**Three County Continuum of Care | Coordinated Entry Client Assessment**



#  Basic Information

Client Code: Date:

*(First 3 letters of last name/first 3 letters in first name/age)*

Current Client Location: Assessing Organization: Assessor Name:

##  Special Considerations

**Check any that apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ | ] | You have served on active military duty | [ | ] | You are fleeing a domestic violence situation |
| [[[[ | ]]]] | You are less than 25 years old You are more than 60 years old You identify as LGBTQYou have children under 18 with you | [[ | ]] | You are living outdoors or someplace not meant for human habitationYou have an urgent health/mental health issue*If so – please complete the Vulnerability Index form* |

 **Community Preferences**

**Please indicate where you would like to receive services and housing**

[ ] Amherst area – includes Sunderland, Belchertown, etc. [ ] Pittsfield area

[ ] Greenfield area – includes Deerfield, Turners Falls, etc. [ ] Other city or town: [ ] Northampton area – includes Easthampton, Florence, etc.

Is there anyplace you do NOT want to live?

|  |  |
| --- | --- |
| **Points** | **Assessment of Life Domains** |
|  | **Homelessness and Vulnerability** |
| **3- Chronically homeless** (12 consecutive months of homelessness/or 4 episodes in 3 yrs totaling at least 1 year; disability.) |
| **2- Literally homeless** ( Non-Chronic – sleeping in shelter, safe haven or place not meant for human habitation.) |
| **1- At immediate risk of homelessness** (Housing loss will occur within 48 hours; no other support/housing options.) |
| **0- Unstably housed** and/or **somewhat at risk of homelessness** |
|  | **Substance Use** |
| **3- Vulnerable** (Negative consequences due to behaviors associated with substance use. Frequent relapses.) |
| **2- Safe** (Ability to identify risks and access tools/support systems to decrease harm. Sporadic relapses.) |
| **1- Building Capacity** (Regular use of supports. Positive results due to increased safety. Abstinent < 12 months, no relapse.) |
| **0- Empowered** (No history of substance abuse/use. Abstinent 12+ months, without relapse.) |
|  | **Mental Health** |
| **3- Vulnerable** (Danger to self or others. History of no prolonged treatment. No demonstrated ability to utilize support.) |
| **2- Safe** (Some ability to identify and access support services. Recurrent MH symptoms, but not a danger to self/others.) |
| **1- Building Capacity** (Mild/minimal symptoms are transient. Only slight impairment in functioning. Ongoing use of supports.) |
| **0- Empowered** (No history of mental illness. Symptoms are absent or rare.) |
|  | **Health Care** |
| **3- Vulnerable** (No medical coverage. High utilizer of emergency services. Significant medical issues.) |
| **2- Safe** (Has medical coverage. Some medical issues. Some ability to manage healthcare.) |
| **1- Building Capacity** (Ability to participate in healthcare and manage health issues as they arise.) |
| **0- Empowered** (Manages and directs own healthcare network.) |
|  | **Legal Issues** |
| **3- Vulnerable** (Open cases, warrants.) |
| **2- Safe** (No recent criminal activity. Probation/parole compliant. No open cases, warrants.) |
| **1- Building Capacity** (No recent criminal activity. No probation/parole.) |
| **0- Empowered** (No criminal history. No criminal activity in 5+ years.) |

*coordinated entry assessment, con’t.*

|  |  |
| --- | --- |
|  | **Income** |
| **3- Vulnerable** (No income. Inability to access benefits. Inadequate income and/or spontaneous or inappropriate spending.) |
| **2- Safe** (Can meet basic needs with subsidy. Has accessed all mainstream benefits/resources and spending is appropriate.) |
| **1- Building Capacity** (Meeting basic needs and managing budget without assistance.) |
| **0- Empowered** (Financially stable, has discretionary income, income is well managed and client is saving money.) |
|  | **Work** |
| **3- Vulnerable** (Unemployed or underemployed; temporary, seasonal, or part-time work; inadequate pay; no benefits.) |
| **2- Safe** (Employed full-time; inadequate pay; few or no benefits.) |
| **1- Building Capacity** (Employed full-time with adequate pay and benefits.) |
| **0- Empowered** (Maintains full-time employment with adequate pay and benefits.) |
|  | **Independent Living Skills** |
| **3- Vulnerable** (Unable to meet basic needs such as food, clothing, hygiene, housekeeping, etc.) |
| **2- Safe** (Can meet some, but not all daily living needs without assistance.) |
| **1- Building Capacity** (Can meet most, but not all daily living needs without assistance.) |
| **0- Empowered** (Able to meet all basic needs of daily living without assistance.) |
|  | **Community Involvement** |
| **3- Vulnerable** (Negative consequences due to lack of social supports, isolating or anti‐social behavior.) |
| **2- Safe** (Ability to identify and utilize support systems. Becoming familiar with resources. "Good neighbor" behavior.) |
| **1- Building Capacity** (Regular use of support systems. Some participation in recreation; work; education; vocation programs.) |
| **0- Empowered** (Fully participating and engaged in community activities.) |
|  | **Survival Skills** |
| **3- Vulnerable** (Vulnerable to exploitation; experiences regular victimization; opts for street; no insight re: dangerous behavior.) |
| **2- Safe** (Frequently in dangerous situations; dependent on detrimental social network; communicates some social fears.) |
| **1- Building Capacity** (Has some survival skills; occasionally taken advantage of; may need help recognizing unsafe behaviors.) |
| **0- Empowered** (Capable of networking and self-advocacy; knows where to go and get there; can maintain safety.) |
|  | **Total Points** |

|  |
| --- |
| **Barriers to Housing Placement** |
| **Check any that apply** |
| [ ] | No rental history | [ ] | Need 3+ bedrooms |
| [ ] | No income | [ ] | Presence of non-service animal/ pets |
| [ ] | Poor credit history | [ ] | Significant CORI issues |
| [ ] | Eviction history | [ ] | Must register as a sex offender |
| [ ] | Eviction specifically from public housing | [ ] | Other: |
|  **Preferences regarding Housing Placement**  |
| **Check all that apply** |
| [ ] | Studio or SRO | [ ] | Quiet neighborhood |
| [ ] | Roommate | [ ] | Near public transportation |
| [ ] | Pets allowed | [ ] | Near outdoor spaces like parks, trails, playgrounds |
| [ ] | Handicap accessible | [ ] | Other: |
|  **Assessor Rating**  |
| **Rate your overall impression of the level of services needed for this household to maintain housing** |
| No services needed |   | Intensive services needed |



3 County Continuum of Care | Coordinated Entry

**Vulnerability and Prioritization Worksheet**

*Please complete this form if the person is unsheltered and/or there is an acute or debilitating condition.*

|  |  |  |
| --- | --- | --- |
| **Name or Identifier**: |  | **Date:** |
| **Assessor:** |  | **Organization** |
| **Email:** |  |  |

|  |
| --- |
|  **Length of Homelessness**  |
| Check this box if the person has been homeless for 6 months or more |

# PLEASE STOP HERE IF LENGTH OF TIME HOMELESS IS NOT 6 MONTHS OR MORE

|  |
| --- |
|  **Mortality Factors** (check all that apply)  |
| More than three hospitalizations or emergency room visits in a year |
| More than three emergency room visits in the previous three months |
| Age 60 or Older |
| Cirrhosis of the liver |
| End stage renal disease |
| History of frostbite, immersion foot, or hypothermia |
| HIV, AIDS |
| Tri-morbidity (co-occurring psychiatric, substance abuse, and chronic medical condition) |

|  |
| --- |
|  **Additional Risk Factors Information** (check all that apply)  |
| Lacks access to homeless shelters (e.g. Due to shelter capacity issues or being barred) |
| High Potential for victimization |
| Danger of self harm or harm to others/community |
| Chronic or acute medical condition w/extreme lack of judgment regarding safety |
| Chronic or acute Psychiatric Condition with extreme lack of judgment regarding safety |
| Chronic or acute Substance Abuse with extreme lack of judgment regarding safety |
|  |
| **Total Score: Add 1 point for each factor that is checked.** |