

Common Assessment Tool

Step Two Central Coordinated Entry Process

Eligibility

Current Living Situation:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> ○ Place not meant for habitation ○ Emergency Shelter, incl. hotel/motel paid for with ES Voucher, 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 | <ul style="list-style-type: none"> ○ Psychiatric hospital or other psychiatric facility ○ Substance abuse treatment facility or detox center ○ Transitional housing for homeless persons (including homeless youth) ○ Residential project or halfway house with no homeless criteria ○ Hotel or motel paid for without emergency shelter voucher ○ Host home (non-crisis) ○ Staying or living in a friend's room, apartment or house | <ul style="list-style-type: none"> ○ Staying or living in a family member's room, apartment or house ○ 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 (HUD) ○ Worker unable to determine ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected |
|--|---|---|

Housing Summary

Residence Type:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> ○ Place not meant for habitation ○ Emergency Shelter, incl. hotel/motel paid for with ES Voucher, 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 | <ul style="list-style-type: none"> ○ Psychiatric hospital or other psychiatric facility ○ Substance abuse treatment facility or detox center ○ Transitional housing for homeless persons (including homeless youth) ○ Residential project or halfway house with no homeless criteria ○ Hotel or motel paid for without emergency shelter voucher ○ Host home (non-crisis) ○ Staying or living in a friend's room, apartment or house | <ul style="list-style-type: none"> ○ Staying or living in a family member's room, apartment or house ○ 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 ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected |
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Assessing MN Long Term Homelessness

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

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> ○ Adoptive home (from foster care system) ○ Foster home (youth only) ○ Juvenile detention center ○ County jail/Workhouse ○ State or Federal prison ○ Mental health treatment facility or hospital | <ul style="list-style-type: none"> ○ Drug or alcohol treatment facility ○ Combined MI/CD treatment facility ○ Group home ○ Halfway house ○ Residence for people with physical disabilities | <ul style="list-style-type: none"> ○ No ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected |
|--|---|---|

Assessing Chronic Homelessness (HUD)

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 "Prior Living Situation"!)



Homeless Situations

- Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
- Safe Haven

Length of stay in previous place:

- | | | |
|---|---|---|
| <ul style="list-style-type: none">○ One night or less○ Two to six nights○ One week or more, but less than a month | <ul style="list-style-type: none">○ One month or more, but less than 90 days○ 90 days or more, but less than a year○ One year or longer | <ul style="list-style-type: none">○ Client doesn't know○ Client prefers not to answer○ Data not collected |
|---|---|---|

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:

- | | |
|---|---|
| <ul style="list-style-type: none">○ One time○ Two times○ Three times○ Four or more times | <ul style="list-style-type: none">○ Client doesn't know○ Client prefers not to answer○ Data not collected |
|---|---|

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

- | | | |
|--|--|---|
| <ul style="list-style-type: none">○ One month (this time is the first month)○ 2○ 3○ 4○ 5○ 6○ 7 | <ul style="list-style-type: none">○ 8○ 9○ 10○ 11○ 12○ More than 12 months | <ul style="list-style-type: none">○ Client doesn't know○ Client prefers not to answer○ 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

- | | | |
|--|---|---|
| <ul style="list-style-type: none">○ Foster care home or foster care group home○ Hospital or other residential non-psychiatric medical facility○ Jail, prison, or juvenile detention facility | <ul style="list-style-type: none">○ Long-term care facility or nursing home○ Psychiatric hospital or other psychiatric facility○ Substance abuse treatment facility or detox center | <ul style="list-style-type: none">○ Client doesn't know○ Client prefers not to answer○ Data not collected |
|--|---|---|

Length of stay in previous place:

- | | | |
|---|---|---|
| <ul style="list-style-type: none">○ One night or less○ Two to six nights○ One week or more, but less than a month | <ul style="list-style-type: none">○ One month or more, but less than 90 days○ 90 days or more, but less than one year○ One year or longer | <ul style="list-style-type: none">○ Client doesn't know○ Client prefers to not answer○ Data not collected |
|---|---|---|

Did you stay less than 90 days:

- Yes
- No

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

- Yes
- No

Prior Living Situation:

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

Temporary/Permanent Housing Situation

- | | | |
|---|--|---|
| <ul style="list-style-type: none">○ Transitional housing for homeless persons (including homeless youth)○ Residential project or halfway house with no homeless criteria○ Hotel/Motel paid for without emergency shelter voucher○ Host home (non-crisis) | <ul style="list-style-type: none">○ Staying/living in a friend's room, apartment or house○ Staying/living in a family member's room, apartment or house○ Rental by client, no ongoing housing subsidy○ Rental by client, with other ongoing housing | <ul style="list-style-type: none">○ Owned by client, with ongoing housing subsidy○ Owned by client, no ongoing housing subsidy○ Client doesn't know○ Client prefers not to answer○ Data not collected |
|---|--|---|

Length of stay in previous place:

- | | | |
|---|---|---|
| <ul style="list-style-type: none">○ One night or less○ Two to six nights○ One week or more, but less than one month | <ul style="list-style-type: none">○ One month or more, but less than 90 days○ 90 days or more, but less than one year○ One year or longer | <ul style="list-style-type: none">○ Client doesn't know○ Client prefers to not 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

Tribal Membership

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

- Not enrolled member of any tribe
- 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-Leech Lake
- MN Chippewa Tribe-White Earth
- Prairie Island Indian Community in the State of MN
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux Community of MN
- Upper Sioux Community
- Other
- Not Applicable
- Client doesn't know
- Client prefers not to answer
- Data not collected

Disability Information

Relationship to Head of Household:

- | | | |
|--|---|---|
| <ul style="list-style-type: none">○ Self○ Daughter○ Son○ Child○ Wife○ Husband | <ul style="list-style-type: none">○ Grandson○ Granddaughter○ Unknown○ Significant Other○ Step-daughter○ Step-son | <ul style="list-style-type: none">○ Mother○ Father○ Grandmother○ Grandfather○ Other non-relative○ Other relative |
|--|---|---|

Housing Preferences

Options:

- | | |
|---|--|
| <ul style="list-style-type: none">○ Culturally-or population-specific (persons with HIV/AIDS, LGBTQ Youth, Tribal)○ Site-based○ Housing Support (formerly GRH)○ Front desk that monitors visitors○ Supports your desire to reduce chemical usage○ Accessible for persons with a disability○ Access to public transportation (for health/service/employment) | <ul style="list-style-type: none">○ Safety○ Scattered-site○ Located near a specific school or school district○ Is designated as sober housing or is treatment-based○ Shared housing○ Dedicated to serving formerly homeless persons○ Other (please describe: |
|---|--|

Legal Involvement

Relationship to Head of Household:

- | | | |
|--|---|---|
| <ul style="list-style-type: none">○ Self○ Daughter○ Son○ Child○ Wife○ Husband | <ul style="list-style-type: none">○ Grandson○ Granddaughter○ Unknown○ Significant Other○ Step-daughter○ Step-son | <ul style="list-style-type: none">○ Mother○ Father○ Grandmother○ Grandfather○ Other non-relative○ Other relative |
|--|---|---|

Monthly Income

Type of Income	Start Date:	End Date: <small>(record only if income changes or ends)</small>	Monthly Amount:	Receiving Income Source		
Earned Income				YES	NO	DNC
Unemployment Insurance				YES	NO	DNC
SSI				YES	NO	DNC
SSDI				YES	NO	DNC
VA Service Connected Disability Compensation				YES	NO	DNC
Private Disability Insurance				YES	NO	DNC
Worker's Compensation				YES	NO	DNC
TANF				YES	NO	DNC
General Assistance				YES	NO	DNC
Retirement Income from Social Security				YES	NO	DNC
VA Non-Service-Connected Disability Pension				YES	NO	DNC
Pension or retirement income from another job				YES	NO	DNC
Child Support				YES	NO	DNC
Alimony or Other Spousal Support				YES	NO	DNC
Other:				YES	NO	DNC

If other, please specify: _____