

# 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 \_\_\_\_\_

1. Name: (head of household) \_\_\_\_\_ Health Insurance: Yes No Doesn't Know Refused Data Not Collected
2. Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_
3. Ethnicity: Hispanic Non-Hispanic Refused Unknown Data Not Collected
4. Race: American Indian/Native Alaskan Asian Black or African American Native Hawaiian or Other Pacific Islander  
White Refused Unknown Data Not Collected
5. 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: \_\_\_\_\_

6. When did you become homeless: \_\_\_\_\_
7. 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 \_\_\_\_\_

8. 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: \_\_\_\_\_

9. 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 \_\_\_\_\_

10. What was your last permanent address and how long did you live there: \_\_\_\_\_  
\_\_\_\_\_

11. 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 \_\_\_\_\_  
\_\_\_\_\_

12. 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 \_\_\_\_\_

13. 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**

# COVID – 19 CRHMIS CLIENT INCLUSION DISCLOSURE

## TO BE USED BY EMERGENCY SHELTER AND TRANSITIONAL HOUSING PROJECTS

**PURPOSE:** To inform clients of HMIS data entry and for clients to authorize or modify data sharing preferences within the HMIS for the project listed below:

AGENCY/PROVIDER:

**INSTRUCTIONS:** This form must be completed for every independent adult (18 years of age and over) and every unaccompanied minor PRIOR to data collection and entry into the HMIS at all CRHMIS-participating providers. This form also covers any household members under the client's guardianship, which includes all minors (persons under 18 years of age) and any incapacitated/disabled adults. The client is to be given pages 1 and 2 after completion.

### HMIS PRIVACY NOTICE

This Notice applies to all CRHMIS-Participating Providers and addresses how information about clients may be used and disclosed at Providers as well as client rights over their information. This Notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

#### A. HMIS DATA COLLECTION & PURPOSE

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the housing and services provided to homeless individuals and families and persons at risk of homelessness. Providers participating in an HMIS are required to collect universal data elements from all clients, including Personally Identifying Information, demographic characteristics, and residential history. This information is critical for providers and communities to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Some providers are also required by their funders to obtain certain additional information to assess services, to determine eligibility, and to monitor outcomes. Most federally-funded homeless service providers are required to participate and record the clients they serve in an HMIS.

This agency is an HMIS-participating homeless service provider ("CRHMIS Provider"), meaning we collect and enter information about the persons we serve in the private and secure CARES Regional HMIS (CRHMIS) database, the local HMIS for this community. There are firm policies and procedures in place to protect against unauthorized disclosure of any personal information collected, and this information is critical to obtain an accurate picture of the homeless population we serve and for this agency to continue to offer you the service(s) you are accessing today. We only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program. We do not need your consent to enter a record of your visit into the CRHMIS, but you may refuse to have your personal identifying information within this record and still be eligible to receive services.

If you have any concerns or questions about the information provided above, please speak to an intake worker.

#### B. PERMITTED DATA USES AND DISCLOSURES

The CRHMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including Personally Identifying Information (PII is any information that can be used to identify a particular individual, including a client's name, Social Security Number, and Date of Birth). Once collected, we (as a CRHMIS Provider) have obligations about how these data may be used and disclosed (**uses** are internal activities for which providers interact with client PII; **disclosures** occur when providers share PII with an external entity). **CRHMIS Providers are limited to the following circumstances for the use and disclosure of HMIS PII:**

HUD required:

- (1) Client access to their information; and
- (2) Disclosures for oversight of compliance with HMIS privacy and security standards.

HUD permitted:

- (3) To provide or coordinate services to an individual;
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;
- (6) For creating de-identified reporting from PII;
- (7) Uses and disclosures required by law;
- (8) Uses and disclosures to avert a serious threat to health or safety;
- (9) Uses and disclosures about victims of abuse, neglect or domestic violence;
- (10) Uses and disclosures for research purposes; and
- (11) Uses and disclosures for law enforcement purposes.

A client must provide prior written consent for any other use or disclosure of HMIS PII.

CRHMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws**. Therefore, some CRHMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a projects. Specific, per-project information regarding data use and disclosure can be obtained upon request.

### C. CLIENT CONTROL OVER DATA

The CRHMIS recognizes every independent legal adult (person over 17 years of age) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this CRHMIS Provider and consenting to your personal information being entered into a record within the CRHMIS, you transfer governance responsibility over your CRHMIS record to us, and we are responsible for handling your record in accordance with CRHMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your CRHMIS record, and as owner **you have the following rights, in general:**

- » **Refusal:** to refuse to answer a question you do not feel comfortable with and not have it recorded within the CRHMIS;
- » **Access/Correction:** to request and view a copy of your project information record within the CRHMIS from your provider, including those who have accessed and/or edited your record, and to request corrections to that record;
- » **Grievance:** to ask questions of or submit grievances to your provider regarding privacy and security policies and practices;
- » **Anonymized Record:** to request that your provider anonymize your personal data record within the CRHMIS; and
- » **Optional Data Sharing:** to choose if your information is shared outside of the CRHMIS with researchers and other providers, and to make this decision at each project you receive services from. (Please note that if you decide NOT to data share, it does not prohibit the project from entering your data into the CRHMIS – it prohibits the sharing of your data as outlined on the consent form).

*CRHMIS Providers reserve the following exceptions to the above: (1) Provider Right to Deny Review: if information is compiled in reasonable anticipation of litigation or comparable proceedings; if information about another individual other than the participating provider staff would be disclosed; if information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the sources of the information; or if the disclosure of information would be reasonably likely to endanger the physical safety of any individual; and (2) Provider Right to Deny Access/Correction: in response to repeated or harassing requests.*

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### D. RESPONSIBILITY TO PROTECT DATA

CARES of NY, Inc. (CARES) is the System Administrator of the CRHMIS. The CRHMIS uses Foothold Technology's AWARDS software application and database, which is maintained in compliance with all federal standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its subsequent legislation – the standards required to protect medical records – as well as U.S. Department of Housing and Urban Development HMIS standards.

The CARES CRHMIS staff take the protection of client confidentiality and privacy seriously. **The following security measures, among others, are in place to ensure that your information is protected:**

- » **System Security:** HMIS data is encrypted and securely transmitted from Providers to the HMIS database, extensive procedures are in place to prevent unauthorized access, and the entire HMIS system and database is protected at the highest level of security for health data;
- » **Access:** Only CARES CRHMIS staff and staff at providers may receive authorization to access the CRHMIS, and authorization requires comprehensive initial training and annual privacy and security training thereafter;
- » **Confidentiality Agreements:** Every CRHMIS Provider and every person authorized to read or enter information into the CRHMIS signs an agreement every year that includes: (1) commitments to maintain the confidentiality of all CRHMIS information; (2) commitments to comply with all security measures in compliance with federal HMIS requirements and any applicable federal, state, or local laws; and (3) penalties for violation of the agreement;
- » **Monitoring:** Annual monitoring is conducted for CRHMIS providers to ensure compliance with privacy and security policies; and
- » **Reporting:** Published CRHMIS reports are comprised of aggregate data only, and never contain any client-level or identifying (PII) data.

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### IMPORTANT INFORMATION FOR ALL CLIENTS – PLEASE READ

**If you do not understand** any of the information within this form, you may ask your intake worker for further explanation or an alternate format.

You may **keep the first 2 pages** of this form (containing the HMIS Privacy Notice) for your records.

You may request a copy of any participating provider or CRHMIS policies from your intake worker. Further information regarding CRHMIS privacy and security is also available in the CRHMIS Policies and Procedures (accessible online at [www.caresny.org/](http://www.caresny.org/)).

You may contact your participating provider regarding any of your rights as listed above, including if you feel that any of these rights have been violated. If your provider's response does not satisfy you, you may then contact the CRHMIS directly at [hmis@caresny.org](mailto:hmis@caresny.org) or (518) 489-4130.

# COVID – 19 CRHMIS CLIENT INCLUSION DISCLOSURE

TO BE USED BY EMERGENCY SHELTER AND TRANSITIONAL HOUSING PROJECTS

**The agency is to retain this page for their records.**

*It may be requested by the Collaborative Applicant or HMIS Lead Agency for monitoring purposes.*

CLIENT NAME:

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AGENCY NAME:

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## E. ACKNOWLEDGEMENT OF INCLUSION

No client consent is required to enter client data from provider forms into the CRHMIS, including personally identifying information. All Protected Identifying Information (PII) entered into the HMIS for the purpose of Coordinated Entry may be shared with other participating providers through the HMIS to better serve your needs and streamline the intake process. Additional sharing of your PII will not happen without agreeing through the consent below.

To show you are aware of this, we ask you to initial below.

\*\* \_\_\_\_\_ Please initial to indicate that you have read (or been read) and understand the above information.

**Please indicate method by which acknowledgement was received.**

- Phone
- In Person

**IMPORTANT - CLIENT IS TO BE GIVEN PAGES 1 AND 2**