**Common Assessment Tool**

***Step Two Central Coordinated Entry Process***

***Be sure to enter Date of Assessment, Assessor's Name and Organization 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.**

**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.**

**Relationship to Head of Household**: **Choose an item.**

**Gender:** **Choose an item.**  **(Can choose multiples)**

**Gender:** **Choose an item.** **(Can choose multiples)**

***(Text field below is required when selecting “Different Identity”)***

**If Different Identity, Please Specify: Click or tap here to enter text.**

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

**Race and Ethnicity:** **Choose an item.** **(Can choose multiples)**

**Race and Ethnicity: Choose an item.** **(Can choose multiples)**

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**Race and Ethnicity: Choose an item.** **(Can choose multiples)**

**Additional Race and Ethnicity Detail: Click or tap here to enter text.**

**Translation Assistance Needed: Choose an item.**

**Household Information**

**Household Type:** **Choose an item.**

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

**Household Size: Total # of Adults (18+):** **Click or tap here to enter text.**

**Household Size: Total # of Children (17 and Under): Click or tap here to enter text.**

***Please complete demographics for ALL family members, including children. Additional Household Demographic sheets are available at cmhp.net. Every member of the household must be put into HMIS.***

**Are you pregnant?** **Choose an item.**

**Eligibility**

**Current Living Situation**

***(Current Living Situation refers to the place where the client anticipates they will be staying TONIGHT. This may be different than their Prior Living Situation.)***

**Start Date:** **Click or tap here to enter text.**

**End Date: Click or tap here to enter text.**

***(Ensure that information date matches start date above.)***

**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.**

**Housing Summary**

***(Please provide 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 (MN-only) | County (MN-only) |
| 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. | Click or tap here to enter text. |
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| 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. | Click or tap here to enter text. |

**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.***
* ***Prior Living Situation refers to the place where the client stayed LAST NIGHT. This may be different than their 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.**

**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.**

**Veteran Status**

**Did you serve on 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**

**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.**

***(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.**

**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.**

**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 (your family) moved in the past year?** **Choose an item.**

**Enrollment CoC: Choose an item.**

**County where resides?** **Click or tap here to enter text.**

**County of Primary (Current) residence:** **Click or tap here to enter text.**

**Client Choice**

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

**CoC Preferences**

**Please list the CoC’s where you are willing to live: Choose an item.**

**Please list the CoC’s where you are willing to live: Choose an item.**

**Please list the CoC’s where you are willing to live: Choose an item.**

**Client Choice #1 County: Click or tap here to enter text.**

**Client Choice #2 County: Click or tap here to enter text.**

**Client Choice #3 County:**  **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**

**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.**

**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.**

**Alternate Contact #1 Relationship: Click or tap here to enter text.**

**Alternate Contact #1 Phone Number: Click or tap here to enter text.**

**Alternate Contact #1 Email Address: Click or tap here to enter text.**

**Alternate Contact #2 Name: Click or tap here to enter text.**

**Alternate Contact #2 Relationship: Click or tap here to enter text.**

**Alternate Contact #2 Phone Number: Click or tap here to enter text.**

**Alternate Contact #2 Email Address: Click or tap here to enter text.**

***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**

**Provider Type:** **Choose an item.**

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

**Provider 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 Email: Click or tap here to enter text.**

**Worker Phone: Click or tap here to enter text.**

**Worker Notes: Click or tap here to enter text.**

**Legal Involvement**

**Do you have a legal history? Choose an item.**

***(Additional Legal Involvement sheets are available at cmhp.net)***

**Relationship to Head of Household: Choose an item.**

**Offense Type: Choose an item.**

**Classification: 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.**

**Relationship to Head of Household: Choose an item.**

**Offense Type: Choose an item.**

**Classification: 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.**

**Monthly Income**

**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.** |

**CES Scoring Sheet**

***Results of the CES Scoring Worksheet for Central CoC***

***This helps match clients with appropriate housing options.***

***CES Worksheets are available at cmhp.net.***

**Level 4: Extreme Barriers-refer household to Permanent Supportive Housing Options**

**Level 3: High Barriers-refer household to Transitional Housing or Permanent Supportive Housing**

**Level 2: Low to Moderate Housing Barriers-refer household to private market housing/subsidized/rapid rehousing and/or housing voucher programs**

**Level 1: No barriers/temporary crisis-refer household to private market housing**

**CES Scoring Sheet Score: 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 Coordinated Entry receipt, receipts are available at cmhp.net.***