VT HMIS Chittenden Coordinated Entry - Status Form

HMIS Client ID: _____ **Project Status Date: _____**

Client Contact Information:

Email Address: _____
Phone (#1) _____ Phone (#2) _____
Contact Date _____
Note: *With client permission, this would be a place to add emergency contact, alternative contact, mailing address, etc.*

_____

_____

Client Status: *Status Update and Assessments are located within in the program enrollment*

Chittenden Coordinated Entry Specific Questions: *Answer for the Head of Household*
Community Housing Review Committee Phase

❑ Phase 1	❑ Phase 2	❑ Phase 3	❑ Phase 4

Name of Housing Navigator / Case Manager: _____

Client Actively Engaged?	❑Yes	❑ No

Date of last known contact with client: _____

HUD Required Questions:
Living Situation at time of Update: Chronic Determination Questions
Type of Residence:

-------- HOMELESS SITUTAIONS -------
❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home
❑ Place not meant for habitation
------- INSTITUTIONAL SITUATIONS ------
❑ 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
❑ Psychiatric hospital or other psychiatric facility
❑ Substance abuse treatment facility or detox center
--- TEMPORARY HOUSING SITUATIONS ---
❑ 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 with family (temporary) room, apartment, or house
❑ Staying or living with friends (temporary) room, apartment, or house
--- PERMANENT HOUSING SITUATIONS ---
❑ Staying or living with family (permanent)
❑ Staying or living with friends (permanent)
❑ Rental by client, no ongoing housing subsidy
❑ Rental by client, with ongoing housing subsidy *(if selected, answer 'Rental Subsidy Type' below)*
❑ Owned by client, with ongoing housing subsidy
❑ Owned by client, no ongoing housing subsidy

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Rental Subsidy Type: *Answer if 'Rental by client, with ongoing housing subsidy' is selected.*

❑ GPD TIP housing subsidy
❑ VASH housing subsidy
❑ RRH or equivalent subsidy
❑ HCV voucher (tenant or project based) (not dedicated)
❑ Public housing unit
❑ Rental by client, with other ongoing housing subsidy
❑ Housing Stability Voucher
❑ Family Unification Program Voucher (FUP)
❑ Foster Youth to Independence Initiative (FYI)
❑ Permanent Supportive Housing
❑ Other permanent housing dedicated for formerly homeless persons

Length of Stay in Prior Living Situation:

❑ One day or less	❑ One month or more, but less than 90 days
❑ Two Day to six nights	❑ 90 days or more, but then than one year
❑ One week or more, but less than one month	❑ One year or longer

Approximate Date This Episode Homelessness Started: _____

Number of times on the streets, in ES, or Safe Haven in the past three years:

❑ One time	❑ Two times	❑ Three times	❑ Four or more times

Total number of months homeless on the streets, in ES, or Safe Haven in the past 3 years:

❑ One month (This is first month)	❑ 4	❑ 7	❑ 10
❑ 2	❑ 5	❑ 8	❑ 11
❑ 3	❑ 6	❑ 9	❑ 12
			❑ More than 12 months

Disabling Conditions and Barriers: *Answer for all household members (Adults and Children)*

Does the client have a disabling condition? ❑Yes ❑ No

Disability Type	**Disability Determination**	**If Yes, long term?**
Alcohol Use Disability	❑Yes ❑ No	❑Yes ❑ No
Both Alcohol and Drug Use Disability	❑Yes ❑ No	❑Yes ❑ No
Drug Use Disability	❑Yes ❑ No	❑Yes ❑ No
Chronic Health Condition	❑Yes ❑ No	❑Yes ❑ No
Developmental Disability	❑Yes ❑ No	Automatically considered long term
Mental Health Disability	❑Yes ❑ No	❑Yes ❑ No
Physical	❑Yes ❑ No	❑Yes ❑ No
HIV/AIDS	❑Yes ❑ No	Automatically considered long term

Survivor of Domestic Violence: *Answer for all Adults in household (18 years older)*

❑Yes ❑No

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If Yes for domestic violence survivor, when experience occurred:

❑ Within the past three months	❑ From six to twelve months ago
❑ Three to six months ago	❑ More than a year

