

Common Assessment Tool

Step Two Central Coordinated Entry Process

Coordinated Entry Assessment

Be sure to enter Date of Assessment, Assessor's Name and Organization COMPLETELY Before continuing, you MUST fill assessor information out COMPLETELY. Failure to provide this information may result in issues with your client obtaining housing.

Date of Assessment: Click or tap here to enter text.

End Date: Click or tap here to enter text.

Assessment Location: Click or tap here to enter text.

Assessor's Name: Click or tap here to enter text.

Assessor's Organization: Click or tap here to enter text.

Assessor's Title: Click or tap here to enter text.

Assessor's Phone: Click or tap here to enter text.

Assessor's E-mail: Click or tap here to enter text.

Assessment Type: Choose an item.

Assessment Level: Choose an item.

Prioritization Status: Choose an item.

Client and Household Information

Name: Click or tap here to enter text.

(It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.)

Date of ROI Consent: Click or tap to enter a date.

Date of Assessment: Click or tap to enter a date.

Shared: Choose an item.

Relationship to Head of Household: Choose an item.

Gender: Choose an item.

Date of Birth: Click or tap here to enter text.

Race 1: Choose an item.

Race 2: Choose an item.

Ethnicity: Choose an item.

Household Information

Household Type: Choose an item.

Household Size-Total Number of Persons in the Household: Click or tap here to enter text.

Number of Adults: Click or tap here to enter text.

Number of Children: Click or tap here to enter text.

Please complete demographics for ALL family members, including children on the attached sheet at the end of this assessment. Every member of the household must be put into HMIS.

Are you pregnant? Choose an item.

Eligibility

Current Living Situation

Start Date: Click or tap here to enter text.

End Date: Click or tap here to enter text.

Information Date: Click or tap here to enter text.

Location Details: Click or tap here to enter text.

Current Living Situation: Choose an item.

Other: Click or tap here to enter text.

Living situation verified by: Click or tap here to enter text.

(The following questions are only required for clients in Institutional, Temporary or Permanent Current Living Situations.)

Is client going to have to leave within 14 days? Choose an item.

(If “yes” to “Is client going to have to leave their current living situation within 14 days?” answer the following questions)

Has a subsequent residence been identified: Choose an item.

Does individual or family have resources or support networks to obtain permanent housing:
Choose an item.

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
Choose an item.

Has the client moved 2 or more times in the last 60 days? Choose an item.

(Please provide list of previous living experiences in the chart below to help determine an appropriate placement)

Housing Summary

Move-In Date	Move-Out Date	Residence Type	State	City/County	Lease Holder
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

			enter text.		
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

(If more space is needed, an additional chart is located at the end of the assessment)

Assessing MN Long Term Homelessness

Extent of Homelessness by MN Definition: Choose an item.

(Please look back to the date of the last time the client had a place to sleep that was not on the streets, in ES, in SH, doubled up/couch hopping, or staying somewhere that is considered a neutral event (e.g. TH), and enter that date below.)

Approximate date homelessness started (MN): Click or tap here to enter text.

Total number of months homeless on the streets, in Emergency Shelter, Supportive Housing or doubled up/couch hopping in the past three years: Click or tap here to enter text.

Did the client leave any of the places listed in the last 3 months before project start date? Choose an item.

Assessing Chronic Homelessness (HUD)

- *Note HUD does not count doubled up/couch hopping episodes as being homeless.*
- *Note that "Prior Living Situation" should capture where the client stayed the night before their CE assessment. For many clients, their answer may be the same as their response to "Current Living Situation."*
- *If the question "Approximate Date Homelessness Started" appears below, ask the client to think back to the last time they had a place to sleep that was not on the streets, in shelter, or in a Safe Haven, and enter that date.*

Prior living situation: Choose an item.

If you chose one of the above answers (Place not meant for habitation, Emergency shelter (hotel/motel paid for with emergency shelter vouchers or Safe Haven), answer the following questions:

Length of Stay in Previous Place: Choose an item.

Approximate date of most recent episode of homelessness: Click or tap here to enter text.

Regardless of where they stayed last night-Number of times the client has been on the streets, in ES, or SH in the past three years including today: Choose an item.

Total number of months homeless on the street, in ES or SH in the past three years: Choose an item.

Prior living situation: Choose an item.

If you chose one of the above answers (institutional settings), answer the following questions:

Length of Stay in Previous Place: Choose an item.

Did you stay less than 90 days: Choose an item.

On the night before did you stay on the streets, Emergency Shelter, or Supportive Housing? Choose an item.

Approximate date of most recent episode of homelessness: Click or tap here to enter text.

Regardless of where they stayed last night-Number of times the client has been on the streets, in ES, or SH in the past three years including today: Choose an item.

Total number of months homeless on the street, in ES or SH in the past three years: Choose an item.

Prior living situation: Choose an item.

If you chose one of the above answers (transitional/permanent housing), answer the following questions:

Length of Stay in Previous Place: Choose an item.

Did you stay less than 7 nights? Choose an item.

On the night before did you stay on the streets, Emergency Shelter, or Supportive Housing? Choose an item.

Approximate date of most recent episode of homelessness: Click or tap here to enter text.

Regardless of where they stayed last night-Number of times the client has been on the streets, in ES, or SH in the past three years including today: Choose an item.

Total number of months homeless on the street, in ES or SH in the past three years: Choose an item.

Veteran Status

Did you serve in the Military, Active Duty, or in the National Guard or Reserves? Choose an item.

If yes, what kind of discharge do you have: Choose an item.

Have you been referred to the Homeless Veteran Registry? Choose an item.

If the client has not been referred to the Homeless Veteran Registry, take a moment and offer to complete the release of information/application form with them. More information can be found at <https://mn.gov/mdva/> or by calling 1-888-LinkVet (546-5838).

Tribal Membership

Are you Native American? Choose an item.

If Native American, of which tribe are you an enrolled member? Choose an item.

Disability Information

(Don't forget to answer the questions below - this is an important data element for prioritization as it is used to determine chronic homelessness status. Don't miss it!)

Do you have a disability of long duration? Choose an item.

If yes, have you been told by a medical professional that you have a severe mental illness: Choose an item.

If yes, is the disability documented? Choose an item.

What accommodations do you require for housing due to your health and/or disability:

Click or tap here to enter text.

Click or tap here to enter text.

CES Household Disability Information

Date of Assessment: Click or tap here to enter text.

Relationship to Head of Household: Choose an item.

Disability Type: Choose an item.

Date of Diagnosis: Click or tap here to enter text.

If yes to Alcohol Use Disorder, Drug Use Disorder, or Both Alcohol and Drug Use Disorder, is the client currently receiving services or treatment? Choose an item.

Does your disability limit your ability to live independently? Choose an item.

Is the disability documented? Choose an item.

Notes: Click or tap here to enter text.

End Date: Click or tap here to enter text.

Medical Conditions

Do you have any of the following underlying medical conditions: Cancer, Chronic Kidney Disease, COPD, Weakened Immune System, Obesity, Serious Heart Condition, Sickle Cell Disease or Type 2 Diabetes Mellitus? Choose an item.

Domestic Violence

Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you? Choose an item.

Living Situation

How many times have you or your family moved in the past year? Choose an item.

County where resides: Click or tap here to enter text.

County of Primary Residence? Click or tap here to enter text.

Client Choice

Are you willing to live anywhere in MN? Choose an item.

Client Choice of Counties

Are you willing to live anywhere in the state? Choose an item.

First Choice:

Click or tap here to enter text.

Second Choice:

Click or tap here to enter text.

Third Choice:

Click or tap here to enter text.

If you are not currently living in the city/county you want to live in, do you have any connections to that area?

Choose an item.

Please explain any connections: Click or tap here to enter text.

Housing Preference

Assessment Date: Click or tap here to enter text.

Need or Preference: Choose an item.

Options: Choose an item.

Other, please list: Click or tap here to enter text.

Notes: Click or tap here to enter text.

End Date: Click or tap here to enter text.

Assessment Date: Click or tap here to enter text.

Need or Preference: Choose an item.

Options: Choose an item.

Other, please list: Click or tap here to enter text.

Notes: Click or tap here to enter text.

End Date: Click or tap here to enter text.

Contact Information

Phone number where you can be reached or where a message can be left for you: Click or tap here to enter text.

Email where you can be reached or where a message can be sent: Click or tap here to enter text.

Alternate Contact #1

Name: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Alternate Contact #2

Name: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Please list all providers/case management who client is currently involved with: Choose an item.

If other, please list: Click or tap here to enter text.

County: Click or tap here to enter text.

Agency Name: Click or tap here to enter text.

Worker Name: Click or tap here to enter text.

Worker Name: Click or tap here to enter text.

Worker Name: Click or tap here to enter text.

Worker Name: Click or tap here to enter text.

Worker Name: Click or tap here to enter text.

Worker Name: Click or tap here to enter text.

Legal Involvement

Do you have a legal/criminal history? Choose an item.

Date of Assessment: Click or tap to enter a date.

Relationship to Head of Household: Choose an item.

Offense Type: Choose an item.

Number of Offenses: Click or tap here to enter text.

Date of Most Recent Conviction: Click or tap here to enter text.

Active warrant or any open criminal cases? Choose an item.

If yes to sex offense, are you a registered sex offender? Choose an item.

Notes: Click or tap here to enter text.

End Date: Click or tap here to enter text.

Date of Assessment: Click or tap to enter a date.

Relationship to Head of Household: Choose an item.

Offense Type: Choose an item.

Number of Offenses: Click or tap here to enter text.

Date of Most Recent Conviction: Click or tap here to enter text.

Active warrant or any open criminal cases? Choose an item.

If yes to sex offense, are you a registered sex offender? Choose an item.

Notes: Click or tap here to enter text.

End Date: Click or tap here to enter text.

Date of Assessment: Click or tap to enter a date.

Relationship to Head of Household: Choose an item.

Offense Type: Choose an item.

Number of Offenses: Click or tap here to enter text.

Date of Most Recent Conviction: Click or tap here to enter text.
 Active warrant or any open criminal cases? Choose an item.
 If yes to sex offense, are you a registered sex offender? Choose an item.
 Notes: Click or tap here to enter text.
 End Date: Click or tap here to enter text.
 Date of Assessment: Click or tap to enter a date.
 Relationship to Head of Household: Choose an item.
 Offense Type: Choose an item.
 Number of Offenses: Click or tap here to enter text.
 Date of Most Recent Conviction: Click or tap here to enter text.
 Active warrant or any open criminal cases? Choose an item.
 If yes to sex offense, are you a registered sex offender? Choose an item.
 Notes: Click or tap here to enter text.
 End Date: Click or tap here to enter text.

Monthly Income

Do you have income from any source? Choose an item.

Type of Income	Start Date:	End Date: (record only if income changes or ends)	Monthly Amount:	Receiving Income Source
Earned Income	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Unemployment Insurance	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
SSI	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
SSDI	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
VA Service Connect Disability Compensation	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Private Disability Insurance	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Worker's Compensation	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
TANF	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
General Assistance	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Retirement Income from Social Security	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
VA Non-Service-Connected Disability Pension	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Pension or retirement income from another job	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Child Support	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Alimony or Other Spousal Support	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Other: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

Housing Stabilization Services Questions

The following series is required to help determine eligibility for DHS Housing Stabilization Services.

Based on your experience with the client, review the following 5 questions and use your professional judgement when selecting your responses.

- 1) Housing Instability: Is this person experiencing housing instability? Choose an item.
 - 2) Communication: Does this person need support communicating their needs to help with housing? Choose an item.
 - 3) Mobility: Does this person need support getting around to help with housing? Choose an item.
 - 4) Decision-Making: Does this person need support in decision making related to their housing? Choose an item.
 - 5) Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing? Choose an item.
- *If yes to the question regarding housing instability, and yes to any of the remaining questions, the individual meets the Assessed Need and Housing Instability observations for DHS Housing Stabilization Services.*
 - *Please remember to provide the household with a Common Assessment Tool/Coordinated Entry receipt.*

Household Demographics

Household Member One:

Name: Click or tap here to enter text.

Relationship to Household: Choose an item.

Date of Birth: Click or tap here to enter text.

Date of Birth Type: Choose an item.

Gender: Choose an item.

Race One: Choose an item.

Race Two: Choose an item.

Race Three: Choose an item.

Ethnicity: Choose an item.

If Native American, of which tribe are you an enrolled member? Choose an item.

Agency's client ID# Click or tap here to enter text.

It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.

Date of ROI Consent: Click or tap here to enter text.

Household Member Two:

Name: Click or tap here to enter text.

Relationship to Household: Choose an item.

Date of Birth: Click or tap here to enter text.

Date of Birth Type: Choose an item.

Gender: Choose an item.

Race One: Choose an item.

Race Two: Choose an item.

Race Three: Choose an item.

Ethnicity: Choose an item.

If Native American, of which tribe are you an enrolled member? Choose an item.

Agency's client ID# Click or tap here to enter text.

It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.

Date of ROI Consent: Click or tap here to enter text.

Household Member Three:

Name: Click or tap here to enter text.

Relationship to Household: Choose an item.

Date of Birth: Click or tap here to enter text.

Date of Birth Type: Choose an item.

Gender: Choose an item.

Race One: Choose an item.

Race Two: Choose an item.

Race Three: Choose an item.

Ethnicity: Choose an item.

If Native American, of which tribe are you an enrolled member? Choose an item.

Agency's client ID# Click or tap here to enter text.

It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.

Date of ROI Consent: Click or tap here to enter text.

Household Member Four:

Name: Click or tap here to enter text.

Relationship to Household: Choose an item.

Date of Birth: Click or tap here to enter text.

Date of Birth Type: Choose an item.

Gender: Choose an item.

Race One: Choose an item.

Race Two: Choose an item.

Race Three: Choose an item.

Ethnicity: Choose an item.

If Native American, of which tribe are you an enrolled member? Choose an item.

Agency's client ID# Click or tap here to enter text.

It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.

Date of ROI Consent: Click or tap here to enter text.

Household Member Five:

Name: Click or tap here to enter text.

Relationship to Household: Choose an item.

Date of Birth: Click or tap here to enter text.

Date of Birth Type: Choose an item.

Gender: Choose an item.

Race One: Choose an item.

Race Two: Choose an item.

Race Three: Choose an item.

Ethnicity: Choose an item.

If Native American, of which tribe are you an enrolled member? Choose an item.

Agency's client ID# Click or tap here to enter text.

It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.

Date of ROI Consent: Click or tap here to enter text.

Household Member Six:

Name: Click or tap here to enter text.

Relationship to Household: Choose an item.

Date of Birth: Click or tap here to enter text.

Date of Birth Type: Choose an item.

Gender: Choose an item.

Race One: Choose an item.

Race Two: Choose an item.

Race Three: Choose an item.

Ethnicity: Choose an item.

If Native American, of which tribe are you an enrolled member? Choose an item.

Agency's client ID# Click or tap here to enter text.

It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.

Date of ROI Consent: Click or tap here to enter text.

Move-In Date	Move-Out Date	Residence Type	State	County	Lease Holder
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.