Rockland County Homeless Screening- Coordinated Entry

Agency Name:______________________________Contact person:_______________________________

Are you currently seeking housing services? ☐ Yes ☐ No
Case Number: _____________________

Name (Last, Middle, First)____
Telephone: (H) _____________________(C) _________________________Primary Language:_________
Social Security Number: _____-_____-_____ ☐ Don't Know ☐ Refused
Gender: ☐ Male ☐ Female ☐ Transgendered male to female ☐ Transgendered female to male
☐ Other: _________ ☐ Don't know ☐ Refused

Race:
☐ American Indian or Alaskan Native
☐ Asian
☐ Non-Hispanic/Non-Latino
☐ Hispanic/Latino
☐ Don't Know
☐ Refused

Ethnicity:
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Don't Know
☐ Refused

Current Address or **last known**:____Apt:___________
City________________________State_______**Zip code**:_____________County:__________________

Are you currently homeless (living in a shelter or on the street)? ☐ Yes ☐ No
In the past 3 years, have you (and your family) experienced 3 or more episodes of homelessness and/or been homeless for one year? ☐ Yes ☐ No Please provide dates: ______________________________
Total length of time you (and your family) lived on the streets or in a shelter? ______________________

Cause of Homelessness: Eviction: ____ Loss of income/benefits: _______ Domestic Violence:_____ Fire: _____Incarceration:_____ Release from psychiatric/hospital: ______Left housing on own: ____
Other (specify):____
Documentation?__________________ Type:__________

Where did you (and your family) sleep last night?____
Where will you (and your family) sleep tonight?____
Do you (and your family) need a confidential location to stay? ☐ Yes ☐ No

Have you ever served in the military? Yes ___ No _____Branch:
☐ Air Force
☐ Army
☐ Navy
☐ Marines
☐ Coast Guard
☐ Other
☐ Don't know
☐ Refused

Discharge Status:_______________ Dates of Service:_________________________ Documentation of Discharge:______________________

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SOURCES OF INCOME

Are you employed?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

If yes, what is your employment status?

☐ Full-time
☐ Part-time
☐ Part-time, looking for full-time
☐ Seasonal/sporadic (including day labor)
☐ Not employed, looking for work
☐ Not employed, in school
☐ Not employed, unable to work
☐ Not employed, not looking for work
☐ Don't know
☐ Refused

Name of employer:___________________________________ **Start date:** _________________

Earnings: ____

Do you receive any of the following benefits?

☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental Nutrition Program for Women, Infants, and Children
☐ TANF Child Care Services
☐ TANF Transportation Services
☐ Other TANF-funded Services
☐ Section 8, public housing, or other ongoing rental assistance
☐ Other source
☐ Temporary rental assistance

Do you receive any benefits from Social Security Administration? ☐ Yes ☐ No

If yes, type of benefit: ______________________________ Dollar amount: $___________

Do you receive other unearned income?

Benefit	**Dollar Amount**
Veteran's benefit	$
Unemployment benefit	$
Child Support	$
Alimony or other spousal support	$
Worker's Compensation	$
Retirement Benefits	$
Pension from former job	$
Other (please specify)________________________	$

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Do you have health insurance?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

If yes, what kind?

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance Program
☐ Veterans Administration Medical Services
☐ Employer Provided Health Insurance
☐ Health Insurance Through Cobra
☐ Private Pay Health Insurance
☐ AIDS Drug Assistance Program

Have you or any member of your household been diagnosed, with any of the following:

Diagnosis Type	Response	Diagnosed Person
Mental Illness	☐ Yes ☐ No ☐ Don't Know ☐ Refused	______________
HIV/AIDS	☐ Yes ☐ No ☐ Don't Know ☐ Refused	______________
Substance Abuse	☐ Yes ☐ No ☐ Don't Know ☐ Refused	______________
Chronic Illness	☐ Yes ☐ No ☐ Don't Know ☐ Refused	______________

Do you (or any member of your family) receive treatment for any of the above? ☐ Yes ☐ No

Who: ______________________________

Place where treatment is administered: ______________________________

Are you or any member of your household on any medications? ☐ Yes ☐ No Who:

Who: ______________________________

Please list the medications: ______________________________

Have you or any member of your household been convicted of a crime? ☐ Yes ☐ No

If yes, indicated all that apply:

Arson _____ Assaultive Behavior _____ Criminal Offenses _____ Production of Crystal Meth __________

Sex Offender _____ Status:_________ Level: _________ Other: ______________________________

Are you or any member of your household on Probation or Parole? ☐ Yes ☐ No

Household Composition (children and accompanying adults) ☐ No Children ☐ No Accompanying Adults

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

Comments

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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		