If Yes for domestic violence survivor, are you currently fleeing? ❑ Yes ❑ No

Monthly Income: *Answer for HoH and all Adults in household (18 years older)*

Income from Any Source: ❑Yes ❑ No Total Monthly Income: _____

Source of Income	Receiving Income Source?		Monthly Amount
Alimony or Other Spousal Support	❑Yes	❑ No	$
Child Support	❑Yes	❑ No	$
Earned Income	❑Yes	❑ No	$
General Assistance	❑Yes	❑ No	$
Other	❑Yes	❑ No	$
Pension or retirement income from another job	❑Yes	❑ No	$
Private Disability Insurance	❑Yes	❑ No	$
Retirement Income from Social Security	❑Yes	❑ No	$
SSDI	❑Yes	❑ No	$
SSI	❑Yes	❑ No	$
TANF – (VT Reach Up)	❑Yes	❑ No	$
Unemployment Insurance	❑Yes	❑ No	$
VA Non-Service Connected Disability Pension	❑Yes	❑ No	$
VA Service Connected Disability Compensation	❑Yes	❑ No	$
Workers Compensation	❑Yes	❑ No	$

Non-Cash Benefits: *Answer for HoH and all Adults in household (18 years older)*

Non-cash benefits from any source: ❑Yes ❑ No

Source of Income	Receiving Income Source?	
Supplemental Nutrition Assistance Program (Food Stamps)	❑Yes	❑ No
Special Supplemental nutrition Program for WIC	❑Yes	❑ No
TANF Child Services	❑Yes	❑ No
TANF Transportation Services	❑Yes	❑ No
Other TANF-Funded Services	❑Yes	❑ No
Other Source	❑Yes	❑ No

Health Insurance: *Answer for all household members (Adults and Children)*

Covered by Health Insurance: ❑Yes ❑ No

Source of Income	Receiving Income Source?	
MEDICAID	❑Yes	❑ No
MEDICARE	❑Yes	❑ No
State Children's Health Insurance Program	❑Yes	❑ No
Veteran's Health Administration (VHA)	❑Yes	❑ No
Employer – Provided Health Insurance	❑Yes	❑ No
Health Insurance obtained through Cobra	❑Yes	❑ No

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Private Pay Health Insurance	❑Yes	❑ No
State Health Insurance for Adults	❑Yes	❑ No
Indian Health Services Program	❑Yes	❑ No
Other	❑Yes	❑ No

Family Supportive Housing Prioritization Questions:

Do you currently have an open case with DCF Services? ❑Yes ❑ No

If yes, are any children placed outside of the home? ❑Yes ❑ No

If yes, what is the date of birth of the youngest child placed outside of the home? _____

Veteran & Chronic Population Criteria Eligibility: *Answer for the Head of Household*

Client no longer meets Veteran population criteria?	❑Yes	❑ No
Date determined client no longer meets Veteran population criteria:		

Client no longer meets chronically homeless population criteria?	❑Yes	❑ No
Date determined client no longer meets chronic homelessness population criteria:		

Current Living Situation: *Located on the Assessments tab within a program enrollment. Required for* ***Coordinated Entry****, PATH-enrolled clients, and other projects for Head of Household*

Date of Contact: _____

Current Living Situation:

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❑ Other permanent housing dedicated for formerly homeless persons

Is Client going to have to leave their current living situation within 14 days? *This field will populate if the client is coming from an institutional, temporary, or permanent housing situation*

❑Yes ❑ No

If 'Yes" to 'Is Client going to have to leave their current living situation within 14 days?' answer the following questions:

Has subsequent residence been identified?	❑Yes ❑ No
Does the individual or family have resources or supper networks to obtain other permanent housing?	❑Yes ❑ No
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	❑Yes ❑ No
Has the client moved 2 or more times in the last 60 days?	❑Yes ❑ No

Living Situation Verified by: *This field will populate for Coordinated Entry. Select appropriate program type and project*

_____

Location Details: *Optional note section to put in specific details about location of client. Most helpful when unsheltered*

_____

VT Chittenden Scores Assessment: *Located on the Assessments tab within a program enrollment. Must be completed on the HoH client enrollment and referral to Community Queue must be sent for clients to prioritize on the Chittenden prioritization report.*

Assessment Date:			
Assessment Location:			
Assessment Type:	❑ Phone	❑ Virtual	❑ In Person
Assessment Level:	Housing Needs Assessment		

Individual Vulnerability Score: _____

Family Vulnerability Score: _____

Sustainability Score:	❑ Low
	❑ Medium
	❑ High – Income
	❑ High – Subsidy

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VT Chittenden Housing Queue/List Assessment: *Located on the Assessments tab within a program enrollment.*

Assessment Date:

Does the Household have subsidy? ❑Yes ❑ No

Unit Size Needed (check all that apply)

❑ Studio
❑ 1 bedroom
❑ 2 bedroom
❑ 3 bedroom
❑ 4 bedroom
❑ 5+ bedroom

Does the household need an accommodation? ❑ None ❑ Stairs ❑ ADA Compliant

Desired Housing Location (check all that apply)

❑ Chittenden County
❑ Franklin County
❑ Franklin Grand Isle

Does the household have any special considerations?

_____

_____