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| --- |
| This application is used for assessment and referral to participating Permanent Supported Housing (PSH) projects in Rensselaer County. In general, individuals and families who are currently homeless and have a disability are eligible for PSH. Please complete this application as completely and accurately as possible. If you have questions, or are unsure how to answer for your particular situation, please visit or call any of the participating Coordinated Entry providers listed on Page 5 for information and assistance. |
|  *Staff Member Completing Assessment* | *Agency Name* |
|  *Staff Member’s Email:* | *Phone #: Fax #* | *Date:* |
| **Applicant Identifying and Contact Information** |
|  **1.** First Name *Other Household Members may be listed on Page 3* | Last Name Please indicate if; [ ]  Head of household or [ ]  Single Individual |
|  **2.** Address *Please indicate if this is a [ ]  Current [ ]  previous address [ ]  No address* | City | State |  Zip |
|  Contact Number(s) ***please list 2 if possible*** :( ) -( ) - | Email: [ ]  None [ ]  Declined | **3.** Date of Birth MM/DD/YYYY / / [ ]  Don't Know [ ]  Declined |  |  |
|  **4.** Social Security Number  / / | **5.** Ethnicity  [ ]  Non-Hispanic/Non-Latino [ ]  Hispanic/Latino [ ]  Don’t Know [ ]  Declined |
|  **6.** Gender: | **7.** Race: (check as many as applicable) [ ]  American Indian or Alaskan Native [ ]  Asian  [ ]  Black or African American [ ]  White [ ]  Native Hawaiian or Pacific Islander  [ ]  Don’t Know [ ]  Declined |  **8.** Can you easily provide personal identification, if required? [ ]  Yes [ ]  No If yes, please describe type(s) of identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| [ ]  Male [ ]  Trans Male (FTM)[ ]  Female [ ]  Trans Female (MTF)[ ]  Gender Non-Conforming (not exclusively male or female)[ ]  Don’t Know [ ]  Declined |
| **Veteran Status** |
|  **9.** Have you served at least one day of **active military duty**? [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Declined to answer |
| **History of Homelessness** |
| **10.** Please select the option that best describes your **current living situation**. *Note: a choice of "other" may impact your eligibility for Permanent Supported Housing.*[ ]  Emergency shelter or DSS-funded motel [ ]  Place not meant for habitation, such as an abandoned building or anywhere outside [ ]  Exiting an institution after < 90 day stay & was literally homeless [ ]  Rapid Re-housing, and was homeless the night prior to entry [ ]  Transitional Housing, and was homeless the night the night prior to entry (ex. hospital, jail, inpatient treatment) prior to entry[ ]  Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **11.** Do you have **documentation** of current housing/homeless/shelter status?  [ ]  Yes [ ]  No  **If Yes, what type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **12.** Have you (and/or your household) been homeless for 12 months or more **continuously**? [ ]  Yes [ ]  No [ ]  Don’t know [ ]  Declined to answer  |
| **13.** On what date did you **first become homeless**?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY) [ ]  Don’t know [ ]  Declined to answer*If more than once, please answer for the most recent episode of homelessness. Use approximate, if actual date is unknown.* |
| **14**. In the past three years, **how many times** have you (and/or those within your household) been **housed and then homeless again**? *If current situation is Rapid Re-Housing, please give answers for three years prior to entering that project* [ ]  1 time [ ]  2 times [ ]  3 times [ ]  4+ times [ ]  Don’t Know [ ]  Declined | **15.** In the past three years, what is the **total length of time** you (and/or your household) have lived on the streets or in shelters? *If current situation is Rapid Re-Housing, please give answers for three years prior to entering that project* [ ]  1 month - This is the first month [ ]  2–5 months [ ]  6-11 months [ ]  Don’t Know  [ ]  12-17 months [ ]  18- 23 months [ ]  24 months or longer [ ]  Declined |
|  **16.** From the following choices below, please select factors **contributing to your homelessness** (select all that apply) |
| [ ]  Released from medical in-patient [ ]  Released from behavioral health in-patient/ behavioral health facility[ ]  Released from prison/jail[ ]  Relocated from another area | [ ]  Evicted from own residence[ ]  Asked to leave a shared residence (e.g. living in a home of a friend or family member) [ ]  Fleeing domestic violence[ ]  Working in sex industry | [ ]  Disaster/Code closed residence[ ]  Stranded traveler[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Don’t know[ ]  Declined  |
| **17.** Can you provide the zip code of your last residence / **place you lived long enough to receive mail** (other than the emergency shelter)? **If same as page 1 check here** [ ]  |
|  **Zip Code**: ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Don’t Know [ ]  Declined |  **County**: ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Don’t Know [ ]  Declined |
| **Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long ago? \_\_\_\_\_\_\_\_\_\_**  |
| **18.** How many times if any, in the past have you had to move due to **eviction**?[ ]  # of times **\_\_\_\_\_\_\_** [ ]  None[ ]  Don’t Know [ ]  Declined |
| **19. Household Composition** |
| ***Names of individuals*** *who will live with the applicant* *& relationship to applicant* | ***Cash Income Source, Amount, and Frequency****(Salary/Wages, SSI/SSDI, Retirement,* *TANF/Public Assistance, Worker's Comp, Private Disability Insurance, Unemployment, Child Support, Alimony, etc.)* | *Age* | ***Does household member have a long-term disabling condition?*** *Examples include: chronic physical illness/disability, developmental disability, serious mental illness, substance abuse disorder, HIV/AIDS, post-traumatic stress disorder, and/or cognitive impairments resulting from brain injury* |
| 1. *(self/head of household)*
 |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| 2. |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| 3. |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| 4. |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| 5. |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| 6. |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| 7. |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| 8. |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| 9. |  |  | [ ]  Yes - 1 condition [ ]  Yes - more than 1 condition[ ]  No [ ]  Don’t Know [ ]  Declined |
| **20.** Do you and/or anyone in your household receive any of the following **non-cash benefits** **or health insurance**? [ ]  None[ ]  SNAP (Food Stamps) [ ]  Special Supplemental Nutrition Program for Women, Infants and Children (WIC)[ ]  TANF child care services [ ]  TANF transportation service[ ]  Other TANF funded services [ ]  Other source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  MEDICAID health insurance program [ ]  MEDICARE |
| [ ]  State Children’s Health Insurance Program [ ]  Employer-Provided Health Insurance[ ]  Private Pay Health Insurance[ ]  Indian Health Services |  [ ]  Veteran’s Administration Medical Services [ ]  Health Insurance obtained through COBRA [ ]  State Health Insurance for Adults [ ]  Other Health Insurance |  |
| **CRIMINAL JUSTICE & PROTECTIVE SERVICES** |
| **21.** Have you or a member of your household been **convicted** of any of the following?: [ ]  None  |  |
|  [ ]  Arson [ ]  Assault [ ]  Sales of illegal drugs [ ]  Weapons possession [ ]  Sexual offense [ ]  Don’t Know [ ]  Declinedto answer |
|  **22.** Are you, or a member of your household, currently on **Probation or Parole**? [ ]  Yes [ ]  No [ ]  Don’t Know [ ]  Declined to answer **If yes, are there any restrictions? (briefly explain here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **23.** Do you, or does a member of your household, currently have an active case with **Child Protective Services**? [ ]  Yes [ ]  No [ ]  Don’t Know [ ]  Declined to answer |
| **HEALTH INFORMATION** |
|  **24.** Are you **pregnant**? [ ]  Yes **If yes, due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_** [ ]  No [ ]  Declined | **25.** Do you know your HIV/AIDS status?[ ]  Yes [ ]  No [ ]  Don’t Know [ ]  Declined |
|  **26.** Special accommodations needed in a housing placement: |
| Mobility Assistance | [ ]  Yes  | [ ]  No  | [ ]  Don’t Know  | [ ]  Declined | *Briefly describe* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Medication Assistance | [ ]  Yes  | [ ]  No  | [ ]  Don’t Know  | [ ]  Declined | *Briefly describe* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Wheelchair Accessibility | [ ]  Yes  | [ ]  No  | [ ]  Don’t Know  | [ ]  Declined | *Briefly describe* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Personal Care Assistance | [ ]  Yes  | [ ]  No  | [ ]  Don’t Know  | [ ]  Declined | *Briefly describe* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Deaf/Hard of Hearing Assistance | [ ]  Yes  | [ ]  No  | [ ]  Don’t Know  | [ ]  Declined | *Briefly describe* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Blind/Visual Impairment | [ ]  Yes  | [ ]  No  | [ ]  Don’t Know  | [ ]  Declined | *Briefly describe* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Limited / No English Proficiency | [ ]  Yes  | [ ]  No  | [ ]  Don’t Know  | [ ]  Declined | *Briefly describe* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Other: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
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| **Housing Assessment for PSH Eligible Clients** |
| **Eligibility Factors for Permanent Supported Housing (PSH)***In order to be eligible for CoC funded Programs clients must answer* **YES** *to the following to questions:* |
| **Is the individual or family is currently homeless? (See Question 10)**For PSH, homeless situations may be any of the following: sleeping in a place not meant for human habitation (e.g. living on the streets, abandoned buildings); living in an emergency shelter or safe haven; in Transitional or Rapid Rehousing project and was literally homeless at entry; or exiting an institutional setting after 90 days or less and was literally homeless at entry ***Please attach documentation to the end of this application*** | [ ]  No - Client does not meet eligibility based on current homelessness | [ ]  Yes - Client meets eligibility based on current homelessness, and has attached documentation |
| **Does the head of household have a current disabling condition? (See Question 18)**For PSH, the definition of a disabling condition can be found in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) ***Please attach documentation to the end of this application*** | [ ]  No - Client does not meet eligibility based on current disabling condition. | [ ]  Yes - Client meets eligibility based on disabling condition, and has attached documentation |

 |
|  |  **For Informational Purposes Only - Will be Completed by the Coordinated Entry Review Team** |
| **VULNERABILITY INDEX SCORING FOR PERMANENT SUPPORTED HOUSING***In case of a tie score, the applicant with the earlier date for Question 13 will be referred to a housing opportunity*  | **Relevant Question** | **Points assigned** | **Explanation** |
| Applicant meets the definition of chronically homeless in effect at the time of application, and has been homeless for:24 months or longer in total over the last three years **Score 15 points**18-23 months in total over the last three years **Score 12 points** 12-17 months in total over the last three years **Score 10 points**  | 10, 11, 12, 14, 15, 19 |  |  |
| Applicant does not meet the definition of chronic homelessness in effect at the time of application, but has been homeless for 12 months or longer in total over the last three years **Score 3 points** | 10, 11, 14, 15, 19 |  |  |
| Applicant has indicated they are currently living: In a place not meant for habitation, such as an abandoned building or anywhere outside **Score 3 points** In an emergency shelter, DSS-funded motel, or institutional placement **Score 2 points** In a transitional housing or rapid re-housing project **Score 1 point**  | 10 |  |  |
| Applicant indicated currently diagnosed with two or more disabling conditions, OR, More than one member of the household is currently diagnosed with a disabling condition **Score 3 points** | 19 |  |  |
| Applicant is 24 years old or younger **Score 1 point** | 19 |  |  |
| Applicant has served at least one day of active military service **Score 1 point**  | 9 |  |  |
| Applicant has 3 or more children in the household aged five years or less **Score 1 point**  | 19 |  |  |
| Applicant has indicated they are currently homeless due to sex trafficking or work in sex industry **Score 1 point**  | 16 |  |  |
| Applicant has indicated having active Parole, Probation or CPS involvement in the household **Score 1 point**  | 22, 23 |  |  |
| Applicant has indicated a current pregnancy **Score 1 point** | 24 |  |  |
| **Other comments:** |  |  |  |
| **TOTAL SCORE:** |  |  |  |

**Applicant's Housing Preference(s):**

[ ]  Catholic Charities – St Peter’s SRO Residence (single adults)

[ ]  Unity House CHAP scattered-site apartments (single adults or families)

[ ]  Joseph’s House Lansing Inn or Hill Street Inn studio apartments (chronically homeless single adults)

[ ]  Joseph’s House Bethune Family Apartment Program (scattered-site for families)

[ ]  YWCA – Family scattered-site and site-based program (female households)

[ ]  St. Paul's Center - Lee Dyer Family Housing Program (scattered-site for families)

[ ]  *Other:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  *No housing preference given*

**Check List**

[ ]  Completed each question of this ‘*Coordinated Entry Application*’ form?

[ ]  Completed and signed the attached ‘*Consent to Release Personal Information’* Form?

[ ]  Attached documentation of disabling condition(s) and homelessness?

[ ]  Attached documentation of chronic homelessness (If applicable)?

**Additional Comments (if any)**

**CONSENT TO RELEASE PERSONAL INFORMATION**

Signing this consent allows Coordinated Entry-participating programs in Rensselaer County to review some personal information related to your application, and to determine eligibility for housing. Regardless which housing program you may prefer, all applications are reviewed by a *Coordinated Entry Review Team* comprised of representatives from participating provider agencies in the County. The purpose for this *Coordinated Entry Review* process is to ensure each applicant has information and fair access to the range of housing options in the county:

“I acknowledge signing this consent allows my release of personal information related to my housing eligibility to representatives the Coordinated Entry Review Team. A complete and current list of participating members can be found by visiting rebrand.ly/RenssCE or by calling Joseph's House at (518) 272-2544.

**“The content of information to be released includes**: My identifying information, household composition, housing & homelessness history, income & benefit status, veteran status, health information, disabilities (if any), certain criminal justice information (if any), and accommodations required (if any).

**“This consent expires in one year**, or when I communicate my request to withdraw this consent at any time before the one year expiration.”

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed By (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed By (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(rev. 9/21/2018)*