 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: