

Common Assessment Tool

Step Two Central Coordinated Entry Process

Please refer to the "KEY" to answer all questions correctly!!

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:

Assessment Level:

Prioritization Status:

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:

Relationship to Head of Household:

Gender:

Date of Birth:

Race One:

Race Two:

Ethnicity:

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 the "KEY." Every member of the household must be put into HMIS.

Are you pregnant?

Eligibility

Current Living Situation

Start Date:

End Date:

Information Date:

Location Details:

Current Living Situation:

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?

(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:

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

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

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

(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

(If more space is needed, please make copies from the Key)

Assessing MN Long Term Homelessness

Extent of Homelessness by MN Definition:

(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?

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.*

(Please make sure to follow the "KEY" for this very important question!)

"Where did you stay last night?"

Prior Living Situation:

Where did you stay last night, was it in a homeless situation? If "yes," answer the following questions!

Length of stay in previous place:

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:

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

Where did you stay last night, was it in an institutional situation? If yes, answer the following questions!

Length of stay in previous place:

Did you stay less than 90 days?

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:

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

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

Length of stay in previous place:

Did you stay less than 7 days?

On the night before did you stay on the streets, ES or SH?

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:

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

Veteran Status

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

If yes, what kind of discharge do you have:

Have you been referred to the Homeless Veteran Registry:

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?

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

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?

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

If yes, is the disability documented?

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

CES Household Disability Information

Date of Assessment:

Relationship to Head of Household:

Disability Type:

Date of Diagnosis:

Does your disability limit your ability to live independently?

Is the disability documented?

Notes:

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?

Domestic Violence

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

Living Situation

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

Client Location:

County where resides:

County of Primary Residence:

Client Choice

Are you willing to live anywhere in MN?

Client Choice of Counties

1.

2.

3.

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

Other connections include:

Housing Preferences

Need/Preference:

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:

Phone:

Relationship:

Email:

Alternate Contact #2

Name:

Phone:

Relationship:

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:

If other, please list:

Provider County:

Agency Name:

Worker Name:

Worker Email:

Worker Notes:

End Date:

Legal Involvement

Do you have a legal history?

Date of Assessment:

Relationship to HoH:

Offense type:

Classification:

Number of Offenses:

Date of Most Recent Conviction:

Active warrant or any open criminal case?

If yes to sex offense, registered sex offender?

Notes:

End Date:

Monthly Income

Income from any source:

Type of Income	Start Date:	End Date: (record only if income changes or ends)	Monthly Amount:	Receiving Income Source

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?**
- 2. Communication: Does this person need support communicating their needs to help with housing?**
- 3. Mobility: Does this person need support getting around to help with housing?**
- 4. Decision-Making: Does this person need support in decision making related to their housing?**
- 5. Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing?**

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.