

NorCal/DosRios Coordinated Entry Assessment

| | | |
|--|--|--|
| Client Name: _____ | Client ID#: _____ | |
| Coordinated Assessment | | Required |
| Date of Assessment: _____ Assessment Location: _____ (Agency/Program) | | |
| ---Assessment Type--- <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In person | ---Assessment Level--- <input type="checkbox"/> Crisis Needs Assessment <input type="checkbox"/> Housing Needs Assessment | ---Prioritization Status--- <input type="checkbox"/> Placed on Prioritization List <input type="checkbox"/> Not Placed on Prioritization List |

| | |
|---|-----------------|
| Coordinated Entry Event | Required |
| ---Access Events--- <input type="checkbox"/> Referral to Prevention Assistance Project <input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service <input type="checkbox"/> Referral to Scheduled Coordinated Entry Housing Needs Assessment <input type="checkbox"/> Referral to Scheduled Coordinated Entry Housing Needs Assessment --Referral Events-- <input type="checkbox"/> Referral to post-placement/follow-up case management <input type="checkbox"/> Referral to Street Outreach project or services <input type="checkbox"/> Referral to Housing Navigation project or services <input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services <input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services <input type="checkbox"/> Referral to Emergency Shelter bed opening <input type="checkbox"/> Referral to Transitional Housing bed/unit opening <input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening <input type="checkbox"/> Referral to RRH project resource opening <input type="checkbox"/> Referral to PSH project resource opening <input type="checkbox"/> Referral to other PH project/unit/resource opening | |
| Problem Solving/Diversion/Rapid Resolution Intervention or service result – Client housed/re-housed in a safe alternative <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Referral was to post-placement/follow-up case management, was the client enrolled in Aftercare Project? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location of Crisis Housing or Permanent Housing Referral (Name of Agency and Program and HMIS ID#) _____ Referral result <input type="checkbox"/> Successful referral: client accepted <input type="checkbox"/> Unsuccessful referral: client rejected <input type="checkbox"/> Unsuccessful referral: provider rejected Date of Result: _____ | |

NorCal/DosRios Coordinated Entry Assesement

| | | |
|-------------------------------------|--------------------------|-----------------|
| Client Name: _____ | Client ID#: _____ | |
| Coordinated Entry Processing | | Optional |

Priority List Status

- Inactive
- Level 1 – Enters CES
- Level 2 – Permanent Housing Path identified
- Level 3 – Referred to Housing Provider
- Level 4 – Housing Search
- Housed through CES
- Housed on own/out of CES

Permanent Housing Path

- CoC - RRH
- ESG - RRH
- CoC - PSH
- VASH
- TBRA
- Section 8 (HCV)
- Other PH

Does the client have updated information in HMIS for the following items:

- | | | | |
|---------------------------------------|------------------------------|-----------------------------|---------------|
| Income documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last updated: |
| Bank account – debit card information | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last updated: |
| Personal identifying documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last updated: |
| Veteran status documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last updated: |
| Disabling conditions documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last updated: |
| Chronic homeless status documentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last updated: |

******For Veteran Provider Use Only******

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Has veteran status been confirmed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is veteran VHA eligible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is veteran SSVF eligible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Coordinated Entry Contact Notes

Date of Contact: _____ **Type of Contact:** In person

Staff Name: _____

Contact Notes:

Housing Intervention Offers

Date of Housing Offer: _____

Type of Housing Intervention Offered:

- CoC – RRH
- ESG – RRH
- SSVF – RRH
- CoC – PSH
- VASH
- TBRA
- Section 8 (HCV)
- Other PH

Was the housing offer accepted?

- Yes
- No