

Common Assessment Tool

Step Two Central Coordinated Entry Process

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

*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: _____

Assessment Location: _____

Assessor's Name: _____

Assessor's Organization: _____

Assessor's Title: _____

Assessor's Phone: _____

Assessor's E-mail: _____

Assessment Type: (circle one) Phone Virtual In-Person

Assessment Level: (circle one) Crisis Needs Assessment Housing Needs Assessment

Prioritization Status: (circle one) Placed on Prioritization List Not Placed on the Prioritization List

Client and Household Information

Name: _____

Relationship to Head of Household: (circle one)

- | | | |
|---|--|--|
| <input type="radio"/> Self (head of household) | <input type="radio"/> Head of Household's Spouse or Partner | relation to head of household) |
| <input type="radio"/> Head of Household's Child | <input type="radio"/> Head of Household's other-relation member (other | <input type="radio"/> Other: non-relation member |
| | | <input type="radio"/> Data not collected |

Gender: (circle one or more)

- | | | |
|--|---|--|
| <input type="radio"/> Woman (Girl, if child) | <input type="radio"/> Transgender | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Man (Boy, if child) | <input type="radio"/> Non-Binary | <input type="radio"/> Data not collected |
| <input type="radio"/> Culturally Specific Identity (e.g. Two-Spirit) | <input type="radio"/> Questioning | |
| | <input type="radio"/> Different Identity | |
| | <input type="radio"/> Client doesn't know | |

If Different Identity, Please Specify: _____

Date of Birth: _____

Race and Ethnicity: (circle one or more)

- | | | |
|---|---|--|
| <input type="radio"/> American Indian/Alaska Native or Indigenous | <input type="radio"/> Hispanic/Latina/e/o | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Asian or Asian American | <input type="radio"/> Middle Eastern or North African | <input type="radio"/> Data not collected |
| <input type="radio"/> Black/African American or African | <input type="radio"/> Native Hawaiian or Pacific Islander | |
| | <input type="radio"/> White | |
| | <input type="radio"/> Client doesn't know | |

Additional Race and Ethnicity Detail: _____

Translation Assistance Needed: *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

Household Type: *(circle one)* Family Single Youth-Family Youth-Single

Household Size: Total Number of Persons: _____

Household Size: Total Number of Adults (18+): _____

Household Size: Total Number of Children (17 and under): _____

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

Are you pregnant? *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

Eligibility

Current Living Situation

Start Date: _____

End Date: _____

Information Date: _____ *(must match start date above)*

Location Details: _____ *(optional)*

Current Living Situation: **(Utilize Key to Answer)** _____

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? *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- 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: *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

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

(circle one)

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

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

(circle one)

- Yes
- No
- Data not collected
- Client doesn't know
- Client prefers not to answer

Has the client moved two or more times in the last 60 days: *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

Housing Summary

(Please provide a list of previous living experiences in the chart below to help determine an appropriate placement. Additional Housing Summary sheets are available at cmhp.net)

Move-In Date: _____

Move-Out Date: _____

Residence Type: **(Utilize Key to Answer)** _____

State: _____

City (MN-only): _____

County (MN-only): _____

Move-In Date: _____

Move-Out Date: _____

Residence Type: **(Utilize Key to Answer)** _____

State: _____

City (MN-only): _____

County (MN-only): _____

Move-In Date: _____

Move-Out Date: _____

Residence Type: **(Utilize Key to Answer)** _____

State: _____

City (MN-only): _____

County (MN-only): _____

Assessing MN Long Term Homelessness

Extent of Homelessness by MN Definition: *(circle one)*

- 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 at least 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 of Most Recent Episode of Homelessness (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?
(Utilize Key to Answer) _____

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: **(Utilize Key to Answer)** _____

(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"!)

Length of stay in previous place: **(Utilize Key to Answer)** _____

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: **(Utilize Key to Answer)** _____

Total number of months homeless on the street, in ES or SH in the past three years:
(Utilize Key to Answer) _____

Prior Living Situation: **(Utilize Key to Answer)** _____

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

Length of stay in previous place: **(Utilize Key to Answer)** _____

Did you stay less than 90 days? *(circle one)* YES NO

On the night before did you stay on the streets, ES or SH? *(circle one)* YES NO

Prior Living Situation: **(Utilize Key to Answer)** _____

(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: **(Utilize Key to Answer)** _____

Did you stay less than 7 days? *(circle one)* YES NO

On the night before did you stay on the streets, ES or SH? *(circle one)* YES NO

Veteran Status

Did you serve on Active Duty, or in the National Guard or Reserves? *(circle one)*

- | | |
|--|---|
| <input type="radio"/> No | <input type="radio"/> Both Guard and reserves, but never activated/deployed |
| <input type="radio"/> Yes, Active Duty (including National Guard and Reserves) | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes, National Guard, but never activated/deployed | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Yes, Reserves, but never activated/deployed | <input type="radio"/> Data not collected |

If yes, what kind of discharge do you have: *(circle one)*

- | | |
|---|--|
| <input type="radio"/> Honorable or under honorable conditions | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Other than honorable but not dishonorable | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Dishonorable | <input type="radio"/> Data not collected |

Have you been referred to the Homeless Veteran Registry: *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

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? *(circle one)* YES NO

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

(Utilize Key to Answer) _____

Disability Information

Relationship to Head of Household: **(Utilize Key to Answer)** _____

Disability Type: *(circle one)*

- 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: _____

If yes to Alcohol Use Disorder, Drug Use Disorder, or Both Alcohol and Drug Disorder, is the client currently receiving services or treatment? *(circle one)*

- Yes
- No
- Client prefers not to answer
- Client doesn't know

Does your disability limit your ability to live independently? *(circle one)* YES NO

If yes, is the disability documented? *(circle one)* YES NO

Notes: _____

(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? *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

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

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

If yes, is the disability documented? *(circle one)* YES NO

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

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? *(circle one)* 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? *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

Living Situation

How many times have you or your family moved in the past year? *(circle one)*

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

Enrollment CoC: *(circle one)*

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

County where resides: _____

County of Primary (Current) Residence: _____

Client Choice

Are you willing to living anywhere in the state? *(circle one)* YES NO

Please list the CoC's where you are willing to live: *(circle one)*

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

Client Choice #1 County: _____

Client Choice #2 County: _____

Client Choice #3 County: _____

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

- Yes-employment
- Yes-family
- No
- Other

Please explain any connections: _____

Housing Preferences

Need/Preference: *(circle one)* Need Preference

Options: **(Utilize Key to Answer)** _____

Notes: _____

Contact Information

Phone number where you can be reached or where a message can be left: _____

Email where you can be reached or where a message can be sent: _____

Alternative Contact #1 Name: _____

Alternative Contact #1 Relationship: _____

Alternative Contact #1 Phone Number: _____

Alternative Contact #1 Email Address: _____

Alternative Contact #2 Name: _____

Alternative Contact #2 Relationship: _____

Alternative Contact #2 Phone Number: _____

Alternative Contact #2 Email Address: _____

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: *(circle one)*

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

If other, please list: _____

Provider Type: _____

Provider County: _____

Agency Name: _____

Worker Name: _____

Worker Email: _____

Worker Phone: _____

Worker Notes: _____

Legal Involvement

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

Do you have a legal history? *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

Relationship to Head of Household: **(Utilize Key to Answer)** _____

Offense Type:

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

Classification: *(circle one)* **Felony Misdemeanor**

Number of Offenses: _____

Date of Most Recent Conviction: _____

Active warrant or any open criminal case? *(circle one)* **YES NO**

If yes to sex offense, registered sex offender? *(circle one)* **YES NO**

Notes: _____

Classification: *(circle one)* **Felony Misdemeanor**

Number of Offenses: _____

Date of Most Recent Conviction: _____

Active warrant or any open criminal case? *(circle one)* **YES NO**

If yes to sex offense, registered sex offender? *(circle one)* **YES NO**

Notes: _____

Classification: *(circle one)* **Felony Misdemeanor**

Number of Offenses: _____

Date of Most Recent Conviction: _____

Active warrant or any open criminal case? *(circle one)* **YES NO**

If yes to sex offense, registered sex offender? *(circle one)* **YES NO**

Notes: _____

Monthly Income

Income from any source: *(circle one)*

- Yes
- No
- Client doesn't know
- Client prefers not to answer
- Data not collected

Type of Income: *(complete attached sheet-additional income sheets are available at cmhp.net)*

CES Scoring Sheet

Results of the CES Scoring Worksheet for Central CoC

This helps match clients with appropriate housing options.

CES Worksheets 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: *(circle one)* **1 2 3 4**

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?*
 - 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, receipts are available at cmhp.net.