Coordinated Entry data is designed to be recorded at multiple points depending on where the client is in the Coordinated Entry process. A copy of this form can be used each time data is collected. This may result in multiple copies of this form being used per client depending on which section needs to be filled out. If that is the case, please record the date each time this form is filled out. This form is to be used in tandem with the normal HMIS intake/update/or exit form.

Date Data Collected\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **Current Living Situation** | | | | | | |
| **Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | End Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | Information Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Current Living Situation (Choose 1):**  Homeless Situations  🞏 Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station or anywhere outside)  🞏 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter  🞏 Safe Haven  Institutional Situations  🞏 Foster care of group home  🞏 Hospital or other residential non-psychiatric medical facility  🞏 Jail, prison, or juvenile detention facility  🞏 Long-term care facility or nursing home  🞏 Psychiatric hospital or other psychiatric facility  🞏 Substance abuse treatment facility or detox center  Other  🞏 Client Doesn’t Know  🞏 Client Refused  🞏 Worker Unable to Determine  🞏 Data Not Collected  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Temporary and Permanent Housing Situations  🞏 Residential project or halfway house with no homeless criteria  🞏 Hotel or motel paid for without emergency shelter voucher  🞏 Transitional housing for homeless persons (including youth)  🞏 Host Home (non-crisis)  🞏 Staying or living in a friend’s room, apartment or house  🞏 Staying or living in a family member’s room, apartment or house  🞏 Rental by client, with GPD TIP subsidy  🞏 Rental by client, with VASH subsidy  🞏 Permanent housing(other than RRH) for formerly homeless persons  🞏 Rental by client, with RRH or equivalent subsidy  🞏 Rental by client, with HCV Voucher  🞏 Rental by client in public housing unit  🞏 Rental by client, no ongoing housing subsidy  🞏 Rental by client, with other ongoing subsidy  🞏 Owned by client, no ongoing housing subsidy  🞏 Owned by client, with ongoing housing subsidy | |
| **Living Situation Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (provider name) | | | | | | |
| **Is client going to have to leave their current living situation within 14 days?** | | 🞏 Yes 🞏 No 🞏 Client Doesn’t Know 🞏 Client Refused 🞏 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? | | | 🞏 Yes 🞏 No 🞏 Client Doesn’t Know 🞏 Client Refused 🞏 Data Not Collected | | |
| Does individual or family have resources or support networks to obtain other permanent housing? | | | 🞏 Yes 🞏 No 🞏 Client Doesn’t Know 🞏 Client Refused 🞏 Data Not Collected | | |
| Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? | | | 🞏 Yes 🞏 No 🞏 Client Doesn’t Know 🞏 Client Refused 🞏 Data Not Collected | | |
| Has the client moved 2 or more times in the last 60 days? | | | 🞏 Yes 🞏 No 🞏 Client Doesn’t Know 🞏 Client Refused 🞏 Data Not Collected | | |
| Location Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| Coordinated Entry Event | | | | | | | |
| **Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | End Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Date of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Event (Choose 1):**  Access Events  🞏 Referral too Prevention Assistance project  🞏 Problem Solving/Diversion/Rapid Resolution intervention or service  🞏 Referral to scheduled Coordinated Entry Crisis Needs Assessment  🞏 Referral to scheduled Coordinated Entry Housing Needs Assessment | | | Referral Events  🞏 Referral to post-placement/follow-up case management  🞏 Referral to Street Outreach project or services  🞏 Referral to Housing Navigation project or services  🞏 Referral to Non-continuum services: Ineligible for continuum services  🞏 Referral to Non-continuum services: No availability in continuum services  🞏 Referral to Emergency Shelter bed opening  🞏 Referral to Transitional Housing Bed Opening  🞏 Referral to Joint TH-RHH project/unit/resource opening  🞏 Referral to RRH project resource opening  🞏 Referral to PSH project resource opening  🞏 Referral to Other PH project/unit/resource opening | | | |
| ↳ If 'Event' answer was ‘Problem Solving/Diversion/Rapid Resolution intervention or service’, please answer the following question: | Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative | | | | 🞏 Yes 🞏 No | |
| ↳ If 'Event' answer was ‘Referral to post-placement/follow-up case management’, please answer the following question: | Referral to post-placement/follow-up case management result - Enrolled in Aftercare project | | | | 🞏 Yes 🞏 No | |
| ↳ If 'Event' answer was ‘Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening’, please answer the following question: | Location of Crisis Housing or Permanent Housing Referral | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Referral Result | | | 🞏 Successful Referral: Client Accepted  🞏 Unsuccessful Referral: Client Rejected  🞏 Unsuccessful Referral: Provider Rejected | | |
| Date of Result | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | |

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| Coordinated Entry Assessment | | | | |
| **Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | End Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Assessment Location**  🞏 Emergency Shelter  🞏 Harbor House  🞏 Library  🞏 Street  🞏 Service Location | **County Location**  🞏 Erie  🞏 Genesee  🞏 Niagara  🞏 Orleans  🞏 Wyoming | **Assessment Type**  🞏 Phone  🞏 Virtual  🞏 In Person | **Assessment Level**  🞏 Crisis Needs Assessment  🞏 Housing Needs Assessment |
| **Prioritization Status**  🞏 Placed on Prioritization List  🞏 Not Placed on Prioritization List | | **VI Score** \_\_\_\_\_\_\_\_\_\_\_ | |