

COLUMBIA GREENE CONTINUUM OF CARE COORDINATED ENTRY ASSESSMENT

For Coordinated Entry Assessment

Date app. received: ____/____/____

Date app. referred: ____/____/____

Date app. approved: ____/____/____

Agency Name: _____ Date: _____ Agency Contact: _____

Has applicant previously completed a Coordinated Entry application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Has consented to participate in Coordinated Entry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
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1. First Name	Last Name
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2. Have you experienced domestic violence within the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	3. Do you need a confidential location to stay? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
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If applicant acknowledges experiencing domestic violence within the last 30 days **STOP HERE** Applicant should be provided with the number below:
Columbia & Greene Counties Domestic Violence 518-943-9211
 If applicant answers **No to Question 2** and **Question 3**, then proceed to **Question 4**.

4. Where did you sleep last night? Briefly explain:	5. Where are you going to sleep tonight? Briefly explain:
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If applicant 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. **SCORE**

6. Primary Contact Number () - ()	Alternative Contact Number () - ()
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7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male	8. How old are you?	9. Date of Birth MM/DD/YYYY / / /
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10. Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	11. Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know	12. 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 or Non-Driver ID <input type="checkbox"/> Yes <input type="checkbox"/> No Picture Passport <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration <input type="checkbox"/> Yes <input type="checkbox"/> No
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13 Household size _____

13a. Children and Accompanying Adult(s): Number of Children _____ Number of Accompanying Adults _____

Name (Last, First)	Relationship	Gender	Age	DOB	Social Security	Marital Status

If 18 – 24 years, then score 1. If 60 or older, then score 2. **SCORE**

SPECIAL CONDITIONS

14. Have you been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. Has a child 0-17 been diagnosed with mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Diagnosis:	15. Do you require personal care assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Can you walk upstairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Can you sleep on the top bunk? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If applicant has been diagnosed with a mental illness, then score 2.
 If child/children has been diagnosed with a mental illness, then score 2. **SCORE**

HOUSING STATUS

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19. In the past three years, how many times have you/family been housed and then homeless again? _____ Don't Know

19a. Can these instances of homelessness be documented? Yes No

20. Homeless Cause (or reason seeking services if not currently homeless) If Known

<input type="checkbox"/> Benefits loss/reduction	<input type="checkbox"/> Release from hospital	<input type="checkbox"/> Job income loss/reduction	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Eviction	<input type="checkbox"/> Release psychiatric facility	<input type="checkbox"/> Natural disaster	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Relocation	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Release 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"/> Drug/alcohol abuse	

List the last 2 permanent addresses below

Address	County	Zip Code	Dates Move-in, Move-out	Reason for Move

If applicant indicates homelessness at least one year or on at least four separate occasions in the last 3 years, then score 2.

Can these instances of homelessness be documented? Yes No

SCORE

MILITARY INFORMATION

21. Have you served one active day in the military? Yes No Don't Know

22. Do you know your dates of service? _____

23. Do you know your discharge status? Yes No Don't Know **If Yes,** please indicate status: Honorable Dishonorable

Uncharacterized Bad conduct General under honorable discharge Under other than honorable conditions Don't Know

If applicant indicates they have served one active day in the military, then score 1.

SCORE

If applicant answers **Yes to Question 23**, one of the agencies below should be contacted.

Please indicate which agency you intend to refer Veteran to on the next page of this assessment.

<input type="checkbox"/> Health Care for Homeless Veterans Program 1-877-424-3838	<input type="checkbox"/> Columbia County Veterans Service Agency 401 State St., Hudson, NY (518) 828-4611	<input type="checkbox"/> HUD VASH (518) 626-5150
<input type="checkbox"/> Soldier On 1-866-406-8449	<input type="checkbox"/> Greene County Veterans Service Agency 159 Jefferson Hts., Suite A104, Catskill NY (518) 943-3703	<input type="checkbox"/> Other: _____

EMPLOYMENT INFORMATION

24. Are you currently employed? Yes No

If **Yes**, where are you currently employed? _____ Hours Per Week: _____

25. Sources of 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	Sources of income* (Wages, SSI, AFDC, etc.)	Annual Income
1.		
2.		
3.		
4.		
5.		
6.		

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7.		
8.		
9.		
10.		

26. Sources of Non-Cash Benefits:

<input type="checkbox"/> Food stamps	<input type="checkbox"/> Temporary Rental Assistance	<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID health insurance program	<input type="checkbox"/> Other source
<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"/> No Sources of Non-Cash Benefits
<input type="checkbox"/> TANF Child Care services	<input type="checkbox"/> Veteran's Administration (VA) Medical Services	
<input type="checkbox"/> Other TANF Funded services	<input type="checkbox"/> TANF Transportation service	

If applicant indicates that they have no income or receive public assistance only, then score 1.

SCORE

CRIMINAL JUSTICE HISTORY

27. Have you or any member of the household ever been convicted for a crime? Yes No Don't Know Refused

probation parole
 registered **SEX** offender; level _____

If **Yes**, briefly explain when, where and the nature of the crime. **Note:** Response should include illegal drug type if checked and/or status and level should be indicated if sexual offense is checked.

28. Currently are you or any member of the household on Probation or Parole? Yes No Don't Know

If Yes, list the contact information for the Probation officer: **Name:** _____ **Contact Number:** () _____-

29. If answered Yes, to Question 28, please explain if there are any legal restrictions? N/A

30. Do you have an order of protection against you? Yes No Don't Know

31. Do you have an order of protection against someone? Yes No Don't Know

32. If answered Yes, to Question 30 or Question 31, please list who and the relationship:

Who: _____ Relationship to You: _____

Who: _____ Relationship to You: _____

If applicant/household member indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1.

SCORE

HEALTH INFORMATION OF APPLICANT/HOUSEHOLD MEMBER

<p>33. Are you pregnant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused If yes, due date: ____ / ____ / ____</p>	<p>34. Do you know your HIV status?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
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35. Do you have health insurance? Yes No Please specify type of insurance below **(Medicaid and Medicare ID number is required):**

Medicaid: _____ Medicare: _____ Other: _____

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36. Disabling Condition	Diagnosis	Documented treatment	Would like treatment	Comments:
Chronic physical illness/disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Developmental disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance use disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicant/household member is pregnant, then score 1.				SCORE
If applicant/household member indicates having any disability, then score 2. –OR– If applicant/household member indicates having multiple disabilities, then score 3.				SCORE

ELIGIBILITY FOR SERVICES	
Applicant is eligible for CoC related services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant is eligible for other community services? <input type="checkbox"/> Yes <input type="checkbox"/> No
REFERRAL INFORMATION	
CoC Related Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Related Service <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency:	
Agency Contact:	
Referral Notes Here:	
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FOR AGENCY USE:

<input type="checkbox"/> Columbia Greene Domestic Violence	518-943-9211
<input type="checkbox"/> Community Action of Greene County, Inc.	518-943-9205
<input type="checkbox"/> Columbia County Department of Social Services	518-828-9411
<input type="checkbox"/> Greene County Department of Social Services	518-719-3700
<input type="checkbox"/> Greene County Mental Health Center	518-622-9163
<input type="checkbox"/> Columbia County Mental Health Center	518-828-9446
<input type="checkbox"/> Twin County Recovery Services	518-943-2744
<input type="checkbox"/> St Catherine’s Center for Children	518-869-1960 ext. 18

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<input type="checkbox"/> Columbia Opportunities	518-828- 4611
<input type="checkbox"/> Mental Health Association of Columbia & Greene Counties	518-943-2930

VULNERABILITY INDEX SCORING		
<p>Chronically Homelessness Status Applicant has been continuously homeless for a year or more or has had four (4) episodes of homelessness in the last three (3) years.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine </p> <p style="font-size: small; color: red;"><i>HUD defines "homelessness" as "sleeping in a place not meant for human habitation (e.g. living on the streets for example OR living in a homeless emergency shelter.</i></p>		
	SUBTOTAL	NARRATIVE (if necessary)
If applicant 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 60 or older, then score 2.		
If applicant has been diagnosed with a mental illness, then score 2.		
If child/children has been diagnosed with a mental illness then score 2		
If applicant indicates they have served one active day in the military, then score 1.		
If applicant indicates homelessness at least one year or on at least four separate occasions in the last 3 years, then score 2.		
If applicant indicates that their household composition exceeds the household income and is based on the NYS AMI (see attached), then score 1.		
If applicant/ household member indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1.		
If applicant/ household member is pregnant, then score 1.		
If applicant/ household member indicates having any disability, then score 2 OR If applicant or/ household member indicates having multiple disabilities, then score 3. ** please use space provided for narrative		
→ OTHER: Referral source please note additional challenges that may alter score: please use the space provided for the narrative		
TOTAL NUMBER OF POINTS		

I understand that the information on these forms may be shared with the agencies funded through the Columbia & Greene Continuum of Care (CoC) and agency recipients of the Emergency Solutions Grant (ESG)

Signature of Head of Household: _____

Date: _____

Witness: _____