

Southwest Minnesota Continuum of Care Coordinated Entry Assessment

Opening Script

“Hello, my name is [_____] and I work for [_____]. To determine your eligibility for 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. 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	<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	<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	<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			

COVID-19 Survey – MN (Optional)

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

Coordinated Entry Event: Skip this section when completing the assessment.

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Client and Household Information






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"/> A gender other than singularly female or male (e.g. non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/> Transgender <input type="radio"/> Questioning <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not Collected	
Date of Birth	Month___/ Day___/ 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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Eligibility Information

Current Living Situation refers to the place where the client anticipates they will be staying TONIGHT. This may be different than their Prior Living Situation.

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>
<ul style="list-style-type: none"> ○ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ○ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Runaway and Homeless Youth-funded Host Home shelter ○ Safe Haven <div style="text-align: center; margin-top: 20px;">  </div>	<ul style="list-style-type: none"> ○ 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 <div style="text-align: center; margin-top: 20px;">  </div>	<ul style="list-style-type: none"> ○ Residential project or halfway house with no homeless criteria ○ Hotel or motel paid for without emergency shelter voucher ○ Transitional housing for homeless persons (including homeless youth) ○ 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 ○ Rental by client with GPD TIP (Grant Per Diem Transition in Place) subsidy ○ Rental by client with VASH (Veterans Affairs Supportive Housing) subsidy ○ Permanent Housing (other than RRH (Rapid Rehousing)) for formerly homeless persons <div style="text-align: center; margin-top: 20px;">  </div>	<ul style="list-style-type: none"> ○ Rental by client, with Rapid Rehousing or equivalent subsidy ○ Rental by client, with HCV (Housing Choice Voucher, tenant or project based) ○ Rental by client in a public housing unit ○ Rental by client, no ongoing housing subsidy ○ Rental by client, with other ongoing housing subsidy ○ Owned by client, with ongoing housing subsidy ○ 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 Question A & Go To 'Housing Summary'	Continue to Question A			Skip Question A & Go To 'Housing Summary'

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Question A

Is client going to have to leave their current Living Situation within 14 days?

- Yes No Client Doesn't Know Client Refused Data Not Collected

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

B. Has a subsequent residence been identified?

- Yes No Client Doesn't Know Client Refused Data Not Collected

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

- Yes No Client Doesn't Know Client Refused Data Not Collected

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

- Yes No Client Doesn't Know Client Refused Data Not Collected

E. Has the client moved 2 or more times in the past 60 days?

- Yes No Client Doesn't Know Client Refused Data Not Collected

HOUSING SUMMARY

Complete this form for the last three years and include episodes of homelessness. Start with current housing situation and move backward over the last three years.

Start Date	End Date	Residence Type	City / County / State	Who was the leaseholder?

Assessing MN Long Term Homelessness

Extent of Homelessness by Minnesota's Definition (includes temporarily doubled-up situations)

- Not currently homeless
- 1st time homeless and less than 1 year without home
- Multiple times homeless, but NOT meeting LTH definition
- 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): _____

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Assessing Chronic Homelessness																			
<p>"Prior Living Situation" <u>(should capture where the client stayed the night before their CE assessment).</u></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 (Grant Per Diem Transition in Place) subsidy <input type="radio"/> Rental by client, with VASH (Veterans Affairs Supportive Housing) subsidy <input type="radio"/> Permanent Housing (other than Rapid Rehousing) for formerly homeless persons <input type="radio"/> Rental by client, with RRH (Rapid Rehousing) or equivalent subsidy <input type="radio"/> Rental by client, with HCV (Housing Choice 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>Length of Stay in Previous Place</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="radio"/> One night or less</td> <td style="width: 33%;"><input type="radio"/> One month to 90 days</td> <td style="width: 33%;"><input type="radio"/> Don't know</td> </tr> <tr> <td><input type="radio"/> Two to six nights</td> <td><input type="radio"/> 90 days to one-year</td> <td><input type="radio"/> Refused</td> </tr> <tr> <td><input type="radio"/> Over one week to under a month</td> <td><input type="radio"/> One year or longer</td> <td><input type="radio"/> Data Not Collected</td> </tr> </table>	<input type="radio"/> One night or less	<input type="radio"/> One month to 90 days	<input type="radio"/> Don't know	<input type="radio"/> Two to six nights	<input type="radio"/> 90 days to one-year	<input type="radio"/> Refused	<input type="radio"/> Over one week to under a month	<input type="radio"/> One year or longer	<input type="radio"/> Data Not Collected									
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<p>Approximate Date of Most Recent Episode of Homelessness (HUD):</p>	<p>____ / ____ / _____</p>																		
<p>Regardless of where you stayed last night – Number of times the client has been on the streets, in ES, or Safe Haven in the past 3 years including today</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><input type="radio"/> Once</td> <td style="width: 30%;"><input type="radio"/> Don't Know</td> </tr> <tr> <td><input type="radio"/> Twice</td> <td><input type="radio"/> Refused</td> </tr> <tr> <td><input type="radio"/> 3 times</td> <td><input type="radio"/> Data Not Collected</td> </tr> <tr> <td><input type="radio"/> 4 or more</td> <td></td> </tr> </table>	<input type="radio"/> Once	<input type="radio"/> Don't Know	<input type="radio"/> Twice	<input type="radio"/> Refused	<input type="radio"/> 3 times	<input type="radio"/> Data Not Collected	<input type="radio"/> 4 or more											
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<input type="radio"/> 4 or more																			
<p>Total number of months homeless on the street, in ES or SH in the past 3 years.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="radio"/> 1 month (episode w/in 1st month)</td> <td style="width: 50%;"><input type="radio"/> 10</td> </tr> <tr> <td><input type="radio"/> 2</td> <td><input type="radio"/> 11</td> </tr> <tr> <td><input type="radio"/> 3</td> <td><input type="radio"/> 12</td> </tr> <tr> <td><input type="radio"/> 4</td> <td><input type="radio"/> More than 12 months</td> </tr> <tr> <td><input type="radio"/> 5</td> <td><input type="radio"/> Client doesn't know</td> </tr> <tr> <td><input type="radio"/> 6</td> <td><input type="radio"/> Client refused</td> </tr> <tr> <td><input type="radio"/> 7</td> <td><input type="radio"/> Data not collected</td> </tr> <tr> <td><input type="radio"/> 8</td> <td></td> </tr> <tr> <td><input type="radio"/> 9</td> <td></td> </tr> </table>	<input type="radio"/> 1 month (episode w/in 1 st month)	<input type="radio"/> 10	<input type="radio"/> 2	<input type="radio"/> 11	<input type="radio"/> 3	<input type="radio"/> 12	<input type="radio"/> 4	<input type="radio"/> More than 12 months	<input type="radio"/> 5	<input type="radio"/> Client doesn't know	<input type="radio"/> 6	<input type="radio"/> Client refused	<input type="radio"/> 7	<input type="radio"/> Data not collected	<input type="radio"/> 8		<input type="radio"/> 9	
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<input type="radio"/> 9																			

