio"/> Interim Housing/Bridge Housing <input type="radio"/> Foster care home or foster care group home <input type="radio"/> Hospital or other residential non-psychiatric medical facility <input type="radio"/> Jail, prison or juvenile detention facility <input type="radio"/> Long-term care facility or nursing home <input type="radio"/> Psychiatric hospital or other psychiatric facility <input type="radio"/> Substance abuse treatment facility or detox center <input type="radio"/> Residential project or halfway house with no homeless criteria <input type="radio"/> Hotel or motel paid for with out emergency shelter voucher <input type="radio"/> Transitional housing for homeless persons (including homeless youth) <input type="radio"/> Host Home (non-crisis) <input type="radio"/> Staying or living in a friend's room, apartment or house <input type="radio"/> Staying or living in a family member's room, apartment or house <input type="radio"/> Rental by client, with GPD TIP subsidy <input type="radio"/> Rental by client, with VASH subsidy <input type="radio"/> Permanent Housing (other than RRH) for formerly homeless persons <input type="radio"/> Rental by client, with RRH or equivalent subsidy <input type="radio"/> Rental by client, with HCV voucher (tenant or project based) <input type="radio"/> Rental by client in a public housing unit <input type="radio"/> Rental by client, no ongoing housing subsidy <input type="radio"/> Rental by client, with other ongoing housing subsidy <input type="radio"/> Owned by client, with ongoing housing subsidy <input type="radio"/> Owned by client, no ongoing housing subsidy <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected 	
<p>How long have you stayed there?</p>	<ul style="list-style-type: none"> <li style="width: 33%;"><input type="radio"/> One night or less <li style="width: 33%;"><input type="radio"/> One month to 90 days <li style="width: 33%;"><input type="radio"/> Don't know <li style="width: 33%;"><input type="radio"/> Two to six nights <li style="width: 33%;"><input type="radio"/> 90 days to one-year <li style="width: 33%;"><input type="radio"/> Refused <li style="width: 33%;"><input type="radio"/> Over one week to under a month <li style="width: 33%;"><input type="radio"/> One year or longer <li style="width: 33%;"><input type="radio"/> Data Not Collected 	
<p>Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past 3 years including today</p>	<ul style="list-style-type: none"> <li style="width: 33%;"><input type="radio"/> Once <li style="width: 33%;"><input type="radio"/> 3 times <li style="width: 33%;"><input type="radio"/> Don't Know <li style="width: 33%;"><input type="radio"/> Twice <li style="width: 33%;"><input type="radio"/> 4 or more <li style="width: 33%;"><input type="radio"/> Refused <li style="width: 33%;"><input type="radio"/> Data Not Collected 	
<p>Total number of months homeless on the street, in ES or SH in the past 3 years.</p>	<ul style="list-style-type: none"> <li style="width: 33%;"><input type="radio"/> 1 month (episode w/in 1st month) <li style="width: 33%;"><input type="radio"/> 9 <li style="width: 33%;"><input type="radio"/> 2 <li style="width: 33%;"><input type="radio"/> 10 <li style="width: 33%;"><input type="radio"/> 3 <li style="width: 33%;"><input type="radio"/> 11 <li style="width: 33%;"><input type="radio"/> 4 <li style="width: 33%;"><input type="radio"/> 12 <li style="width: 33%;"><input type="radio"/> 5 <li style="width: 33%;"><input type="radio"/> More than 12 months <li style="width: 33%;"><input type="radio"/> 6 <li style="width: 33%;"><input type="radio"/> Client doesn't know <li style="width: 33%;"><input type="radio"/> 7 <li style="width: 33%;"><input type="radio"/> Client refused <li style="width: 33%;"><input type="radio"/> 8 <li style="width: 33%;"><input type="radio"/> Data not collected 	

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Veteran Status	
Did you serve on Active Duty, or in the National Guard or Reserves?	<input type="radio"/> No <input type="radio"/> Yes, Active Duty (regardless of Guard/Reserve answer) <input type="radio"/> Yes, National Guard <input type="radio"/> Yes, Reserves <input type="radio"/> Both Guard & Reserves <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/> Data Not Collected
What kind of discharge did you have?	<input type="radio"/> Honorable or under honorable conditions <input type="radio"/> Other than honorable but not dishonorable <input type="radio"/> Dishonorable <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data Not Collected
Have you been referred to the Homeless Veteran Registry?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK (Client Doesn't Know) <input type="radio"/> R (Client Refused) <input type="radio"/> DNC (Data Not Collected)
Tribal Membership	
Are you Native American?	<input type="radio"/> Yes <input type="radio"/> No
If yes, with which Tribe are you affiliated?	<input type="radio"/> Lower Sioux in MN <input type="radio"/> Mdewakanton Sioux Indians <input type="radio"/> Minnesota Chippewa Tribe <input type="radio"/> Prairie Island in Minnesota <input type="radio"/> Red Lake Band of Chippewa Indians <input type="radio"/> Shakopee Mdewakanton Sioux of MN <input type="radio"/> Upper Sioux Community <input type="radio"/> Other: _____ <input type="radio"/> Not Enrolled Member of Any Tribe <input type="radio"/> DK (Client Doesn't Know) <input type="radio"/> R (Client Refused) <input type="radio"/> DNC (Data Not Collected)

CES Household Disability Information (for household members who are not head of household)	
Relationship to Head of Household	<input type="radio"/> Self <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Wife <input type="radio"/> Husband <input type="radio"/> Grandson <input type="radio"/> Granddaughter <input type="radio"/> Unknown <input type="radio"/> Significant Other <input type="radio"/> Step-Daughter <input type="radio"/> Step-son <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Other non-relative <input type="radio"/> Other relative
Disability Type	<input type="radio"/> Mental Health <input type="radio"/> Physical <input type="radio"/> Developmental <input type="radio"/> Chronic Health Condition <input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Alcohol and Drug Abuse <input type="radio"/> HIV/AIDS
Date of Diagnosis	Month___/Day___/Year_____
If yes to Drug Abuse, Alcohol Abuse, or Drug & Alcohol Abuse, currently receiving services or treatment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> R (Client Refused) <input type="radio"/> DK (Client Doesn't Know)
Does your disability limit your	<input type="radio"/> Yes

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ability to live independently?	<input type="radio"/> No
Is the disability documented	<input type="radio"/> Yes <input type="radio"/> No
Notes	
CES Household Disability Information (for head of household)	
Do you have a disability of long duration? (Collect Household Disability Information)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Have you been told by a medical professional that you have a severe mental illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is the disability documented?	<input type="radio"/> Yes <input type="radio"/> No
What accommodations do you require for housing due to health/disability?	

Domestic Violence: Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?	<input type="radio"/> Yes <input type="radio"/> No
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Living Situation	
How many times have you moved in the past year? Enter value 0-10	
Client Location (Continuum of Care)	
County where resides	
County of (current) Primary Residence?	

SECTION 3. Client Choice:

Are you willing to live anywhere in the state?	<input type="radio"/> Yes <input type="radio"/> No
Client Preference County 1-3	1.
	2.
	3.
If you are not currently living in the city/county you want to live, do you have any connections to the area?	<input type="radio"/> Yes <input type="radio"/> No
Please explain connections:	

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Please note if you have a need or a preference for each of the following.	Need	Preferred	Notes
Cultural or population specific housing (tribal, HIV/AIDS, LBGT)			
Fixed Site			
GRH			
Have a Front Desk			
Mobility/Access			
Access to public transportation			
Safety			
Scattered Site			
Stay enrolled in same school district			
Sober Housing/Treatment based			

SECTION 4. Contact Information:

Phone number where you can be reached or where a message can be left	
Email where you can be reached or where a message could be left	
Alternative Contacts:	
Name	Relationship
Phone	Email

Current Case Workers/Providers that you are working with:

Provider Type	County	Agency	Worker Name	EMAIL	PHONE

Legal Criminal History	
Do you or anyone in your household have a legal/criminal history?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK (Client Doesn't Know) <input type="radio"/> R (Client Refused) <input type="radio"/> DNC (Data Not Collected)

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Relationship to HoH	Only ask for HoH you are assessing, so always answer self <input type="radio"/> Self (only ask HoH)
Offense Type	<input type="radio"/> Arson Offense <input type="radio"/> Drug Offense <input type="radio"/> Non-violent Crime Offense <input type="radio"/> Sex Offense <input type="radio"/> Violent Crime Offense
Classification	<input type="radio"/> Felony <input type="radio"/> Misdemeanor
Number of Offenses	
Date of Most Recent Conviction	Month___/Day___/Year_____
Active warrant any open criminal case?	<input type="radio"/> Yes <input type="radio"/> No
If Yes to sex offense, registered sex offender?	<input type="radio"/> Yes <input type="radio"/> No
Notes	

Income	
Income from Any Source	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK (Client Doesn't Know) <input type="radio"/> R (Client Refused) <input type="radio"/> DNC (Data Not Collected)
Source of Income	<input type="radio"/> Earned Income <input type="radio"/> Unemployment Insurance <input type="radio"/> SSI <input type="radio"/> SSDI <input type="radio"/> VA Service-Connected Disability Compensation <input type="radio"/> Private Disability Insurance <input type="radio"/> Worker's Compensation <input type="radio"/> TANF <input type="radio"/> General Assistance <input type="radio"/> Retirement Income From Social Security <input type="radio"/> VA Non-Service Connected Disability Pension <input type="radio"/> Pension or retirement income from another job <input type="radio"/> Child Support <input type="radio"/> Alimony or Other Spousal Support <input type="radio"/> Other: _____
Monthly Amount	\$
Receiving Income Source?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DNC (Data Not Collected)

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<p>Housing Stabilization Services Questions: Based on your experience with the person you have assessed for Coordinated Entry, review the following five questions and use your professional judgement when selecting your responses.</p>	
<p>Housing Instability: Is the person experiencing housing instability?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer
<p>Communication: Does this person need support communicating their needs to help with housing?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer
<p>Mobility: Does this person need support getting around to help with housing?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer
<p>Decision Making: Does this person need support in decision making related to their housing?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer
<p>Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer