NH Coordinated Entry Enrollment

Client ID #: _____

Project State Date: _____

Client Profile: ***Complete for ALL household members***

First Name	Last Name	Relationship to HoH	SSN	Date of Birth	Gender	Race and Ethnicity
		SELF				

Date of Birth (DOB): _____

❑Full DOB ❑Client Doesn't Know

(Write in DOB and check 1 data quality option): ❑Approx. or partial DOB ❑Client prefers not to answer

Race and Ethnicity (check all that apply):

❑American Indian, Alaska Native, or Indigenous ❑White ❑Asian or Asian American

❑Black, African American, or African ❑Hispanic/Latina/o ❑Middle Eastern or North African

❑Native Hawaiian or Pacific Islander ❑Client doesn't know ❑Client prefers not to answer

❑Data not collected

Additional Race and Ethnicity Detail: _____

Did you serve in the National Guard or Reserves?

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

Were you activated/deployed under Title 10 into Federal Active-Duty Service? ❑Yes ❑No

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

Veteran Status: ☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

Year Entered Military Service (Year) _____ **Separated (Year)** _____

Branch of Military: ❑Army ❑Air Force ❑Navy ❑Marines ❑Coast guard ❑Client doesn't know

❑Client prefers not to answer ❑Data not collected

Discharge Status: ☐ Honorable ☐General under honorable conditions

❑Other under honorable conditions (OTH) ❑Bad conduct ❑Dishonorable ❑Uncharacterized

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

Coordinated Entry Enrollment (Answer for all household members- Adults and Children) Please use separate forms for each household member.

Prior Living Situation: ***Homeless Situation***

❑Place not meant for habitation

❑Emergency shelter, including hotel or motel paid for with emergency shelter voucher

❑Safe Haven

Institutional Situation

❑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

Transitional and Permanent Housing Situation

❑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 in a friend's room, apartment, or house

❑Staying or living in a family member's room, apartment, or house

Rental by client, no ongoing housing subsidy

❑Rental by client, with other ongoing housing subsidy (including RRH)

❑Owned by client, with ongoing housing subsidy

❑Owned by client, no ongoing housing subsidy

❑Client doesn't know

❑Client prefers not to answer

❑Data not collected

If 'Rental by Client, with ongoing housing subsidy is chosen:
Rental Subsidy Type

❑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 housing subsidy

❑Housing Stability Voucher

❑Family Unification Program Voucher (FUP)

❑Foster Youth Independence Initiative (FYI)

❑Permanent Supportive Housing

❑Other permanent housing dedicated for formerly homeless persons

Length of Stay at Prior Night Living Situation:

❑One night or less

❑Two to six nights

❑1 week or more, but less than 1 month

❑One month or more, but less than 90 days

❑ One year or longer

❑90 days or more, but less than one year

❑Client doesn't know

❑ Client prefers not to answer

Approximate Date this episode of Homelessness started: _____/_____/_____
(Homelessness – in Shelter or on Street)

Regardless of where they stayed last night—Number of times the client has been on the streets, in an Emergency Shelter, or Safe Haven in the past three years (counting current stay):

❑Never in 3 years ❑One Time ❑Two Times ❑Three Times ❑Four or more times

❑Client doesn't know ❑Client prefers not to answer

<u>Total number of months homeless on the street, in an Emergency Shelter, or Safe Haven in past 3 years:</u>

❑1 month (this time is the first month) ❑2 months ❑3 months ❑4 months ❑5 months

❑6 months ❑ 7 months ❑8 months ❑9 months ❑10 months ❑11 months ❑12 months

❑More than 12 months ❑Client doesn't know ❑Client prefers not to answer

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

Zip Code of Last Adress: _____

County client is currently receiving services:

❑Belknap

❑Carroll

❑Cheshire

❑Coos

❑Grafton

❑Hillsborough

❑Merrimack

❑Rockingham

❑Strafford

❑Sullivan

Town and zip code client is currently receiving services _____

Does client have a current housing voucher?

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

Type of Voucher

❑ Section 8 ❑ Other

Other Voucher

_____

Voucher Expiration Date
_____/_____/_____

Additional Information
Sex

❑Male ❑Female ❑ Client prefers not to answer ❑Data not collected ❑ Client doesn't know

Coordinated Entry Assessment (complete for head of household only)

Assessment Date: _____/_____/_____

Assessment Organization: _____

Assessment Level: ❑Crisis Needs Assessment ❑Housing Needs Assessment

Assessment Type: ❑Phone ❑Virtual ❑In Person

Assessor Contact Information (Phone & Email):

_____

Referred By (if different from assessor):

_____

Advocate Contact (if applicable):

_____

Interpretation required? ❑Yes ❑No

If so, what language? _____

NH Regional Access Point Client is Located in:

❑Belknap County (BoS CoC) ❑Carroll County (BoS CoC) ❑Cheshire County (BoS CoC)

❑Coos County (BoS CoC) ❑Eastern Rockingham County (BoS CoC) ❑Greater Nashua

❑Manchester CoC ❑Merrimack (BoS CoC) ❑Northern Grafton County (BoS CoC) ❑Statewide

❑Strafford County (BoS CoC) ❑Sullivan (BoS CoC) ❑Upper Valley and Grafton (BoS Coc)

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

Housing Location and Preferences

Please indicate where the client's first and second choice (if they are willing to relocate from their current area) for locations that you would like or are willing to receive services and housing:

First Choice Location:

❑Belknap County (BoS CoC) ❑Carroll County (BoS CoC) ❑Cheshire County (BoS CoC)

❑Coos County (BoS CoC) ❑Eastern Rockingham County (BoS CoC) ❑Greater Nashua

❑Manchester CoC ❑Merrimack (BoS CoC) ❑Northern Grafton County (BoS CoC) ❑Statewide

❑Strafford County (BoS CoC) ❑Sullivan (BoS CoC) ❑Upper Valley and Grafton (BoS Coc)

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

Second Choice Location:

❑Belknap County (BoS CoC) ❑Carroll County (BoS CoC) ❑Cheshire County (BoS CoC)

❑Coos County (BoS CoC) ❑Eastern Rockingham County (BoS CoC) ❑Greater Nashua

❑Manchester CoC ❑Merrimack (BoS CoC) ❑Northern Grafton County (BoS CoC) ❑Statewide

❑Strafford County (BoS CoC) ❑Sullivan (BoS CoC) ❑Upper Valley and Grafton (BoS Coc)

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

Specific City/Town Needs: _____

Assessment of Housing Barriers and Vulnerability

This section seeks to better understand the household's housing barriers and other vulnerabilities. The items and situations listed include a combination of health, housing, and historical information that help understand:

1) The household's health, well-bring and safety vulnerabilities; and

2) housing barriers the household would face absent significant support from dedicated homeless assistance services.

The index is also meant to promote equitable access to services for historically underserved populations.

Vulnerability assessments are just one tool used to help prioritize households for the limited available housing resources managed by the CoC(s). These assessments may not be needed for all clients as some clients are very unlikely to receive housing assistance in the short term. Some of the information collected in Step 5 will have already been uncovered through the Assessors proactive, trauma-informed engagement with the household during the initial days of their housing crisis. Some of the information collected is objective, while other elements are either self-reported or may rest with the Assessor's professional judgement and relationship with the household. Regardless of the information type, Assessors must work to avoid re-traumatizing individuals and ensure problem solving conversations and information gathering is culturally competent, approachable, and based on an evolving trust and rapport built with the household. Where possible, Assessors should avoid using the CE Assessment Tool as a "checklist", and instead, fill the information in based on information and knowledge gathered from the household in a more organic way.

Please review each question and leave the questions blank if it does not apply to the household

Current Living Situation

❑Unsheltered, including encampments, vehicles, tents, or places not meant for human habitation

❑Staying in a seasonal shelter, warming center, or hotels and motels paid for by charitable organizations or by federal, state, or local government programs and anticipates returning to a place not meant for human habitation once temporary accommodation is no longer active

Actively fleeing or attempting to flee domestic violence: ❑Yes ❑No

Are you at risk of or experiencing trafficking, or exploitation? (Such as was someone controlling your money, possessions, or movements possibly in exchange for work or sexual acts or debt that may result in violence or bodily harm.)

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

History of Homelessness (street, shelter, places not meant for human habitation):

❑ Client indicates history of periodic or consistent homelessness for more than 5 years

❑ Client history of periodic or consistent homelessness for more than 1 year but less than 5 years

❑ Became homeless again after receiving dedicated homeless housing assistance in the past

Eviction History

❑ More than one eviction on record in last 7 years

❑ One eviction on record in last 7 years

❑ Eviction on record in the last year

Income and Employment

❑ No consistent income

❑ Below 30% Average Median Income (AMI)

❑ Between 30 and 50% Average Median Income (AMI)

History with Criminal Justice System/ Institutional Care *(Check All that Apply)*

❑ Criminal record for arson, drug dealing or manufacture, or offense against persons or property

❑ Discharged from jail or prison within last six months after incarceration for 90 days or more

❑ Juvenile Justice involvement within past 7 years

❑ Has current legal service needs that inhibit housing access (

❑ Incarcerated as an adult

❑ Division of Children, Youth, and Families involvement in the past seven years, including foster and/ or after care

Household Composition *(Check All that Apply)*

❑ Currently pregnant

❑ Single parent household with minor children

❑ Household includes child who requires significant care

❑ Household needs three or more bedrooms due to family size

Health *(Check All that Apply)*

❑ More than three hospitalizations, emergency department, or urgent care visits in last 12 months

❑ Homeless situation is not conducive to medication or other medical maintenance needs

❑ Physical health conditions that contribute to need for specialized housing types or supports

❑ Hospitalized in the past 30 days

Safety *(Check All that Apply)*

❑ Has experienced violence within last 90 days

❑ Risk of trafficking, exploitation, violence

❑Owe someone money or in debt that may result in violence or bodily harm

Substance Use *(Check All that Apply)*

❑ History of use that has led to adverse housing impacts or instability

❑ Current substance use that has been barrier to housing

Mental Health ***(Check All that Apply)***

❑ History of mental health that has led to adverse housing impacts or instability

❑ Current mental health that has been barrier to housing

Resources and Supports ***(Check All that Apply)***

❑ Lacks family, social, or other community networks that may support housing

❑ Has never had lease in their name

Additional Notes and Information to Assist in Service Planning:

Contact

Contact Type: ❑ Client ❑ Client Supplied

Email: _____

Phone (#1): _____

Phone (#2): _____

Active Contact: ❑ Yes ❑ No

Contact Date: _____/_____/_____

Note: