

Are you seeking housing services: Yes No

Have you previously completed an application for assistance through Coordinated Entry: Yes No

If client is not seeking housing services, a Housing Assessment does not need to be done.

Staff Member Completing Assessment		Agency Name	
Staff Member's Email:	Phone #:	Fax #	

PRESCREENING INFORMATION

Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Are you at risk of becoming homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
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HMIS DATA ELEMENTS

1. First Name 1.a. Also Known As:	Last Name Last 4 of Social Security		
2. Address (Please indicate if this is a <input type="checkbox"/> current or <input type="checkbox"/> previous address)	City	State	Zip
Mailing Address (If mailing address is the same as above check box here <input type="checkbox"/>)	City	State	Zip
Contact Number:			

Prevention STOP here- *refer client to appropriate prevention services and send this form to appropriate CE Coordinator	3. Date of Birth <small>MM/DD/YYYY</small> / / <input type="checkbox"/> Don't Know
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4. How old are you?	5. Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
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6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	7. Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	8. Can person easily provide the following: Social Security Card <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No Picture or Non-Driver ID
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9. Have you ever received assistance from a local agency? Yes No **If Yes, which agency:**

10. Do any of the following apply to you: <input type="checkbox"/> Currently a victim of domestic violence <input type="checkbox"/> N/A <input type="checkbox"/> Previous victim of domestic violence	11. Do you need a confidential location to stay? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
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VETERANS STATUS

12. Have you served one day of active military duty? Yes No **If yes, please indicate below which branch of the Military if applicable.**

<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Don't know
<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Other	<input type="checkbox"/> Refused

13a. Do you know your discharge status? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Can you provide documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	13b. Discharge Status <input type="checkbox"/> Honorable <input type="checkbox"/> Bad conduct <input type="checkbox"/> Don't Know <input type="checkbox"/> General under honorable discharge <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused <input type="checkbox"/> Under other than honorable conditions <input type="checkbox"/> Uncharacterized
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HOMELESS/HOUSING HISTORY/CHRONIC STATUS

14. From the following choices below, explain why you are currently homeless?

<input type="checkbox"/> Benefits loss/reduction	<input type="checkbox"/> Released behavioral health facility	<input type="checkbox"/> Drug/alcohol abuse
<input type="checkbox"/> Job income loss/reduction	<input type="checkbox"/> Illness	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Eviction	<input type="checkbox"/> Injury/ Disability	<input type="checkbox"/> Don't know
<input type="checkbox"/> Relocation	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Refused
<input type="checkbox"/> Released from prison/jail	<input type="checkbox"/> Asked to leave shared residence (e.g. living in a home of another due to hardship)	
<input type="checkbox"/> Released from hospital		

15. Do you have documentation of current housing status? Yes No Please indicate type of documentation: _____

16. Have you been living in a place not meant for human habitation or in an emergency shelter continuously for at least 1 year?
 Yes No Don't Know Refused

17. Were you homeless on at least 4 separate occasions in the last 3 years where the combined length of time homeless on those occasions equals 12 months or more? Yes No Don't Know Refused

18. Where did you sleep last night? **Briefly explain:**

19. Where are you going to sleep tonight? **Briefly explain:**

20. Do you have friends or a family member who you can stay with for a short period of time, or who can lend you money for housing purposes? Yes No Don't Know Refused

List your previous 2 places of residence

Address	County	Approx. move in date	Approx. move out date	Reason for Move

DISABLING CONDITION

21. Have you ever been diagnosed with a disabling condition (i.e. Mental Illness, Substance Abuse, HIV or other): Yes No Don't Know Refused

21a. **If yes to Question 21**, please choose all disabling conditions you have been diagnosed for below:
 Mental Illness History of Substance Abuse Don't know Refused Other: _____
 Please list all disabilities/diagnosis': _____

22. Are you currently or have you ever participated in treatment for your diagnosis: Yes No Don't Know Refused

22a. **If yes to Question 22**, please choose all disabling conditions you have received treatment for:
 Mental Illness History of Substance Abuse Don't know
 Other: _____ Refused

23. If answered **Yes to Question 21 and No to Question 22**, are you willing to participate in a program for your diagnosis? Yes No Refused Don't know

24. Do you know your HIV/AIDS status? Yes No Don't Know Refused

24a. Would you like information on housing programs for people living with HIV/AIDS? Yes No

BEHAVIORAL HISTORY

25. Do you or any member of the household have a history of any of the following:
 Arson Production of illegal drugs Assault Sexual acting out Refused Don't Know None

26. Have you or any member of the household ever been convicted for any of the above? **If Yes**, briefly explain. **Note: Response should include illegal drug type and/or status and level should be indicated if sexual acting out is checked.** Yes No Don't Know Refused

27. Have you or any member of the household been on Probation or Parole? Yes No Don't Know Refused

HEALTH CONDITIONS

28. Are you pregnant? Yes No Don't Know Refused **If yes, due date:** ____ / ____ / ____

29. Do you have health insurance? Yes No Don't Know Refused

30. If answered **Yes** in question 29, please specify type of insurance (for Medicaid, Medicare include ID number)

CDPHP Fidelis Empire MVP Medicaid: _____ Medicare: _____ Other: _____

31. SPECIAL CONDITIONS

Mobility impairment Yes No Don't Know Refused *Please specify* _____

Medication Assistance Needed Yes No Don't Know Refused *Please specify* _____

Wheelchair Accessibility Needed Yes No Don't Know Refused *Please specify* _____

Direct Supervision Needed Yes No Don't Know Refused *Please specify* _____

32. Do you meet one of the following conditions: Yes No Don't Know Refused

2 or more moves during 60 days of application of services/assistance

Living in the home of another due to hardship

Has been notified that rights to occupy home or living situation will be terminated with 21 days after application of services/assistance

Lives in hotel or motel and the costs are not covered by a Federal, State, or local government program from low-income

Lives live in an overcrowded situation

Is exiting a publicly funded institution or system of care

None

33. Are you employed? Yes No Don't Know Refused

34. If No to Question 40, please indicate your status below:

Unemployed Retired Student Disabled Other

35. If Yes to Question 40, please indicate where you are currently employed? _____

Hours/Days: _____ Phone Number: _____

36. Sources of Cash Income for Applicant:

\$ _____ Earned Income (i.e. employment)	\$ _____ Veteran's pension	\$ _____ Retirement income from SSA
\$ _____ SSI	\$ _____ Child Support	\$ _____ Pension from a former job
\$ _____ Veteran's Disability Payment	\$ _____ Unemployment benefits	\$ _____ Alimony or other spousal support
\$ _____ SSDI	\$ _____ Private Disability Insurance	\$ _____ Other
\$ _____ General Public Assistance	\$ _____ TANF	

Household Composition/Income					
Names of individuals who will live with the applicant	Relationship to applicant	Age	Sources of income* (Wages, SSI, AFDC, etc.)	Monthly Income	Annual Income
1.					
2.					
3.					
4.					
5.					
6.					
			<i>Total Income:</i>		

37. Sources of Non-Cash Benefits:

- | | | |
|---|---|--|
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Temporary Rental Assistance | <input type="checkbox"/> TANF Transportation service |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> MEDICAID health insurance program | <input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | <input type="checkbox"/> State Children’s Health Insurance Program | <input type="checkbox"/> Other source |
| <input type="checkbox"/> TANF Child Care services | <input type="checkbox"/> Veteran’s Administration (VA) Medical Services | |
| <input type="checkbox"/> Other TANF Funded services | | |

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 of my case. (A list of Saratoga-North Country Continuum of Care partnering agencies can be provided upon request. List also available on CARES, Inc. website, <http://caresny.org/continuum-of-care/saratoga-north-country-continuum-of-care/>)

If a referral is made to the Saratoga, Warren, Washington, or Hamilton County Department of Social Services, I give permission to Social Services to speak to the referring agency as to the status of my housing:

Client Signature: _____ Date: _____

County AMI’s are located on: www.huduser.gov/portal/home.html ->Income Limits-> select NY state and county

VULNERABILITY INDEX SCORING		
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.		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine		
	SUBTOTAL	Explanation Here
If client indicates 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.		
If 18 – 24 years, then score 1.		
If 16 – 17 years, then score 1.		
If 60 or older, then score 2.		
If client has been diagnosed with a mental illness, then score 2.		
If client indicates they have served one active day in the military, then score 1.		
If client indicates homelessness at least one year or on at least four separate occasions in the last 3 years, then score 2.		
If the client’s income is below 50% AMI for their household size then score 1.		
If client indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1.		
If client is pregnant, then score 1.		
If client indicates having any disability, then score 2.		
If client indicates having multiple disabilities, then score 3.		
Household of 3 or more, then score 3.		
Household with CPS involvement, then score 1.		
Household fleeing Domestic Violence, then score 1.		
Lacks access to homeless shelters (please explain), then score 1.		
Other, then score 3. <i>Please use the explanation box to the right to explain your reasoning for adding additional points.</i>		
TOTAL NUMBER OF POINTS		