

## Rensselaer County Homeless Services Collaborative v19 Final COORDINATED ENTRY ASSESSMENT – HOUSING

For assessment & prioritization to Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Emergency Housing Voucher (EHV) projects in Renss 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. EHV's offer rental subsidies with no associated or embedded services or case management. *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:	
<b>Applicant Identifying and Contact Information</b>				
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: _____ _____	
<b>Veteran Status</b>				
9. Have you served at least one day of <b>active military duty</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <b>If yes</b> , do you have any unmet need for service related to your active military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer				
<b>History of Homelessness</b>				
10. Please select the option that best describes your <b>current living situation</b> . <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 the night prior to entry (ex. hospital, jail, inpatient treatment) <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"/> Permanent Supportive Housing, and was homeless the night prior to entry <input type="checkbox"/> Other, please describe: _____				
11. Do you have <b>documentation</b> of current housing/homeless/shelter status? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, what type:</b> _____				

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**12. If currently homeless:** Have you (and/or your household) been homeless for 12 months or more **continuously**?  Yes  No  Don't know  Declined to answer

**13.** On what date did you **become homeless** this time?: \_\_\_\_\_ (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.*  Not currently homeless

**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  Not currently homeless

**15a.** 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 +  Declined  Not currently homeless

**15b.** In the past 12 months, have you spent 7 nights or more sleeping on the streets or in a place not meant for human habitation?  
 Yes  No  Don't know  Declined to answer

**16.** From the following choices below, please select factors **contributing to your homelessness or housing instability** (select all that apply)  
 Released from medical in-patient  Evicted from own residence  Disaster/Code closed residence  
 Released from behavioral health in-patient/ behavioral health facility  Asked to leave a shared residence (e.g. living in a home of a friend or family member)  Aging out of the foster care system  
 Released from prison/jail  Fleeing domestic violence  Other: \_\_\_\_\_  
 Relocated from another area  Sex trafficking or working in sex industry  Don't know  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

**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 &amp; relationship to applicant</i>	<i>Cash Income Source, Amount, and Frequency (Salary/Wages, SSI/SSDI, Retirement, TANF/ Public Assistance, etc.)</i>	<i>Social Security Number</i>	<i>DOB</i>	<i>Gender</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. (self/head of household)					<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
2.					<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
3.					<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
4.					<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
5.					<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
6.					<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
7.					<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined

(attach additional sheets if needed)

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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  Don’t Know  Declined to answer

Arson  Assault  Sale of illegal drugs  Manufacture of illegal drugs  Weapons possession  Sexual offense  Fraud/Bribery/Corruption with Federal Housing program

**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):** \_\_\_\_\_

**23a.** 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

**b.** Have you, the applicant, ever been in **foster care**?  Yes  No  Don’t Know  Declined to answer

**HEALTH INFORMATION**

<b>24.</b> Are you <b>pregnant</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	<b>If yes, due date:</b> ____ / ____ / ____	<b>25.</b> 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
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**26a.** Do you have any unmet service needs related to a medical or behavioral health condition?  Yes  No  Don’t Know  Declined *Briefly describe:* \_\_\_\_\_

**b.** Do you need any other the following types of assistance 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 Prospective RRH 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 relevant 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](mailto:ce@josephshousetroy.org)

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

Mail – 202 4<sup>th</sup> Street Troy, NY 12180 Attn: Coordinated Entry

**Additional Comments (if any)**

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**Housing Assessment for Prospective PSH 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:*

<p><b>Is the individual or family is currently homeless? (See Question 10)</b> 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 <b>Please attach documentation to the end of this application</b></p>	<input type="checkbox"/> No - Client does not meet eligibility based on current homelessness	<input type="checkbox"/> Yes - Client meets eligibility based on current homelessness, and has attached documentation
<p><b>Does the head of household have a current disabling condition? (See Question 18)</b> 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)) <b>Please attach documentation to the end of this application</b></p>	<input type="checkbox"/> No - Client does not meet eligibility based on current disabling condition.	<input type="checkbox"/> 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 <b>Score 15 points</b> 18-23 months in total over the last three years <b>Score 12 points</b> 12-17 months in total over the last three years <b>Score 10 points</b>	10, 11, 12, 14, 15, 19 & documentation		
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 <b>Score 3 points</b>	10, 11, 14, 15, 19		
Applicant has, in the last 12 months, spent 7 or more nights staying in a place not meant for habitation, such as an abandoned building or anywhere outside <b>Score 3 points</b>	15b		
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 <b>Score 3 points</b>	19 & documentation		
Applicant has aged out of the foster care system <b>Score 1 point</b>	19		
Applicant has unmet service needs related to active military service <b>Score 1 point</b>	9		
Applicant has 3 or more children in the household aged five years or less <b>Score 1 point</b>	19		
Applicant has indicated they are currently homeless due to sex trafficking or work in sex industry <b>Score 1 point</b>	16		
Applicant has indicated having active Parole, Probation or CPS involvement in the household <b>Score 1 point</b>	22, 23		
Applicant has an unmet service need related to their medical or behavioral health condition <b>Score 1 point</b>	26		
<b>Other comments:</b>          			
<b>TOTAL SCORE:</b>			

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

- |  |   |
|--|---|
| <input type="checkbox"/> Catholic Charities – <b>St Peter's SRO</b> Residence<br>(Chronically homeless single adults)          | <input type="checkbox"/> YWCA – <b>Family Apartment Program</b> site-based program<br>(Female-led homeless family with 1 child <12) |
| <input type="checkbox"/> Unity House <b>CHAP</b> scattered-site apartments<br>(Chronically homeless single adults or families) | <input type="checkbox"/> YWCA – <b>Apartment Program</b> scattered-site<br>(Female-led homeless families)                           |
| <input type="checkbox"/> Joseph's House <b>Lansing Inn</b> studio apartments<br>(Chronically homeless single adults)           | <input type="checkbox"/> St. Paul's Center - <b>Lee Dyer Family Housing Program</b> site-based<br>(Homeless families)               |
| <input type="checkbox"/> Joseph's House <b>Hill Street Inn</b> studio apartments<br>(Chronically homeless single adults)       | <input type="checkbox"/> St. Paul's Center - <b>Scattered Site Apartments</b><br>(Chronically homeless families)                    |
| <input type="checkbox"/> Joseph's House <b>Bethune</b> Apartment Program scattered-site<br>(Chronically homeless families)     | <input type="checkbox"/> <i>Other:</i> _____  |
|  | <input type="checkbox"/> <i>No housing preference given</i>   |

**Check List**

- Completed each relevant question of this 'Coordinated Entry Application' form?
- Completed and signed the attached 'Consent to Release Personal Information' Form?
- Attached documentation of disabling condition(s)?
- Attached documentation of 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](mailto:ce@josephshousetroy.org)

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

Mail – 202 4<sup>th</sup> Street Troy, NY 12180 Attn: Coordinated Entry

**Additional Comments (if any)**

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## Housing Assessment for Prospective EHV Clients

### Tiered Eligibility for Emergency Housing Vouchers

*In order to be eligible for the EHV program, clients must answer YES to one of the following to questions:*

<p><b>I. Is the individual or family currently a participant in a Permanent Supportive Housing program, and was literally homeless prior to program entry? (See Question 10)</b> Individuals or families served in PSH project are considered <i>recently homeless</i> or previously homeless for the EVH program.</p> <p align="center"><b><i>Please attach detail or documentation to the end of this application</i></b></p>	<input type="checkbox"/> No - Client does not meet eligibility based on previous/recent homelessness	<input type="checkbox"/> Yes - Client meets eligibility based on previous/recent homelessness, and has attached documentation
<p><b>II. Is the individual or family is currently homeless or fleeing domestic violence? (See Question 10)</b> 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 a temporary shelter such as congregate shelter, transitional housing, hotel/motel paid by a charitable or government program; or exiting an institutional setting after 90 days or less and was literally homeless at entry; or any individual or family who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.</p> <p align="center"><b><i>Please attach detail or documentation to the end of this application</i></b></p>	<input type="checkbox"/> No - Client does not meet eligibility based on current homelessness	<input type="checkbox"/> Yes - Client meets eligibility based on current homelessness, and has attached documentation
<p><b>III. Is the individual or family at risk of homelessness?</b> At risk of homelessness is defined in Continuum of Care Program regulations at 24 CFR 578.3. Generally, households in this situation: 1. Have annual income below 30% of median family income; 2. Lack resources or support networks to prevent homelessness; and 3. Meet one of several other criteria including: doubled up because of economic hardship, was notified they will be evicted or otherwise lose their housing within 21 days, self-pays in a hotel/motel, lives in crowded housing, or is exiting an institution or system of care.</p> <p align="center"><b><i>Please attach detail or documentation to the end of this application</i></b></p>	<input type="checkbox"/> No - Client does not meet eligibility based on being at-risk of homelessness	<input type="checkbox"/> Yes - Client meets eligibility based on being at-risk of homelessness, and has attached documentation

**If seeking Emergency Housing Vouchers:**

**29. Please tell us about your current housing situation, or the most recent housing situation you were in prior to homelessness:**

**Address:** \_\_\_\_\_

**Landlord Name & Contact Information:** \_\_\_\_\_

**a. In your current, previous, or most recent housing situation:**

i. Were you on time with all rent and utility payments for the previous 12 months?  Yes  No, detail: \_\_\_\_\_

ii. (If no) Were you on time with rent and utility payments in the last two housing settings, prior to COVID?  Yes  No, detail: \_\_\_\_\_

No, related to DV experience  Not Applicable / No prior housing history / Decline

**b. Did you personally receive notice of lease violation from your landlord in the previous 12 months?**  Yes, detail: \_\_\_\_\_  No

Yes, and it was **only** related to DV experience  Decline to answer

**c. Have you vacated an apartment without notice (other than for DV) or been evicted in the last 24 months?**  Yes  No  Decline to answer

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**30. Please select all that apply regarding services that you have accessed in the last 12 months:**

- I need no assistance, or I have no trouble meeting my daily needs in my current or most recent housing setting (cleaning, cooking, trips to appointments, medications, landlord or other mediation services)
- I need assistance / have trouble meeting / do not meet my daily needs in my current or most recent housing setting (cleaning, cooking, trips to appointments, medications, landlord or other mediation services)
- I have an aide, a community case worker or an outside organization that helps me with my daily needs in my current or most recent housing setting (cleaning, cooking, trips to appointments, Medications, landlord or other mediation services)
- My current housing has staff members who are my primary supports for daily needs (cleaning, cooking, trips to appointments, medications, landlord or other mediation services)
- I would like a referral for additional assistance with my daily needs (cleaning, cooking, trips to appointments, medications, landlord or other mediation services)
- Detail, if needed: \_\_\_\_\_

**Check List if applying for EHV**

- Completed each relevant question of this 'Coordinated Entry Application' form?
- Completed and signed the attached 'Consent to Release Personal Information' Form?

<b>For Informational Purposes Only - Will be Completed by the Coordinated Entry Review Team</b>				
<b>PRIORITY INDEX SCORING FOR EMERGENCY HOUSING VOUCHERS</b>		<b>Relevant Question</b>	<b>Points assigned</b>	<b>Explanation</b>
Current Housing : Timeliness (Max 2 points)				
Made on time monthly rent and utility payments in the last 12 months	<b>Score 2 points</b>	29a		
Made on time monthly rent and utility payments in last 2 housing settings prior to COVID or had DV-related reason	<b>Score 1 points</b>			
Neither of the above	<b>Score 0 points</b>			
Lease Violations: (Max 3 points)				
Had a lease violation due to only DV in the last 12 months	<b>Score 3 points</b>	29b		
Has received no lease violations in the last 12 months	<b>Score 2 points</b>			
Has not vacated apartment without notice (other than DV) or been evicted in last 24 months	<b>Score 4 points</b>	29c		
Service Needs: (Max 5 points)				
Household requires no or minimal services, or has service needs that are met by community-based providers	<b>Score 5 points</b>	31		
Household is currently receiving only minimal services from housing provider or needs a referral for minimal services (less than daily needs)	<b>Score 3 points</b>			
<b>Other comments:</b>				
<b>TOTAL SCORE: Minimum of 11 needed for referral</b>				

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Attached documentation demonstrating one of the following:

Current PSH Participant; Currently experiencing homeless or fleeing DV; OR Currently At-risk of Homelessness

**Submission Information**

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

Mail – 202 4<sup>th</sup> Street Troy, NY 12180 Attn: Coordinated Entry

**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 and/or services. 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](http://rebrand.ly/RenssCE) or by calling Joseph's House at (518) 272-2544.

**“The content of information to be released includes: My identifying information, household composition, program enrollment information, 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. 12/13/2022)