

# 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: \_\_\_\_\_

End Date: \_\_\_\_\_

Assessment Location: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_

Assessor's Organization: \_\_\_\_\_

Assessor's Title: \_\_\_\_\_

Assessor's Phone: \_\_\_\_\_

Assessor's E-mail: \_\_\_\_\_

#### Assessment Type:

Phone

Virtual

In-Person

#### Assessment Level:

Crisis Needs Assessment

Housing Needs Assessment

#### Prioritization Status:

Placed on Prioritization List

Not Placed on Prioritization List

### Client and Household Information

Name: \_\_\_\_\_

*(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: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Shared: YES NO

#### Relationship to Head of Household:

- Self
- Head of Household's Child
- Head of Household's Spouse or Partner
- Head of Household's other-relation member (other relation to head of household)
- Other: non-relation member
- Data Not Collected

**Gender:**

- Female
- Male
- A gender other than singularly female or male (non-binary, genderfluid, agender, culturally specific gender)
- Transgender
- Questioning
- Does not know
- Refused to answer
- Data not collected

**Date of Birth:** \_\_\_\_\_

**Race 1:**

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Native Hawaiian or Pacific Islander
- White
- Doesn't know
- Refused to answer
- Data not collected

**Race 2:**

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Native Hawaiian or Pacific Islander
- White
- Doesn't know
- Refused to answer
- Data not collected

**Ethnicity:**

- Non-Hispanic/Non-Latina(o)
- Hispanic/Non-Latina(o)
- Doesn't know
- Refused to answer
- Data not collected
- Family
- Single
- Youth-Family
- Youth-Single

**Household Type:**

**Household Size:**

Total Number of Persons in the Household: \_\_\_\_\_

Number of Adults: \_\_\_\_\_

Number of Children: \_\_\_\_\_

***Please complete demographics for ALL family members, including children. Make copies of the blank household demographics at the end of this assessment. Every member of the household must be put into HMIS.***

**Are you pregnant?**

- YES
- NO
- Doesn't know
- Refused to answer
- Data not collected

## Eligibility

### Current Living Situation

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Information Date: \_\_\_\_\_ *(Must match the start date)*

Location Details: \_\_\_\_\_ *(Optional)*

### Current Living Situation:

Place not meant for habitation

Emergency Shelter, incl. hotel/motel paid for with ES Voucher, or RHY-funded

Host Home Shelter

Safe Haven

Foster care home or foster care group home

Hospital or other residential non-psychiatric medical facility

Jail, prison or juvenile detention facility

Long-term care facility or nursing home

Psychiatric hospital or other psychiatric facility

Residential project or halfway house with no homeless criteria  
Hotel or motel paid for without emergency shelter voucher

Transitional housing for homeless persons (including homeless youth)

Host home (non-crisis)

Staying or living in a friend's room, apartment or house

Staying or living in a family member's room, apartment or house

Rental by client, with GPD TIP housing subsidy

Rental by client, with VASH housing subsidy

Permanent housing (other than RRH) for formerly homeless persons

Rental by client, in a public housing unit

Rental by client, no ongoing housing subsidy

Rental by client, with ongoing housing subsidy

Owned by client, with ongoing housing subsidy

Owned by client, no ongoing housing subsidy

Other

Worker unable to determine

Client doesn't know

If "Other", Specify: \_\_\_\_\_

Living Situation verified by: \_\_\_\_\_

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

Is client going to have to leave their current living situation within 14 days?

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

*(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:

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

Does individual or family have resources or support networks to obtain permanent housing:

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

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

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

Has the client moved two or more times in the last 60 days:

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

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

Move-In Date	Move-Out Date	Residence Type	State	City/County	Lease Holder
		<ul style="list-style-type: none"> <li>• Place not meant for habitation</li> <li>• Emergency Shelter, incl. hotel/motel paid for with ES Voucher, or RHY-funded Host Home Shelter</li> <li>• Safe Haven</li> <li>• Foster care home or foster care group home</li> <li>• Hospital or other residential non-psychiatric medical facility</li> <li>• Jail, prison or juvenile detention facility</li> <li>• Long-term care facility or nursing home</li> <li>• Psychiatric hospital or other psychiatric facility</li> <li>• Residential project or halfway house with no homeless criteria</li> <li>• Hotel or motel paid for without emergency shelter voucher</li> <li>• Transitional housing for homeless persons (including homeless youth)</li> <li>• Host home (non-crisis)</li> <li>• Staying or living in a friend's room, apartment or house</li> <li>• Staying or living in a family member's room, apartment or house</li> <li>• Rental by client, with GPD TIP housing subsidy</li> <li>• Rental by client, with VASH housing subsidy</li> <li>• Permanent housing (other than RRH) for formerly homeless persons</li> <li>• Rental by client, in a public housing unit</li> <li>• Rental by client, no ongoing housing subsidy</li> <li>• Rental by client, with ongoing housing subsidy</li> <li>• Owned by client, with ongoing housing subsidy</li> <li>• Owned by client, no ongoing housing subsidy</li> <li>• Other</li> <li>• Worker unable to determine</li> <li>• Client doesn't know</li> </ul>			<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Client doesn't know</li> <li>• Client refused</li> <li>• Data not collected</li> </ul>

*(Make copies of the blank table located at the end of the assessment)*

## Assessing MN Long Term Homelessness

### Extent of Homelessness by MN Definition:

- Not currently homeless
- 1st time homeless and less than one year without a home
- Multiple times homeless, but NOT meeting LTH definition
- Long term: At least one year OR 4 times in 3 years

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

Total number of months homeless on the streets, in Emergency Shelter, Supportive Housing or doubled up/couch hopping in the past three years: \_\_\_\_\_

Did the client leave any of the places listed in the last 3 months before project start date? *(Circle One)*

- |                                      |   |
|--------------------------------------|---|
| ○ Adoptive home (from foster care)   | ○ Group home                                      |
| ○ Foster home (youth only)           | ○ Halfway house                                   |
| ○ Juvenile detention center          | ○ Residence for people with physical disabilities |
| ○ County jail/Workhouse              | ○ No  |
| ○ State or Federal prison            | ○ Doesn't know                                    |
| ○ Mental health facility or hospital | ○ Refused to answer                               |
| ○ Drug or alcohol treatment facility | ○ Data not collected                              |
| ○ Combined MI/CD treatment facility  |   |

## 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: (only one answer to this question)

*(Where did you stay last night, was it in a homeless situation? If "yes," answer the following questions! If "no," go to next page!)*

#### Homeless Situation

- Place not meant for habitation
  - Emergency shelter (hotel/motel paid for with emergency shelter voucher)
  - Safe Haven
- ✓ Length of stay in previous place:
- |   |                       |
|---|-----------------------|
| ○ One night or less                       | ○ Client doesn't know |
| ○ Two to six nights                       | ○ Client refused      |
| ○ One week or more, but less than a month | ○ Data not collected  |
| ○ One month or more, but less than a year |                       |
| ○ One year or longer                      |                       |
- ✓ Approximate date of most recent episode of homelessness: \_\_\_\_\_

✓ 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:

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

✓ Total number of months homeless on the street, in ES or SH in the past three years:

- One month
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- More than 12 months
- 11
- 12
- Client doesn't know
- Client refused
- Data not collected

## **Prior Living Situation:**

*(Where did you stay last night, was it in an institutional situation? If yes, answer the following questions, if no go to the next "Prior Living Situation!")*

### **Institutional Situation**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Doesn't know
- Refused to answer
- Data not collected

✓ Length of stay in previous place:

- One night or less
- Two to six nights
- One week or more, but less than a month
- One month or more, but less than a year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

✓ Did you stay less than 90 days:

- Yes
- No

✓ Approximate date of most recent episode of homelessness: \_\_\_\_\_

✓ 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:

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

- ✓ Total number of months homeless on the street, in ES or SH in the past three years:
  - One month
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12
  - More than 12 months
  - Client doesn't know
  - Client refused
  - Data not collected

## **Prior Living Situation:**

*(Where did you stay last night, was it in a transitional/permanent housing situation? If yes, answer the following questions!)*



### **Transitional/Permanent Housing Situation**

- Residential project or halfway house with no homeless criteria
  - Hotel/Motel paid for without emergency shelter voucher
  - Transitional housing for homeless persons (including homeless youth)
  - Host home (non-crisis)
  - Staying/living with friend's room, apartment or house
  - Staying/living with family member's room, apartment or house
  - Rental by client with GPD TIP housing subsidy
  - Rental by client, with VASH subsidy
  - Rental by client, with RRH or equivalent subsidy
  - Rental by client, with HCV voucher (tenant or project based)
  - Rental by client in a public housing unit
  - Rental by client, no ongoing housing subsidy
  - Rental by client, with other ongoing housing subsidy
  - Rental by client, with other ongoing housing subsidy
  - Owned by client, with ongoing housing subsidy
  - Owned by client, no ongoing housing subsidy
  - Doesn't know
  - Refused to answer
  - Data not collected
- ✓ Length of Stay in Previous Place:
    - One night or less
    - Two to six nights
    - One week or more, but less than a month
    - One month or more, but less than 90 days
    - 90 or more, but less than one year
    - One year or longer
    - Other
    - Doesn't know
    - Refused to answer
    - Data not collected
- ✓ Did you stay less than 7 nights:
    - Yes
    - No
- ✓ On the night before did you stay on the streets, ES or SH:
    - Yes
    - No
- ✓ Approximate date of most recent episode of homelessness: \_\_\_\_\_
- ✓ 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:
    - One time
    - Two times
    - Three times
    - Four or more times
    - Client doesn't know
    - Client refused
    - Data not collected

- ✓ Total number of months homeless on the street, in ES or SH in the past three years:
  - One month
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12
  - More than 12 months
  - Client doesn't know
  - Client refused
  - Data not collected

**Veteran Status**

Did you serve in the Military, Active Duty, or in the National Guard or Reserves?

- No
- Yes, Active Duty (including Guard and Reserves)
- Yes, National Guard, but never activated/deployed
- Doesn't know
- Refused to answer
- Data not collected

If yes, what kind of discharge do you have:

- Honorable or under honorable conditions
- Dishonorable
- Other than honorable or dishonorable
- Doesn't know
- Refused to answer
- Data not collected

Have you been referred to the Homeless Veteran Registry:

- Yes
- No

*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?

- Yes
- No
- Doesn't know
- Refused to answer
- Data not collected

If Native American, with which tribe are you an enrolled member?

- Lower Sioux Indian Community in MN
- Mdewakanton Sioux Indians
- MN Chippewa Tribe-Bois Forte
- MN Chippewa Tribe-Fond Du Lac
- MN Chippewa Tribe-Grand Portage
- MN Chippewa Tribe-Mille Lacs Bank
- MN Chippewa Tribe-White Earth
- Prairie Island Indian Community in MN
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux Community of MN
- Upper Sioux Community
- Other
- Doesn't know
- Refused to answer
- Data not collected



**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!)*

Does client have a disability of long duration?

- Yes
- No
- Doesn't know
- Refused to answer
- Data not collected

Have you been told by a medical professional that you have a severe mental illness (SMI)?

- Yes
- No
- Doesn't know
- Refused to answer
- Data not collected

If yes, is the disability documented? YES NO

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

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**CES Household Disability Information**

Date of Assessment: \_\_\_\_\_

Relationship to Head of Household:

- Self
- Daughter
- Son
- Child
- Wife
- Husband
- Grandson
- Granddaughter
- Unknown
- Significant Other
- Step-daughter
- Step-son
- Mother
- Father
- Grandmother
- Grandfather
- Other non-relative
- Other relative

Disability Type:

- Mental Health Disorder
- Physical
- Developmental
- Chronic Health Condition
- Alcohol Use Disorder
- Drug Use Disorder
- Both Alcohol and Drug Use Disorder
- HIV/AIDS

Date of Diagnosis: \_\_\_\_\_

Does your disability limit your ability to live independently? YES NO

Is the disability documented? YES NO

Notes:

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End date: \_\_\_\_\_

**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?

YES NO

**Domestic Violence**

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

- Yes
- No
- Doesn't know
- Refused to answer
- Data not collected

**Living Situation**

How many times have you or your family moved in the past year?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

Client Location:

- MN-500 Hennepin
- MN-501 Ramsey
- MN-502 Southeast
- MN-503 SMAC
- MN-504 Northeast
- Southwest
- MN-505 Central
- MN-506 Northwest
- MN-508 West Central
- MN-509 St. Louis
- MN-511

County where resides: \_\_\_\_\_

County of primary residence: \_\_\_\_\_

**Client Choice**

Are you willing to live anywhere in MN? YES NO

Client Choice of Counties:

**First Choice:**

**Second Choice:**

**Third Choice:**

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

- Yes-employment
- Yes-family
- No
- Other
- Describe: \_\_\_\_\_

Other connections include:

**Housing Preferences**

Need/Preference:

- o Culturally-or population-specific (persons with HIV/AIDS, LGBTQ Youth, Tribal)
- o Site-based
- o Housing Support (formerly GRH)
- o Frond desk that monitors visitors
- o Supports your desire to reduce chemical usage
- o Accessible for persons with a disability
- o Access to public transportation (for health/service/employment)
- o (please describe)
- o Safety
- o Scattered-site
- o Located near a specific school or school district
- o Is designated as sober housing or treatment-based
- o Shared housing
- o Dedicated to serving formerly homeless persons
- o Other

Other, please list: \_\_\_\_\_

**Contact Information**

Phone number where you can be reached or where a message can be left for you: \_\_\_\_\_

Email where you can be reached or where a message can be sent: \_\_\_\_\_

**Alternate Contact #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Alternate Contact #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please list all providers/case managers who client is currently involved with (ex. County Financial Worker, County Mental Health, County Social Services, Veteran Services, Vocation Services, Other).*

**Client Workers and Key Contacts**

Date of Assessment: \_\_\_\_\_

Provider Type:

- o County Financial Worker
- o County Mental Health
- o County Social Services
- o EHV Case Manager
- o Housing Stabilization Services (HSS) Worker
- o Independent Living Skills (ILS) Worker
- o Targeted Case Manager (TCM)
- o Veteran Services
- o Vocational Services
- o Waivered Case Manager
- o Other

If other, please list: \_\_\_\_\_

Provider County: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Worker Email: \_\_\_\_\_

Worker Phone: \_\_\_\_\_

Worker Notes: \_\_\_\_\_

End Date: \_\_\_\_\_

## Legal Involvement

Do you have a legal history?

- Yes
- No
- Doesn't know
- Refused to answer
- Data not collected

Date of Assessment: \_\_\_\_\_

Relationship to HoH:

- Self
- Daughter
- Son
- Child
- Wife
- Husband
- Grandson
- Granddaughter
- Unknown
- Significant Other
- Step-daughter
- Step-son
- Mother
- Father
- Grandmother
- Grandfather
- Other non-relative
- Other relative

Offense type:

- Arson Offense
- Drug Offense
- Methamphetamine (Meth) Manufacturing
- Non-violent Crime Offenses
- Sex Offense
- Violent Crime Offense

Classification: Misdemeanor Felony

Number of Offenses: \_\_\_\_\_

Date of Most Recent Conviction: \_\_\_\_\_

Active warrant or any open criminal case? YES NO

If yes to sex offense, registered sex offender? YES NO

Notes: \_\_\_\_\_

End Date: \_\_\_\_\_

## Monthly Income

Income from any source:

- Yes
- No

- Refused to answer
- Data not collected

Type of Income	Start Date:	End Date: (record only if income changes or ends)	Monthly Amount:	Receiving Income Source
Earned Income				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
Unemployment Insurance				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
SSI				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
SSDI				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
VA Service Connect Disability Compensation				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
Private Disability Insurance				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
Worker's Compensation				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
TANF				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
General Assistance				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
Retirement Income from Social Security				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
VA Non-Service-Connected Disability Pension				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
Pension or retirement income from another job				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
Child Support				<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Data Not Collected
Alimony or Other Spousal Support				<input type="radio"/> YES <input type="radio"/> NO

				○ Data Not Collected
Other:				

**Housing Stabilization Services Questions**

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

*Hover or click on question text to guide you in correctly answering these questions.*

*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?
  - Yes
  - No
  - Unsure/Unable to answer
2. Communication: Does this person need support communicating their needs to help with housing?
  - Yes
  - No
  - Unsure/Unable to answer
3. Mobility: Does this person need support getting around to help with housing?
  - Yes
  - No
  - Unsure/Unable to answer
4. Decision-Making: Does this person need support in decision making related to their housing?
  - Yes
  - No
  - Unsure/Unable to answer
5. Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing?
  - Yes
  - No
  - Unsure/Unable to answer

*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 Coordinated Entry receipt.*

# Household Demographics

## Household Member One:

Name: \_\_\_\_\_

### Relationship to Household:

- Self-Head of Household
- Head of Household's Child
- Head of Household's Spouse or Partner
- Head of Household's other relation member (other relation to head of household)
- Other non-relation member
- Data not collected

Date of Birth: \_\_\_\_\_

### Date of Birth Type:

- Full DOB Reported
- Approximate or Partial DOB Reported
- Client doesn't know
- Client refused
- Data not collected

### Gender:

- Female
- Male
- A gender other than singularly female or male (non-binary, genderfluid, agender, culturally specific gender)
- Questioning
- Does not know
- Refused to answer
- Data not collected

### Race One:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

### Race Two:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

### Race Three:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

Ethnicity:

- Non-Hispanic/Non-Latina(o)
- Doesn't know
- Refused to answer
- Data not collected

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

- Lower Sioux Indian Community in MN
- Mdewakanton Sioux Indians
- MN Chippewa Tribe-Bois Forte
- MN Chippewa Tribe-Fond Du Lac
- MN Chippewa Tribe-Grand Portage
- MN Chippewa Tribe-Mille Lacs Bank
- MN Chippewa Tribe-White Earth
- Prairie Island Indian Community in MN
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux Community of MN
- Upper Sioux Community
- Other
- Doesn't know
- Refused to answer
- Data not collected

Agency's client ID#: \_\_\_\_\_

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

**Household Member Two:**

Name: \_\_\_\_\_

Relationship to Household:

- Self-Head of Household
- Head of Household's Child
- Head of Household's Spouse or Partner
- Head of Household's other relation member (other relation to head of household)
- Other non-relation member
- Data not collected

Date of Birth: \_\_\_\_\_

Date of Birth Type:

- Full DOB Reported
- Approximate or Partial DOB Reported
- Client doesn't know
- Client refused
- Data not collected

Gender:

- Female
- Male
- A gender other than singularly female or male (non-binary, genderfluid, agender, culturally specific gender)
- Questioning
- Does not know
- Refused to answer
- Data not collected



Race One:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

Race Two:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

Race Three:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

Ethnicity:

- Non-Hispanic/Non-Latina(o)
- Doesn't know
- Refused to answer
- Data not collected

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

- Lower Sioux Indian Community in MN
- Mdewakanton Sioux Indians
- MN Chippewa Tribe-Bois Forte
- MN Chippewa Tribe-Fond Du Lac
- MN Chippewa Tribe-Grand Portage
- MN Chippewa Tribe-Mille Lacs Band
- MN Chippewa Tribe-White Earth
- Prairie Island Indian Community in MN
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux Community of MN
- Upper Sioux Community
- Other
- Doesn't know
- Refused to answer
- Data not collected

Agency's client ID#: \_\_\_\_\_

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

### **Household Member Three:**

Name: \_\_\_\_\_

#### Relationship to Household:

- Self-Head of Household
- Head of Household's Child
- Head of Household's Spouse or Partner
- Head of Household's other relation member (other relation to head of household)
- Other non-relation member
- Data not collected

Date of Birth: \_\_\_\_\_

#### Date of Birth Type:

- Full DOB Reported
- Approximate or Partial DOB Reported
- Client doesn't know
- Client refused
- Data not collected

#### Gender:

- Female
- Male
- A gender other than singularly female or male (non-binary, genderfluid, agender, culturally specific gender)
- Questioning
- Does not know
- Refused to answer
- Data not collected

#### Race One:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

#### Race Two:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

#### Race Three:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

Ethnicity:

- Non-Hispanic/Non-Latina(o)
- Doesn't know
- Refused to answer
- Data not collected

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

- Lower Sioux Indian Community in MN
- Mdewakanton Sioux Indians
- MN Chippewa Tribe-Bois Forte
- MN Chippewa Tribe-Fond Du Lac
- MN Chippewa Tribe-Grand Portage
- MN Chippewa Tribe-Mille Lacs Bank
- MN Chippewa Tribe-White Earth
- Prairie Island Indian Community in MN
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux Community of MN
- Upper Sioux Community
- Other
- Doesn't know
- Refused to answer
- Data not collected

Agency's client ID#: \_\_\_\_\_

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

**Household Member Four:**

Name: \_\_\_\_\_

Relationship to Household:

- Self-Head of Household
- Head of Household's Child
- Head of Household's Spouse or Partner
- Head of Household's other relation member (other relation to head of household)
- Other non-relation member
- Data not collected

Date of Birth: \_\_\_\_\_

Date of Birth Type:

- Full DOB Reported
- Approximate or Partial DOB Reported
- Client doesn't know
- Client refused
- Data not collected

Gender:

- Female
- Male
- A gender other than singularly female or male (non-binary, genderfluid, agender, culturally specific gender)
- Questioning
- Does not know
- Refused to answer
- Data not collected

Race One:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

Race Two:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

Race Three:

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Pacific Islander/Native Hawaiian
- White
- Doesn't know
- Refused to answer
- Data not collected

Ethnicity:

- Non-Hispanic/Non-Latina(o)
- Doesn't know
- Refused to answer
- Data not collected

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

- Lower Sioux Indian Community in MN
- Mdewakanton Sioux Indians
- MN Chippewa Tribe-Bois Forte
- MN Chippewa Tribe-Fond Du Lac
- MN Chippewa Tribe-Grand Portage
- MN Chippewa Tribe-Mille Lacs Bank
- MN Chippewa Tribe-White Earth
- Prairie Island Indian Community in MN
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux Community of MN
- Upper Sioux Community
- Other
- Doesn't know
- Refused to answer
- Data not collected

Agency's client ID#: \_\_\_\_\_

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

## Eligibility

*Please provide a list of previous living experiences in the sub-assessment below to help determine an appropriate placement.*

Move-In Date	Move-Out Date	Residence Type	State	City (MN Only)	County (MN Only)

