Completed by: ______________________________ **Date/Time:** ______________________________

ALBANY COUNTY COORDINATED ENTRY APPLICATION

1. First Name: **Last Name:** *Other names: (incl. nicknames)*

2. Have you (the client) previously completed an application for assistance through Coordinated Entry? ☐ Yes ☐ No ☐ Don't Know

3. Have you experienced domestic violence within the last 30 days? ☐ Yes ☐ No ☐ Don't Know

IF CLIENT ACKNOWLEDGES EXPERIENCING DOMESTIC VIOLENCE within the last 30 days **STOP HERE** & provide client with: **24 HR Hotline Equinox (518) 432-7865**

4. Gender
☐ Male ☐ Transgender Male to Female
☐ Female ☐ Transgender Female to Male
☐ Other ☐ Don't Know

5. Race
☐ American Indian or Alaskan Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander

6. Ethnicity
☐ Non-Hispanic/Non-Latino
☐ Hispanic/Latino

7. Primary Contact #

7a. Emergency Contact Info:

8. Social Security Number _ _ _ - _ _ - _ _ _ _

9. Date of Birth MM/DD/YYYY _____ / _____ / ______

9a. How old are you? ______ years

IF CLIENT ACKNOWLEDGES THEY ARE UNDER THE AGE OF 18 (17 and under) **STOP HERE** & provide client with one of the following:
CAPTAIN (518) 469-7897 **Equinox Youth Division** (518) 465-9524 **St. Anne's Youth Shelter** (518) 437-6523 **SAFE Inc. of Sch'dy** (518) 374-0166
Wait House of Glens Falls (518) 798-2077 **Community Maternity Services** (518) 482-8836 (for families with all members under 24 years of age)

HOMELESS STATUS

10. Last night, did you sleep in a place not meant for human habitation or in an emergency shelter? ☐ Yes ☐ No ☐ Don't Know
If No, where did you sleep? ☐ Own apartment or house ☐ With friends ☐ With family ☐ Jail or Hospital ☐ Substance abuse treatment facility

11. How long have you been sleeping in the place you slept last night? ☐ Last night only ☐ For the last month ☐ For more than 3 months but less than 1 year ☐ For the last week ☐ For the last 2-3 months ☐ For one year or more

12. Were you homeless on at least 4 separate occasions in the last 3 years? ☐ Yes ☐ No ☐ Don't Know

13. How many months have you been homeless in the last 3 years? ________________ months

14. Homeless Cause, if known (or reason seeking services if not currently homeless)?
☐ Benefits loss/reduction ☐ Job income loss/reduction ☐ Relocation ☐ Release from hospital ☐ Release from psychiatric facility
☐ Asked to leave shared residence (e.g., living in home of another) ☐ Eviction ☐ Release from prison/jail ☐ Natural disaster
☐ Drug/alcohol abuse ☐ Domestic Violence ☐ Illness ☐ Injury ☐ Other: ____________

15. List last two (2) **permanent** addresses →→→→

Street Address	County	Zip Code	Length of Stay	Reason for Move

HEALTH

16. Have you been diagnosed with a mental illness? ☐ Yes ☐ No **If Yes**, Diagnosis:

17. Are you actively using illegal drugs or struggling with an addiction to alcohol? ☐ Yes ☐ No ☐ Don't Know

18. Can you walk upstairs? ☐ Yes ☐ No
19. Can you sleep on a top bunk? ☐ Yes ☐ No
20. Are you on any medications? ☐ Yes ☐ No

21. Do you need help with daily tasks (showering, eating, etc.)? ☐ Yes ☐ No
22. Are you physically disabled? ☐ Yes ☐ No
If Yes to Q21 OR Q22, explain:

23. Do you have health insurance? ☐ Yes ☐ No
If Yes, do you have Medicaid? ☐ Yes ☐ No
If Yes, do you have a Medicaid Managed Care Organization (MCO)? ☐ Yes ☐ No
If Yes, select your MCO:
☐ Capital District Physician's Health Plan, Inc. ☐ MVP Health Plan, Inc.
☐ New York Quality Healthcare Corporation ☐ WellCare of New York, Inc.
☐ UnitedHealthcare of New York, Inc.

HOUSEHOLD COMPOSITION / INCOME (Information on individuals who will live in the household)

24. Total number of household members:

Household Member Full Name	Relationship to head of household	DOB / Age	SSN	Documented disabling condition?
		/		☐ Yes ☐ No
		/		☐ Yes ☐ No
		/		☐ Yes ☐ No
		/		☐ Yes ☐ No
		/		☐ Yes ☐ No

25. Does any household member have any income? ☐ Yes ☐ No
If Yes, specify source(s) with monthly amount(s):

CRIMINAL HISTORY

26. Have you been convicted of any of the following: ☐ Arson ☐ Murder ☐ Sexual offense (**If Yes,** indicate level: _______) ☐ Robbery ☐ Assault ☐ Don't Know ☐ N/A

Other convictions:

MILITARY INFORMATION

27. Have you served one active day in the military? ☐ Yes ☐ No **If Yes,** branch and dates of service:

I understand that the information on this form may be shared with the Albany County Department of Social Services, agencies funded through the Albany County Continuum of Care (CoC), and agency recipients of the Emergency Solutions Grant (ESG).

Signature of Head of Household: ______________________________ **Date:** ______________

HEAD OF HOUSEHOLD ONLY: IDENTIFICATION / EMPLOYMENT / INCOME SOURCES

28. Can the **Head of Household** easily provide the following:

- Social Security Card ☐ Yes ☐ No
- Birth Certificate ☐ Yes ☐ No
- Driver's License or Non-Driver ID ☐ Yes ☐ No Picture
- Passport ☐ Yes ☐ No
- Alien Registration ☐ Yes ☐ No

29. Is the **Head of Household** currently employed? ☐ Yes ☐ No
If Yes, list employer(s) with hours per week:

30. Does the **Head of Household** have <u>any</u> sources of income (including employment)? ☐ Yes ☐ No

If Yes, provide **monthly** amount(s):

$ ____________ 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	

30a. TOTAL INCOME FOR HEAD OF HOUSEHOLD: $ ______________

31. Does the **Head of Household** receive any non-cash benefits? ☐ Yes ☐ No

If Yes, check type(s):

- ☐ Food stamps
- ☐ Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)
- ☐ Temporary Rental Assistance
- ☐ MEDICAID health insurance program
- ☐ MEDICARE
- ☐ Veteran's Administration (VA) Medical Services
- ☐ State Children's Health Insurance Program
- ☐ Section 8, public housing, or other ongoing rental assistance
- ☐ TANF Transportation service
- ☐ TANF Child Care services
- ☐ Other TANF Funded services
- ☐ Other source (If so, describe: ____________________________)

HEAD OF HOUSEHOLD ONLY: HEALTH

32. Do you have health insurance? ☐ Yes ☐ No

If Yes, insurance provider: ____________________

If Yes, check type(s):

- ☐ MEDICAID
- ☐ MEDICARE
- ☐ VA Medical Services
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance through COBRA
- ☐ Private Pay Health Insurance
- ☐ Indian Health Services Program
- ☐ State Health Insurance for Adults
- ☐ State Children's Health Insurance Program

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

ENTIRE HOUSEHOLD: CRIMINAL / PROTECTIVE HISTORY

34. Have you or any member of the household ever been convicted of a crime? ☐ Yes ☐ No ☐ Don't Know ☐ Refused
If Yes, briefly explain when/where/the nature of the crime: (**Note:** include illegal drug type and/or sexual offense status & level, if applicable)

____

____

34a. Are there any legal restrictions? ☐ Yes ☐ No ☐ Don't Know ☐ Refused
If Yes, explain:

36. Currently, are you or any member of the household on Probation or Parole? ☐ Yes ☐ No ☐ Don't Know ☐ Refused
If Yes, specify: Household member: ________________________
Probation/Parole Officer's Name**:** ____________________________ and Contact Number**:** (   ) __________-_______________

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

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

If Yes to Q36 <u>OR</u> Q37, list <u>who</u> and the <u>relationship</u>:
Person (1): Relationship to You:
Person (2): Relationship to You:

39. Have you or any member of the household been involved with any protective agency? ☐ Yes ☐ No
If Yes, select the agency: ☐ CPS ☐ APS ☐ Juvenile Justice ☐ Family Court ☐ Foster Care ☐ Other ______________
If Yes, is this a current case: ☐ Current ☐ Not current
If Current, provide Protective Agency Worker's **Name:** ____________________________ and **Contact Number:** (   ) __________-_______________
If Not current, provide date the case was closed**:** ____ / ____ / ____

ENTIRE HOUSEHOLD: DISABILITY INFORMATION

(Include information on head of household **and** all other individuals who will live in the household)

40. Disabling Condition	Diagnosis	Diagnosis Documented	Would like treatment (Optional)	DIAGNOSIS (If applicable)	Individual w/Diagnosis (self, son, husband, etc.)
Physical illness/disability	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Mental Health Disability	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Chronic illness	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Developmental disability	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Alcohol Abuse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
Drug Abuse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
HIV/AIDS	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		

VULNERABILITY INDEX SCORING FOR INDIVIDUALS

Chronic Homelessness (CH) Status *(CoC Priority)*

Client has been continuously homeless for at least one year **OR** experienced 4 or more episodes of homelessness within the last 3 years (where the combined length of time homeless equals at least 12 months) **AND** has a documented disabling condition.

☐ **Yes** (If yes, **add "C" to final score** below) ☐ No ☐ Unable to determine

Assisted Outpatient Treatment (AOT) Status *(County Priority; below CH)*

Client has active court-ordered AOT, **verified** via court paperwork or AOT Care Coordinator.

☐ **Yes** (If yes, **add "A" to final score** below) ☐ No ☐ Unable to determine

	SUBTOTAL
If client indicates they are currently homeless: **score 1**.	
If client is currently staying in a place not meant for human habitation, a safe haven, or is street homeless: **score 1**.	
If client is 18 – 24 years of age: **score 2**.	
If client is 60 years of age or older: **score 2**.	
If client has served one day (other than training) in active military, naval, or air service: **score 1**.	
If Veteran is female: **score 1**.	
If Veteran indicates serving in Iraq or Afghanistan: **score 1**.	
If client acknowledges experiencing domestic violence (DV) in the last 30 days: **score 1**.	
If client indicates having limitations on where they can live due to DV: **score 1**.	
If client is pregnant: **score 1**.	
If client has a documented disability: **score 1.**	
If client has two (2) or more documented disabilities: **score 1**.	
If client needs special accommodations due to handicap disability: **score 1**. ***Please briefly explain:**	
If client indicates they have no income OR only receive DSS assistance: **score 1**.	
If client indicates a criminal history, and/or current probation or parole status: **score 1**.	
If client indicates having limitations on where they can live due to sex offender status or probation/parole: **score 1**.	
If client has had any recent involvement with a Child Protective, Adult Protective, Juvenile Justice, Family Court, or Foster Care agency: **score 1**.	
If client has had multiple points of contact (3 or more) with Emergency Responders such as ambulance, ER visits, crisis, detox, fire, or police/LEAD Program within the last 90 days: **score 1**.	
If client indicates that they have been homeless due to eviction, utility shut-off, or Code Enforcement three (3) or more times in last 2 years: **score 1**. ***Please provide documentation when possible.**	
Additional Points Section (**2-point maximum**) – Use the space below to explain your reasoning for adding additional points. • *Points may not be given for conditions already captured within Coordinated Entry intake.* • *Additional points may be subject to change based upon review of explanation.* ***Include explanation here or attach to referral - No points will be given if explanation is blank.**	
TOTAL POINTS - ***If documented CH status or AOT status, add "C" or "A" to score, respectively (i.e., "4C")***	

Person completing referral: ______________________ Agency: ______________________

Signature: ______________________ Date: ______________________

VULNERABILITY INDEX SCORING FOR **FAMILIES**	
Chronic Homelessness Status If **Head of household** has been continuously homeless for at least one year **OR** experienced 4 or more episodes of homelessness within the last 3 years (where the combined length of time homeless equals at least 12 months) **AND** has a documented disabling condition. ☐ **Yes (If yes, add "C" to final score below)** ☐ No ☐ Unable to determine	**SUBTOTAL**
If household indicates they are currently homeless: **score 1**.	
If household is currently staying in a place not meant for human habitation, a safe haven, or is street homeless: **score 1**.	
If head of household is 18 – 24 years of age: **score 2**.	
If head of household is 60 years of age or older: **score 2**.	
If any household member has served one day (other than training) in active military, naval, or air service: **score 1**.	
If Veteran is female: **score 1**.	
If Veteran indicates serving in Iraq or Afghanistan: **score 1**.	
If any household member acknowledges experiencing domestic violence (DV) in the last 30 days: **score 1**.	
If household indicates having limitations on where they can live due to DV: **score 1**.	
If any household member is pregnant: **score 1**.	
If head of household has a documented disability: **score 1**.	
If head of household has two (2) or more documented disabilities: **score 1**.	
If any other member/s of the household (not head) have a documented disability: **score 1**.	
If any household member needs special accommodations due to handicap disability: **score 1**. ***Please briefly explain:**	
If household indicates they have no income OR they only receive DSS assistance: **score 1**.	
If any household member has a criminal history, and/or current probation or parole status: **score 1**.	
If household has limitations on where they can live due to sex offender status or probation/parole: **score 1**.	
If household has had any recent involvement with Child Protective, Adult Protective, Juvenile Justice, Family Court, Foster Care: **score 1**.	
If any household member has had multiple points of contact (3 or more) with Emergency Responders such as ambulance, ER visits, crisis, detox, fire, or police/LEAD Program within the last 90 days: **score 1**.	
If household has been homeless due to eviction, utility shut-off, or Code Enforcement three (3) or more times in last 2 years: **score 1**. ***Please provide documentation when possible.**	
Additional Points Section (**2-point maximum**) – Use the space below to explain your reasoning for adding additional points. • *Points may not be given for conditions already captured within Coordinated Entry intake.* • *Additional points may be subject to change based upon review of explanation.* ***Include explanation here or attach to referral - No points will be given if explanation is blank.**	
TOTAL POINTS - ***If documented chronic homeless status, add "C" to score (i.e. "4C")***	

Person completing referral: ______________________ Agency: ______________________

Signature: ______________________ Date: ______________________

APPLICATION SUBMISSION INSTRUCTIONS

Using the chart below, please indicate which Housing Agencies that you are sending this application to.

*The **Albany County CE Contact Index** can assist in completing this section; to request a copy, please email ce@hatas.org*

REFERRAL FOR SERVICES Please indicate the agencies this referral will be sent to:
REFERRAL 1 **Agency:** ______________________ **Program:** ____________________________ Notes:
REFERRAL 2 **Agency:** ______________________ **Program:** ____________________________ Notes:
REFERRAL 3 **Agency:** ______________________ **Program:** ____________________________ Notes:
REFERRAL 4 **Agency:** ______________________ **Program:** ____________________________ Notes:

---------- STOP HERE ----------

To successfully submit this application:

Please scan and email the required documents (listed below) and any relevant supporting documents **to the Housing Agencies** you indicated in the "REFERRAL FOR SERVICES" section above and **CC: ce@hatas.org**

Faxed or hand-delivered applications will **not** be eligible for review.

Required Coordinated Entry Documents:

- ☐ **Completed Coordinated Entry Application**
- ☐ **Proof of Homelessness**
- ☐ **Proof of HUD-defined Disabling Condition**