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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 (including National Guard and Reserves) <input type="radio"/> Yes, National Guard, but never activated/deployed <input type="radio"/> Yes, Reserves, but never activated/deployed	<input type="radio"/> Both Guard & Reserves but never activated/deployed <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"/> Client Doesn't Know <input type="radio"/> Client Refused <input type="radio"/> 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"/> Not Enrolled Member of Any Tribe <input type="radio"/> Lower Sioux in MN <input type="radio"/> Mdewakanton Sioux Indians <input type="radio"/> MN Chippewa Tribe – Bois Forte <input type="radio"/> MN Chippewa Tribe – Fond du Lac <input type="radio"/> MN Chippewa Tribe – Grand Portage <input type="radio"/> MN Chippewa Tribe – Leech Lake <input type="radio"/> MN Chippewa Tribe – Mille Lacs Band <input type="radio"/> MN Chippewa Tribe – White Earth	<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 in MN <input type="radio"/> Other: <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		
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 Use Disorder <input type="radio"/> Drug Use Disorder <input type="radio"/> Both Alcohol and Drug Use Disorder <input type="radio"/> HIV/AIDS
Date of Diagnosis	Month___/Day___/Year_____	
If yes to Alcohol Use Disorder, Drug Use Disorder, or Both Alcohol and Drug Use Disorder, is the client currently receiving services or treatment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> R (<i>Client Refused</i>) <input type="radio"/> DK (<i>Client Doesn't Know</i>)	
Does your disability limit your ability to live independently?	<input type="radio"/> Yes <input type="radio"/> No	
Is the disability documented?	<input type="radio"/> Yes <input type="radio"/> No	

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Notes (e.g. accommodations do you require for housing due to health/disability?)		
Have you been told by a medical professional that you have a serious and persistent mental illness (SPMI)?	<input type="radio"/> Yes	<input type="radio"/> No
Is the disability documented?	<input type="radio"/> Yes	<input type="radio"/> No

Fleeing Victimization?		
Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking that is happening to you or anyone in your family?	<input type="radio"/> Yes	<input type="radio"/> No
Are you working with a Victim Service Provider (e.g. Southwest Crisis Center, WRAP, Safe Avenues, etc.)?	<input type="radio"/> Yes	<input type="radio"/> No

Living Situation	
Client Location (Continuum of Care)	
County where resides:	
County of (current) Primary Residence? Same value selected for "County where resides".	
Are you willing to live anywhere in the state?	<input type="radio"/> Yes <input type="radio"/> No
Please list the CoCs where you are willing to live.	1. 2. 3. 4.
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 – Family <input type="radio"/> Yes – Employment <input type="radio"/> No <input type="radio"/> Other
Please explain any connections:	

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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 Managers

Provider Type	County	Agency	Worker Name	Worker email	Worker phone

Legal Involvement	
Do you 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)
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	

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Corrections Officer Name	
Corrections Officer Phone Number	
Corrections Officer Email Address	

Income: <i>(Each income source will need to be added separately in HMIS)</i>	
Income from Any Source	<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
Sources 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"/> Data Not Collected

Housing Stabilization Services Questions: Based on your experience with the person you have assessed review the following five questions and use your professional judgement when selecting your responses.	
Housing Instability: Is the person experiencing housing instability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer
Communication: Does this person need support communicating their needs to help with housing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer
Mobility: Does this person need support getting around to help with housing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer
Decision Making: Does this person need support in decision making related to their housing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer
Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure/Unable to Answer