 Choose an item.

**WAIT HOUSE CRISIS CALL AND COORDINATED ENTRY FORM**

1. Are you seeking housing services [ ]  yes [ ]  no 1a. Last 4 of ss#Click or tap here to enter text.
2. Staff who took the call: Click or tap here to enter text. Date: Click or tap to enter a date.
3. Name of caller: Click or tap here to enter text. Contact Number: Click or tap here to enter text.
4. Referral Source: Choose an item. If School/Agency indicate name: Click or tap here to enter text.
5. Youth’s name: Click or tap here to enter text. Contact number: Click or tap here to enter text.
6. Date of birth: Click or tap to enter a date. Age: Choose an item. Gender: Choose an item.
7. Youth Address/Town/County Click or tap here to enter text.
8. Reason for call/homelessness: Click or tap here to enter text.
9. Where did you sleep last night: Click or tap here to enter text.
10. Is the individual a parent? [ ]  yes [ ]  no If Yes, does the individual have custody? [ ]  yes [ ]  no Age of Child Click or tap here to enter text.
11. Is the individual currently pregnant? [ ]  yes [ ]  no Has the youth stayed at the shelter before? [ ]  yes [ ]  no
12. Child Protective services Involved: [ ]  yes [ ]  no Explain Click or tap here to enter text.
13. Attending school or GED? [ ]  yes [ ]  no Where? Click or tap here to enter text. If no, last place attendedClick or tap here to enter text.
14. Employment: [ ]  yes [ ]  no Where?Click or tap here to enter text.
15. Mental Health Diagnosis [ ]  yes [ ]  no List Click or tap here to enter text.
16. Current Medications [ ]  yes [ ]  no List: Click or tap here to enter text.
17. Substance/Alcohol Abuse [ ]  yes [ ]  no
18. Other Service Providers/Agencies Choose an item. Explain Click or tap here to enter text.
19. Hospitalizations/Placements Choose an item. If Other, Explain. Click or tap here to enter text.
20. Current Victim of Domestic Violence? [ ]  yes [ ]  no Do you need a confidential place to stay? [ ]  yes [ ]  no

If Client checks **Yes** to **Question 20**, help should be contacted immediately:

Saratoga County: Wellspring **(518) 523-0280** or the 24 hour hotline (**518) 584-8188**

Warren and Washington Counties: 24 Hour Domestic Violence Project **(518) 793-9496**

NYS 24-hour Domestic Violence Hotline (**800) 942-6906** or **(800) 942-6908** (Spanish)

1. Served in Military [ ]  yes [ ]  no **If YES**, please indicate which agency you intend to refer Veteran to Choose an item.
2. PINS/Probation/Legal Involvement/Charges Choose an item. [ ]  yes [ ]  no Explain Click or tap here to enter text.
3. Does the individual have a History of any of the following:
	1. Violence/assault [ ]  yes [ ]  no Charges Click or tap here to enter text.
	2. Arson/fire-starting [ ]  yes [ ]  no Charges: Click or tap here to enter text.
	3. Sex Crimes/misconduct [ ]  yes [ ]  no Charges: Click or tap here to enter text.
4. Is the individual willing to come? [ ]  yes [ ]  no Emergency Contact and # Click or tap here to enter text.
5. Shelter Placement [ ]  yes [ ]  no Inappropriate? [ ]  yes [ ]  no (if yes, why?) Click or tap here to enter text.

VULNERABILITY INDEX SCORE

|  |
| --- |
| **Chronically Homelessness Status**Client has been continuously homeless for one (1) year or more **OR** has had four (4) episodes of homelessness in the last three (3) years where the combined length of time homeless on those occasions equals 12 months or more **AND** has a documented disabling condition.  [ ]  Yes [ ]  No [ ]  Unable to determine |
|  | Subtotal | Explanation Here |
| If client indicated they slept and are going to sleep in a place not meant for human habitation, a safe haven, or in an emergency shelter then score 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| If 18-24 years, the score 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| If 16-17 years, then score 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| If 60 or older, then score 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| If client has been diagnosed with a mental illness, then score 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| If client indicates they have served one active day in the military, then score 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| If client indicates homelessness at least one year or on at least four separate occasions in the past three years, then score 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| If client indicates that their household composition exceeds the household income and is based on the NYS AMI, the score 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| If client indicates a criminal history, current probation or parole status for self or any member of the household, then score 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| If the client is pregnant, then score 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| If client indicates having a disability, then score 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| If client indicates having multiple disabilities, then score 3 | Click or tap here to enter text. | Click or tap here to enter text. |
| Other, then score 3 | Click or tap here to enter text. | Click or tap here to enter text. |
| Total Number of Points | Click or tap here to enter text. |  |

Referral to:Choose an item.

Notes/Referral Follow up:

I understand that the information collected on this form will be used to help me gain housing services and this information will be shared with the partnering agencies of the Saratoga-North Country Continuum of Care to make referrals on my behalf and to discuss the details for my case. A list of Saratoga –North Country COC partnering agencies can be provided upon request. If a referral is made to the Saratoga, Warren, or Washington County Department of Social Services, I give permission to Social Services to speak to the referring agency as to the status of my housing.

Name: Signature: Date:

[ ]  Verbal Consent given over the phone. Attested to by: (name of staff) Date: