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| **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 Card  Birth Certificate  Driver’s License  or Non-Driver ID  Passport  Alien 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** | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
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| **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 Agency  159 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. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| 3. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| 7. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **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:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  | |