

**Rensselaer County Homeless Services Collaborative v16 FINAL
COORDINATED ENTRY ASSESSMENT – PSH & RRH**

This form is used for assessment and prioritization to Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) projects in Rensselaer County.

In general, RRH is for individuals and families who are currently homeless and seeking short term assistance. PSH offers long term housing & services, and individuals and families who are currently homeless and have a disability are eligible. *Please complete this application as completely and accurately as possible.* If you have questions, or are unsure how to answer for your particular situation, please visit or call any of the participating Coordinated Entry providers listed in the link on page 7 for information and assistance.

Staff Member Completing Assessment		Agency Name		
Staff Member's Email:	Phone #:	Fax #	Date:	
Applicant Identifying and Contact Information				
1. First Name <small>Other Household Members may be listed on Page 3</small>		Last Name <small>Please indicate if; <input type="checkbox"/> Head of household or <input type="checkbox"/> Single Individual</small>		
2. Address where you can be located: <small>Please indicate if this <input type="checkbox"/> Current or <input type="checkbox"/> Former address</small>		City	State	Zip
Contact Number(s) where you may be reached: Personal: (___) ___ - ___ - ___ Other: (___) ___ - ___ - ___ <small>If case worker / family / etc., please list name/relationship</small>		Email: <input type="checkbox"/> None <input type="checkbox"/> Declined		3. Date of Birth <small>MM/DD/YYYY</small> / / <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
4. Social Security Number / /		5. Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined		
6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female) <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined		7. Race: (check as many as applicable) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined		8. Can you easily provide personal identification, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe type(s) of identification: _____ _____
Veteran Status				
9. Have you served at least one day of active military duty ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer				
History of Homelessness				
10. Please select the option that best describes your current living situation . <small>Note: a choice of "other" may impact your eligibility for PSH and RRH.</small> <input type="checkbox"/> Emergency shelter or DSS-funded motel <input type="checkbox"/> Place not meant for habitation, such as an abandoned building or anywhere outside <input type="checkbox"/> Exiting an institution after < 90 day stay & was literally homeless <input type="checkbox"/> Rapid Re-housing, and was homeless the night prior to entry <input type="checkbox"/> Transitional Housing, and was homeless the night prior to entry <input type="checkbox"/> Other, please describe: _____				
11. Do you have documentation of current housing/homeless/shelter status? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type: _____				
12. Have you (and/or your household) been homeless for 12 months or more continuously ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer				

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13. On what date did you **first become homeless**?: _____ (MM/DD/YYYY) Don't know Declined to answer
If more than once, please answer for the most recent episode of homelessness. Use approximate, if actual date is unknown.

14. In the past three years, **how many times** have you (and/or those within your household) been **housed and then homeless again**?
 1 time 2 times 3 times 4+ times Don't Know Declined

15. In the past three years, what is the **total length of time** you (and/or your household) have lived on the streets or in shelters?
 1 month - This is the first month 2-5 months 6-11 months Don't Know
 12-17 months 18- 23 months 24 months or longer Declined

16. From the following choices below, please select factors **contributing to your homelessness** (select all that apply)

<input type="checkbox"/> Released from medical in-patient	<input type="checkbox"/> Evicted from own residence	<input type="checkbox"/> Disaster/Code closed residence
<input type="checkbox"/> Released from behavioral health in-patient/ behavioral health facility	<input type="checkbox"/> Asked to leave a shared residence (e.g. living in a home of a friend or family member)	<input type="checkbox"/> Stranded traveler
<input type="checkbox"/> Released from prison/jail	<input type="checkbox"/> Fleeing domestic violence	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Relocated from another area	<input type="checkbox"/> Sex trafficking or working in sex industry	<input type="checkbox"/> Don't know
		<input type="checkbox"/> Declined

17. Can you provide the zip code of your last residence / **place you lived long enough to receive mail** (other than the emergency shelter)? **If same as page 1 check here**
Zip Code: _____ Don't Know Declined **County:** _____ Don't Know Declined
Previous Address: _____ **How long ago?** _____

18. How many times if any, in the past have you had to move due to **eviction**? # of times _____ None Don't Know Declined

19. Household Composition

<i>Names of individuals who will live with the applicant & relationship to applicant</i>	<i>Cash Income Source, Amount, and Frequency (Salary/Wages, SSI/SSDI, Retirement, TANF/Public Assistance, Worker's Comp, Private Disability Insurance, Unemployment, Child Support, Alimony, etc.)</i>	<i>Age</i>	<i>Does household member have a long-term disabling condition? Examples include: chronic physical illness/disability, developmental disability, serious mental illness, substance abuse disorder, HIV/AIDS, post-traumatic stress disorder, and/or cognitive impairments resulting from brain injury</i>	
1. <i>(self/head of household)</i>			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
2.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
3.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
4.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
5.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
6.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
7.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
8.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
9.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> No	<input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined

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20. Do you and/or anyone in your household receive any of the following **non-cash benefits or health insurance**? None

<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
<input type="checkbox"/> TANF child care services	<input type="checkbox"/> TANF transportation service
<input type="checkbox"/> Other TANF funded services	<input type="checkbox"/> Other source: _____
<input type="checkbox"/> MEDICAID health insurance program	<input type="checkbox"/> MEDICARE
<input type="checkbox"/> State Children’s Health Insurance Program	<input type="checkbox"/> Veteran’s Administration Medical Services
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Other Health Insurance

CRIMINAL JUSTICE & PROTECTIVE SERVICES

21. Have you or a member of your household been **convicted** of any of the following?: None

Arson Assault Sales of illegal drugs Weapons possession Sexual offense Don’t Know Declined to answer

22. Are you, or a member of your household, currently on **Probation or Parole**? Yes No Don’t Know Declined to answer

If yes, are there any restrictions on where you can live? (briefly explain here): _____

23. Do you, or does a member of your household, currently have an active case with **Child Protective Services**? Yes No Don’t Know Declined to answer

HEALTH INFORMATION

<p>24. Are you pregnant? <input type="checkbox"/> Yes If yes, due date: ____ / ____ / ____ <input type="checkbox"/> No <input type="checkbox"/> Declined</p>	<p>25. Do you know your HIV/AIDS status? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Declined</p>
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26. Special accommodations needed in a housing placement:

Mobility Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe:</i> _____
Medication Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe:</i> _____
Wheelchair Accessibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe:</i> _____
Personal Care Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe:</i> _____
Deaf/Hard of Hearing Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe:</i> _____
Blind/Visual Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe:</i> _____
Limited / No English Proficiency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe:</i> _____
Other:	_____				

27. Do you or anyone in your household have a **chronic health condition** and/or **compromised immune system** that making living in a **congregate setting** dangerous? Yes No

Have you or anyone in your household been **unable to maintain social distancing** requirements in a **congregate setting**? Yes No

If yes to either of these, please describe: _____

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Housing Assessment for RRH Eligible Clients

Eligibility Factor for Rapid Rehousing

*In order to be eligible for CoC funded Programs clients must answer **YES** to the following to question:*

Is the individual or family is currently homeless? (See Question 10)

For RRH, homeless situations may be any of the following: sleeping in a place not meant for human habitation (e.g. living on the streets, abandoned buildings); living in an emergency shelter, safe haven; in a Transitional Housing project and was literally homeless at entry; or exiting an institutional setting after 90 days or less and was literally homeless at entry
Please attach documentation to the end of this application

No - Client does not meet eligibility based on current homelessness

Yes - Client meets eligibility based on current homelessness, and has attached documentation

28. If seeking Rapid Rehousing:

- a. Do you have any private housing options in place or in progress? No Yes, detail: _____
- b. If yes, is it located in Rensselaer County? No Yes, detail: _____
- c. If yes, is the rent affordable to you on an ongoing basis (after the financial assistance ends)? No Yes, detail: _____
- d. If yes, are you seeking furniture to make an apartment habitable? No Yes, detail: _____

Additional space for detail, if needed (including type of assistance or furniture needed): _____

Check List

- Completed each question of this 'Coordinated Entry Application' form?
- Completed and signed the attached 'Consent to Release Personal Information' Form?
- Attached documentation of homelessness? (ie. documentation of a shelter stay, contact with street outreach, other third-party evidence, or a signed statement describing another homeless situation)

Submission Information

If your program does not participate in Rensselaer CE HMIS, please send application and all checklist items noted above to:

Email – ce@josephshousetroy.org

Fax – (518) 874-1247 Attn: Coordinated Entry

Mail – 202 4th Street Troy, NY 12180 Attn: Coordinated Entry

Additional Comments (if any)

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Housing Assessment for PSH Eligible Clients

Eligibility Factors for Permanent Supported Housing (PSH)

In order to be eligible for CoC funded Programs clients must answer YES to the following to questions:

Is the individual or family is currently homeless? (See Question 10)

For PSH, homeless situations may be any of the following: sleeping in a place not meant for human habitation (e.g. living on the streets, abandoned buildings); living in an emergency shelter or safe haven; in Transitional or Rapid Rehousing project and was literally homeless at entry; or exiting an institutional setting after 90 days or less and was literally homeless at entry

Please attach documentation to the end of this application

No - Client does not meet eligibility based on current homelessness

Yes - Client meets eligibility based on current homelessness, and has attached documentation

Does the head of household have a current disabling condition? (See Question 18)

For PSH, the definition of a disabling condition can be found in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9))

Please attach documentation to the end of this application

No - Client does not meet eligibility based on current disabling condition.

Yes - Client meets eligibility based on disabling condition, and has attached documentation

For Informational Purposes Only - Will be Completed by the Coordinated Entry Review Team

PRIORITY INDEX SCORING FOR PERMANENT SUPPORTED HOUSING

	Relevant Question	Points assigned	Explanation
Applicant meets the definition of chronically homeless in effect at the time of application, and has been homeless for: 24 months or longer in total over the last three years 18-23 months in total over the last three years 12-17 months in total over the last three years			
Applicant does not meet the definition of chronic homelessness in effect at the time of application, but has been homeless for 12 months or longer in total over the last three years	10, 11, 14, 15, 19 & documentation		
Applicant has indicated they are currently living: In a place not meant for habitation, such as an abandoned building or anywhere outside In an emergency shelter, DSS-funded motel, or institutional placement In a transitional housing or rapid re-housing project	10		
Applicant indicated currently diagnosed with two or more disabling conditions, OR, More than one member of the household is currently diagnosed with a disabling condition	19 & documentation		
Applicant is 24 years old or younger	19		
Applicant has served at least one day of active military service	9		
Applicant has 3 or more children in the household aged five years or less	19		
Applicant has indicated they are currently homeless due to sex trafficking or work in sex industry	16		
Applicant has indicated having active Parole, Probation or CPS involvement in the household	22, 23		
Applicant has indicated a current pregnancy	24		
Applicant has indicated COVID-19 Pandemic related factors affecting congregate placement	27		
Other comments:			
TOTAL SCORE:			

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Applicant's Housing Preference(s) if applying for PSH:

- Catholic Charities – St Peter’s SRO Residence (single adults)
- Unity House CHAP scattered-site apartments (single adults or families)
- Joseph’s House Lansing Inn or Hill Street Inn studio apartments (chronically homeless single adults)
- Joseph’s House Bethune Family Apartment Program (scattered-site for families)
- YWCA – Family scattered-site and site-based program (female households)
- St. Paul's Center - Lee Dyer Family Housing Program (scattered-site for families)
- Other:* _____
- No housing preference given*

Check List

- Completed each question of this ‘*Coordinated Entry Application*’ form?
- Completed and signed the attached ‘*Consent to Release Personal Information*’ Form?
- Attached documentation of disabling condition(s) and homelessness?
- Attached documentation of chronic homelessness (If applicable)?

Submission Information

If your program does not participate in Rensselaer CE HMIS, please send application and all checklist items noted above to:

Email – ce@josephshousetroy.org

Fax – (518) 874-1247 Attn: Coordinated Entry

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Additional Comments (if any)

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CONSENT TO RELEASE PERSONAL INFORMATION

Signing this consent allows Coordinated Entry-participating programs in Rensselaer County to review some personal information related to your application, and to determine eligibility for housing. Regardless which housing program you may prefer, all applications are reviewed by a *Coordinated Entry Review Team* comprised of representatives from participating provider agencies in the County. The purpose for this *Coordinated Entry Review* process is to ensure each applicant has information and fair access to the range of housing options in the county:

“I acknowledge signing this consent allows my release of personal information related to my housing eligibility to representatives the Coordinated Entry Review Team. A complete and current list of participating members can be found by visiting rebrand.ly/RenssCE or by calling Joseph's House at [\(518\) 272-2544](tel:5182722544).

“**The content of information to be released includes:** My identifying information, household composition, housing & homelessness history, income & benefit status, veteran status, health information, disabilities (if any), certain criminal justice information (if any), and accommodations required (if any).”

“**This consent expires in one year**, or when I communicate my request to withdraw this consent at any time before the one year expiration.”

Applicant Name: _____ Date: _____

Applicant Signature: _____

Witnessed By (Name): _____

Witnessed By (Signature): _____

(rev. 5/6/2020)