

Fax Completed Assessments to 315-785-3346 Attention Coordinated Entry Manager

Client Score: _____

Client Code: _____ *(assigned by CE Manager)*

HOUSING/HOMELESS ASSESSMENT TOOL



HAVE YOU COMPLETED THIS SURVEY WITH ANOTHER AGENCY? IF YES WHICH AGENCY? _____

Agency, Staff Member & Contact Information Completing This Assessment Form
(Print) _____

I understand that the information on this form may be shared with other agencies participating in the continuum of care.

Signature of Head of Household _____ Date _____

- Name: (head of household) _____ Health Insurance: Yes No Doesn't Know Refused Data Not Collected
- Phone Number: () _____ - _____ Alt. Phone: () _____ - _____
- Ethnicity: Hispanic Non-Hispanic Refused Unknown Data Not Collected
- Race: American Indian/Native Alaskan Asian Black or African American Native Hawaiian or Other Pacific Islander
White Refused Unknown Data Not Collected
- Ages and Gender of those seeking housing:
DOB _____ SEX _____ PLACE ADDITIONAL HOUSEHOLD MEMBERS ON PAGE PROVIDED
_____ (self) _____ Number of people in the household: _____

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. Score: _____
IF A FAMILY WITH DEPENDENT CHILDREN, THEN SCORE 5 Score: _____
IF HEAD OF HOUSEHOLD IS PREGNANT, THEN SCORE 1 Score: _____
IF THE PERSON IS 24 OR UNDER, THEN SCORE 2. Score: _____

- When did you become homeless: _____
- How many separate times in the past 3 years have you been without a regular place to stay (including right now)?
____ 1 time ____ 2-3 times ____ 4 or more times *(only score for the highest of the 2 choices below)*

IF THE PERSON HAS EXPERIENCED 2-3 EPISODES OF HOMELESSNESS, THEN SCORE 2. Score _____
IF THE PERSON HAS EXPERIENCED 4 + EPISODES OF HOMELESSNESS, THEN SCORE 3. Score _____

- Has it been more than a year since you had a regular place to stay? _____

IF THE PERSON HAS EXPERIENCED 1+ CONSECUTIVE YEARS OF HOMELESSNESS THEN SCORE 3 Score: _____

- Where did you stay last night and what is the address: _____

IF they said (car or other vehicle, street or woods, camper or tent), THEN SCORE 2 Score _____

- What was your last permanent address and how long did you live there: _____

- Why are you no longer living at your last permanent address; what changed in the household to create this emergency:
nonpayment of rent, destruction of property, other _____

- Do you have any friends or family that you can stay with for at least the next 14 days, or longer? Yes No
IF "NO" THEN SCORE 1 Score _____

- Do you have any physical or mental limitations that would prevent you from obtaining housing? (circle all that apply)
Physical/Medical _____ Developmental Disability _____ Mental Health _____ Drug or Alcohol Addiction _____
HIV/AIDS _____ Other: _____
Score one point for each disability. Score _____

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If you have a serious underlying medical condition and may be at higher risk for severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease score 2 points.

Score _____

14. Is anyone in your household a veteran: Yes No

IF "YES" THEN SCORE 3

Score _____

14. Do you have any legal issues that will make it more difficult to rent a place to live? (Circle all that apply)

Registered Sex Offender Released from Jail/Prison On probation/Parole Pending charges/ Fines

SCORE 1 point for each legal issue

Score _____

15. Are you being sanctioned through a public assistance program: Yes No

IF "YES" , THEN SCORE 3

Score _____

16. Are you or anyone in your household currently employed: Yes No If so, who in the house is employed and what is the name, address, and phone number of the employer: _____

IF "NO" THEN SCORE 1

Score _____

17. Do you have any other available income or resources at this time? These include, but are not limited to; Child Support Payments, Unemployment Insurance Benefits, Disability Benefits, Social Security Benefits, SSI Payments or Advance on Wages:

Yes No If yes, indicate what type of income it is, the date it was last received on and the amount it was for:

IF "NO" THEN SCORE 1

Score _____

18. Do you have your own transportation? Yes No

IF "NO" THEN SCORE 1

Score _____

19. Are you fleeing Domestic Violence? Yes No

IF "YES" THEN SCORE 3

Score _____

Are you a Domestic Abuse Victim/Survivor? Yes No Doesn't Know Refused Data Not Collected

IF "YES" THEN When did the experience occur?

Within Past 3 Months 3 to 6 Months Ago 6 to 12 Months Ago More Than 1 Year Ago Doesn't Know Refused Data Not Collected

20. Have you ever been in the Foster Care system? Yes No

IF "YES" THEN How did you leave the Foster Care system?

<18 Returned to parents; Adopted; >18 Independent Living Discharge; >18 Chose to Leave no Living Plan Completed

21. Have you ever received Social Security Benefits, SSI/SSA/SSD? Yes No

IF "YES" THEN Which type did you receive, Why did they stop, When did they stop?

22. Have you have had multiple points of contact (3 or more) with Emergency Responders, such as ambulance, ER visits, crisis, detox, fire or police/LEAD program within the last 90 days? Yes No

IF "YES" THEN SCORE 1 When did the experience occur?

Score _____

I understand by signing below I agree to any investigation made to verify or confirm the information I have given, or any other investigation made by them in connection with my request for Services. I further understand if additional information is requested, I will provide it. I swear and affirm under the penalties of perjury that the information I have given or will give is correct.

Signature _____

Date _____

***Be Sure to Complete HMIS Privacy Notice and Release of Information with All Assessments**

Include Pages 3&4 with Assessment to Ensure Data is Shared Per Client's Wishes