|  |  |
| --- | --- |
| **Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Agency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Has applicant previously completed a Coordinated Entry application? [ ]  Yes [ ]  No [ ]  Don’t Know | Has consented to participate in Coordinated Entry? [ ]  Yes [ ]  No [ ]  Don’t Know |
|  **1**. First Name |  |  |  Last Name |
| **2.** Have you experienced domestic violence within the past 30 days? [ ]  Yes [ ]  No [ ]  Don’t Know  | **3.**  Do you need a confidential location to stay?[ ]  Yes [ ]  No [ ]  Don’t Know  |
| 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:** |
| **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( ) - |
|  **7.** Gender [ ]  Male [ ]  Female [ ]  Transgendered Male to Female [ ]  Transgendered Female to Male  | **8.** How old are you? |  **9.** Date of Birth MM/DD/YYYY / / |
| **10.** Race: | **11.** Ethnicity[ ]  Non-Hispanic/Non-Latino [ ]  Hispanic/Latino [ ]  Don’t Know  |  **12.** Can person easily provide the following: |
| [ ]  American Indian or Alaskan Native[ ]  Native Hawaiian or Other Pacific Islander[ ]  Asian[ ]  Black or African American | [ ]  White[ ]  Don’t Know[ ]  Refused | Social Security CardBirth CertificateDriver’s Licenseor Non-Driver IDPassportAlien Registration | [ ]  Yes [ ]  No[ ]  Yes [ ]  No [ ]  Yes [ ]  No Picture[ ]  Yes [ ]  No [ ]  Yes [ ]  No  |
|  **13.** Children and Accompanying Adult(s): [ ]  No Children [ ]  No Accompanying Adults |
| **Name (Last, First)** | **Relationship** | **Gender** | **Age** | **DOB** | **Social Security** | **Marital Status** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **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? [ ]  Yes [ ]  No  **If Yes, Diagnosis:** | **15.** Do you require personal care assistance? [ ]  Yes [ ]  No  |
| **16.** Can you walk up stairs? [ ]  Yes [ ]  No | **17.** Can you sleep on the top bunk? [ ]  Yes [ ]  No | **18.** Are you on any medications? [ ]  Yes [ ]  No  |
| **If applicant has been diagnosed with a mental illness, then score 2.** | **SCORE** |
| **HOUSING STATUS** |
|  **19.** In the past three years, how many times have you/family been housed and then homeless again?  | **\_\_\_\_\_\_\_** | [ ]  Don’t Know  |
|  **20. Homeless Cause** (*or reason seeking services if not currently homeless*) If Known |
| [ ]  Benefits loss/reduction[ ]  Eviction[ ]  Relocation[ ]  Release from prison/jail | [ ]  Release from hospital [ ]  Release psychiatric facility[ ]  Injury[ ]  Asked to leave shared residence (e.g. living in a home of another due to hardship) | [ ]  Job income loss/reduction[ ]  Natural disaster[ ]  Illness[ ]  Drug/alcohol abuse | [ ]  Domestic Violence[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Don’t Know  |
| 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.** | **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.** |
| [ ]  Health Care for Homeless Veterans Program 1-877-424-3838[ ]  Soldier On 1-866-406-8449 | [ ]  Columbia County Veterans Service Agency 401 State St., Hudson, NY (518) 828-4611[ ]  Greene County Veterans Service Agency159 Jefferson Hts., Suite A104, Catskill NY (518) 943-3703 | [ ]  HUD VASH (518) 626-5150[ ]  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)$ \_\_\_\_\_\_\_\_ SSI$ \_\_\_\_\_\_\_\_ Veteran’s Disability Payment$ \_\_\_\_\_\_\_\_ SSDI$ \_\_\_\_\_\_\_\_ General Public Assistance | $ \_\_\_\_\_\_\_\_ Veteran’s pension$ \_\_\_\_\_\_\_\_ Child Support$ \_\_\_\_\_\_\_\_ Unemployment benefits$ \_\_\_\_\_\_\_\_ Private Disability Insurance$ \_\_\_\_\_\_\_\_ TANF | $ \_\_\_\_\_\_\_\_ Retirement income from SSA$ \_\_\_\_\_\_\_\_ Pension from a former job$ \_\_\_\_\_\_\_\_ Alimony or other spousal support$ \_\_\_\_\_\_\_\_ Other |
| **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. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
|  |  |  |
| **26.** Sources of Non-Cash Benefits: |
|  | [ ]  Food stamps[ ]  MEDICARE[ ]  Special Supplemental Nutrition Program for Women, Infants and Children (WIC)[ ]  TANF Child Care services[ ]  Other TANF Funded services | [ ]  Temporary Rental Assistance[ ]  MEDICAID health insurance program[ ]  State Children’s Health Insurance Program[ ]  Veteran’s Administration (VA) Medical Services[ ]  TANF Transportation service | [ ]  Section 8, public housing, or other ongoing rental assistance [ ]  Other source[ ]  No Sources of Non-Cash Benefits |
| **If applicant indicates that their household composition exceeds the household income and it based on the NYS AMI (see attached), 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 |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If applicant indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1.** | **SCORE** |
| **HEALTH INFORMATION** |
|  **33.** Are you pregnant? [ ]  Yes [ ]  No [ ]  Don’t Know [ ]  Refused **If yes, due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_** | **34.** Do you know your HIV status?[ ]  Yes [ ]  No [ ]  Don’t Know [ ]  Refused |
| **35**. Do you have health insurance? [ ]  Yes [ ]  No Please specify type of insurance below **(Medicaid and Medicare ID number is required)**: [ ]  Medicaid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Medicare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **36.** Disabling Condition | Diagnosis  | Documented treatment | Would like treatment | Comments: |
|  Chronic physical illness/disability | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |  |
| Developmental disability | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |  |
| Substance use disorder | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |  |
| HIV/AIDS | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |  |
| **If applicant is pregnant, then score 1.**  | **SCORE** |
| **If applicant indicates having any disability, then score 2. If applicant indicates having multiple disabilities, then score 3.** | **SCORE** |

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| **ELIGIBILITY FOR SERVICES** |
|  Applicant is eligible for CoC related services? [ ]  Yes [ ]  No  |  Applicant is eligible for other community services? [ ]  Yes [ ]  No  |
| **REFERRAL INFORMAITON****CoC Related Service 🞎 Yes 🞎 No Other Related Service 🞎 Yes 🞎 No** **Agency:****Agency Contact:****Referral Notes Here:** |

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| **VULNERABILITY INDEX SCORING** |
| **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.  [ ]  Yes [ ]  No [ ]  Unable to determine*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.* |
|  | **SUBTOTAL** | Explanation Here  *(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 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 indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1. |  |
| If applicant is pregnant, then score 1.  |  |
| If applicant indicates having any disability, then score 2.  |  |
| If applicant indicates having multiple disabilities, then score 3. |  |
| **TOTAL NUMBER OF POINTS** |  |