



Three County Continuum of Care Coordinated Entry Assessment Tool

All Coordinated Entry (CE) Assessors must complete required training and review the Companion Guide before utilizing this tool

Basic Information

Assessment Date: _____ Assessing Agency: _____ Assessor Name: _____

Assessor Contact: _____ Referred By (if different from assessor): _____

Client Name or ID*: _____ Client Contact, if any: _____ Date of Birth: _____

**Clarity gives Consent Refused Option, which allows for de-identifying*

Race: _____ Ethnicity: _____ Gender Identity: _____ LGBTQ+ Identity (yes.no): _____

Household size: _____ Family with children (yes/no): _____ Military Service Status (yes/no): _____

Disabling Condition (yes/no): _____ Chronic Homeless Status: Chronic Not-Chronic Unknown

Interpretation required? If so, language: _____ Release of Information Coding: _____
(Options: 1, 2, 3, & 4. See Companion Guide)

Current and Prior Living Situation

Current living situation: _____ Current Client Location: _____

Prior Living Situation- Type of Residence: _____ Length of Stay in Prior Living Situation: _____

Approx. Date Homelessness Started: _____ Number of times homeless in past 3 years: _____

Approx. total number of months homeless in past 3 years: _____

Triage Homeless Status

Situation 1: Currently experiencing homelessness by living on the street, shelter, in a place not mean for human habitation *(If yes, proceed with assessment within 14 days of engagement and where diversion efforts unsuccessful)*

Situation 2: Fleeing or attempting to flee domestic violence, sexual assault, stalking, human trafficking, or an unsafe living situation *(If yes, ensure immediate safety needs met prior to assessment process)*

Situation 3: At imminent risk of literal homelessness within 30 days with no other housing option identified *(If yes and is adult 18-24, proceed with assessment. If yes and is adult over 24, STOP- household should be referred for Homeless Prevention resources but not currently eligible for CoC Housing Assistance*)*

Situation 4: Exiting institution after longer than 90 days or less than 90 days but was not homeless at entry, and did not spend night homeless last night (***If yes, STOP – household referred for Homelessness Prevention resources but not eligible for CoC Housing Assistance***)

Situation 5: Is experiencing situation 1, 2, or 3 AND has served in the military or armed forces (***If yes, proceed with assessment and alert to Veteran point of contact for expedited service review***)

*The CoC will alert CE Partners if new resources become available through CE prioritization for people at imminent risk of homelessness.

Housing Location and Preferences

Please indicate where you would like or are willing to receive services and housing. Check all that apply:

- Franklin County – Greenfield area – includes Deerfield, Turners Falls, etc.
- Franklin County – Eastern part/Orange area
- Franklin County – Western part/ Charlemont area
- Hampshire – Amherst area -- includes Sunderland, Belchertown, etc.
- Hampshire – Northampton area -- includes Easthampton, Florence, etc.
- Hampshire – Hilltowns – includes Williamsburg
- Berkshire – Pittsfield area -- includes central Berkshire
- Berkshire – North County area -- includes North Adams, Adams, etc.
- Berkshire – South County area – includes Great Barrington etc.
- Other area: _____

Please indicate if there is any place you do NOT want to live: _____

Housing Problem-Solving Notes

Current Housing situation and context for household's housing crisis

Barriers identified to maintaining or obtaining permanent housing in the near term

Opportunities or other resources that may help in linking household to permanent housing option

Points	Assessment of Housing Barriers and Vulnerability
	<p>Current Living Situation (8 total points possible)</p> <p>What is the household's current living situation? <i>(Please select one option)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Unsheltered including encampments, vehicles, tents, or places not meant for human habitation (5 points) <input type="checkbox"/> Sheltered or in hotel/motel paid for by agency (does not include Transitional Housing) (4 points) <input type="checkbox"/> At risk of homelessness within 15 days, including doubled-up (YYA only, age 18-24) (2 points) <p>Please indicate if the household is actively fleeing or attempting to flee domestic violence, stalking, sexual assault, or human trafficking. <i>(Please select one option)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (3 points) <input type="checkbox"/> No (No points)
	<p>History of Homelessness (street, shelter, place not meant for human habitation, TH, doubled-up) (8 total points possible)</p> <p>Please select the option that best describes the household's history of homelessness. <i>(Please select one option)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Client indicates first time homeless (new to homelessness in past 30 days) (No points) <input type="checkbox"/> Client indicates history of periodic or consistent homelessness for under 1 year (2 points) <input type="checkbox"/> Client indicates history of periodic or consistent homeless for 1-3 years (4 points) <input type="checkbox"/> Client indicates history of periodic or consistent homeless for 3 or more years (6 points) <p>Did the household become homeless again after receiving housing assistance dedicated for people experiencing homelessness in the past? <i>(Please select one option)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (2 point) <input type="checkbox"/> No (No points) <input type="checkbox"/> Unsure (No points)
	<p>Eviction History (6 total points possible)</p> <p>Has the household left their primary residence due to eviction or threat of eviction? <i>(Please select one option)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, the household left or was evicted from market rate housing (2 points) <input type="checkbox"/> Yes, the household left or was evicted from public housing authority administered housing, including Section 8 (3 points) <input type="checkbox"/> No (No points) <p>Have they received a Court Order for eviction? <i>(Please select one option)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, they have received one Court Order in the past (2 point) <input type="checkbox"/> Yes, they have received more than one Court Order in the past (3 points) <input type="checkbox"/> No or unsure (No points)

	<p>Income (6 total points possible)</p> <p>Please select the option that describes the household's gross annual income per family size: (Please select one option)</p> <p><input type="checkbox"/> Zero income (no formal income) (6 points)</p> <p><input type="checkbox"/> Below \$9,530 for 1 person; \$14,290 for 2 persons; \$16,750 for 3 persons or more (4 points)</p> <p><input type="checkbox"/> Below \$17,700 for 1 person; \$20,200 for 2 persons; \$22,750 for 3 persons or more (2 points)</p> <p><input type="checkbox"/> Below \$29,450 for 1 person; \$33,650 for 2 persons; \$37,850 for 3 persons or more (0 points)</p>
	<p>History with Criminal Justice System (11 total points possible)</p> <p>Please indicate if the head of household has current or legal service needs or a CORI that inhibits access to housing:</p> <p><input type="checkbox"/> Yes (4 points)</p> <p><input type="checkbox"/> No (No points)</p> <p>Please indicate if the head of household has one or more of the following (Please select all that apply)</p> <p><input type="checkbox"/> Discharged from jail or prison within last six months after incarceration for 90 days or more (2 points)</p> <p><input type="checkbox"/> Incarcerated as an adult (2 points)</p> <p><input type="checkbox"/> Registered sex offender (any household members) (1 points)</p> <p><input type="checkbox"/> Criminal record for arson, drug dealing or manufacture, or offense against persons or property (1 points)</p> <p><input type="checkbox"/> Juvenile Justice involvement within past 7 years (1 points)</p>
	<p>Household Composition (9 total points possible)</p> <p>Please select all options that describe the household's current composition: (Please select all that apply)</p> <p><input type="checkbox"/> Currently pregnant (any household member) (3 points)</p> <p><input type="checkbox"/> Single parent household with minor children (3 points)</p> <p><input type="checkbox"/> Household includes child who requires significant care (3 points)</p>
	<p>Health (16 total points possible)</p> <p>Has the head of household been hospitalized in past year? (Please select one option)</p> <p><input type="checkbox"/> Yes (1 point)</p> <p><input type="checkbox"/> No (No points)</p> <p>If yes, how many times has the head of household been hospitalized or to the emergency room during last 12 months? (Please select one option)</p> <p><input type="checkbox"/> one time (2 point)</p> <p><input type="checkbox"/> two times (3 points)</p> <p><input type="checkbox"/> three or more times (4 points)</p> <p>Please indicate if the head of household has any of the following: (Please select all that apply)</p> <p><input type="checkbox"/> Disabling condition that significantly limits ability to maintain safety in homeless situation (5 points)</p> <p><input type="checkbox"/> Health conditions that contribute to need for specialized housing types or supports (4 points)</p> <p><input type="checkbox"/> Homeless situation not conducive to medication management needs (2 points)</p>
	<p>Mental Health (7 total points possible)</p> <p>Please indicate if head of household has: (Please select all that apply)</p> <p><input type="checkbox"/> History of mental health that has led to adverse housing impacts or instability (3 points)</p> <p><input type="checkbox"/> Current mental health that has been a barrier to housing (4 points)</p>

	<p>Substance Use (7 total points possible)</p> <p>Please indicate if head of household has: <i>(Please select all that apply)</i></p> <p><input type="checkbox"/> History of substance use that has led to adverse housing impacts or instability (3 points)</p> <p><input type="checkbox"/> Current substance use that has been a barrier to housing (4 points)</p>
	<p>Safety (8 total points possible)</p> <p>Please indicate if any member of the household: <i>(Please select all that apply)</i></p> <p><input type="checkbox"/> Is at risk of trafficking, exploitation, or violence (4 points)</p> <p><input type="checkbox"/> Has experienced physical violence in homelessness within last 90 day (4 points)</p>
	<p>Resources and Supports (6 total points possible)</p> <p>Please indicate if the head of household: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Lacks family, social, or other community networks that may support housing needs (3 points)</p> <p><input type="checkbox"/> Has never had lease in their name (3 points)</p>
	<p>Additional Points- Overrepresented Populations (up to 8 points available)</p> <p><i>Households that include one or more members who are part of an overrepresented population in the homeless system when compared to the general population will receive up to 8 additional points based on information provided in the Basic Information section of this tool.</i></p>
	<p>Total Points (Out of 100 total possible points)</p>

Housing Match Considerations

Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Has served in the military or armed forces | <input type="checkbox"/> Has applied for public housing voucher |
| <input type="checkbox"/> Is less than 25 years old | <input type="checkbox"/> Have no rental history (no lease history) |
| <input type="checkbox"/> Is more than 60 years old | <input type="checkbox"/> Open to living with roommates |
| <input type="checkbox"/> Has children under 18 present | <input type="checkbox"/> Open to living in an SRO or studio |
| <input type="checkbox"/> In need of 3+ bedrooms | <input type="checkbox"/> Need to be near public transportation |
| <input type="checkbox"/> Is a registered sex offender | <input type="checkbox"/> Have a non-service animal (pet) |
| <input type="checkbox"/> Identifies as LGBTQ+ | <input type="checkbox"/> Seeking to reunify with family/children |
| <input type="checkbox"/> Has no income | <input type="checkbox"/> Need a handicap accessible unit |
| <input type="checkbox"/> Have no or low credit | <input type="checkbox"/> Requires daily medical/nursing support |
| <input type="checkbox"/> Employment or services needs limit housing options | <input type="checkbox"/> Has another adult member of the household |
| <input type="checkbox"/> Have an eviction history | <input type="checkbox"/> Interested in Transitional Housing |

Additional Notes and Information to Assist in Service Planning:

Other extenuating or important considerations from your problem-solving conversations: