|  |  |
| --- | --- |
| **Client Name:** |  |

|  |
| --- |
| 1. **What is the primary cause of the current crisis or situation?**
 |
|  |

|  |
| --- |
| 1. **Safety**
 |
| *Ask these questions to each adult alone and not with a partner or potential abuser present* |
| **2A.** **Are you currently residing in, or trying to leave, an intimate partner or other household member who threatens you or makes you fearful?**  |
| [ ]  No | * Client crisis is housing related: Move to Section 3
* Client crisis is not housing related: Skip to Section 4 and provide other referrals
 |
| [ ]  Yes | * Move to question 2B
 |
| **2B**. **Do you want services that are specifically geared to domestic violence survivors OR do you need a confidential location to stay?**  |
| [ ]  No | * Client crisis is housing related: Move to Section 3
* Client crisis is not housing related: End screening assessment and provide other referrals
 |
| [ ]  Yes | * Provide referral to local domestic violence services (warm handoff whenever possible)
* Client can choose if they would like to continue with the screening assessment or if they would like to call back to complete it after they are in a safe place.
 |

**If client crisis is related to housing OR if client is fleeing domestic violence and wants to continue with the screening, complete Section 3. If client crisis is not related to housing, skip to Section 4 to help identify referrals to other resources outside of Coordinated Entry.**

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| 1. **Housing**
 |
| **3A.** Are you in need of shelter, in a housing crisis, or seeking housing assistance today? |
| [ ]  No | * Skip to Section 4 and refer to other resources
 |
| [ ]  Yes | * Continue with screening assessment
* If client is in need of shelter, refer to local shelter resources
 |
| **3B. Are you homeless or do you believe you will become homeless within the next 14 days?**  |
| [ ]  No | * Skip to Section 4 and refer to other resources
 |
| [ ]  Yes | * Continue with screening assessment
 |
| **3C. During the last seven (7) days, where have you been sleeping?**  |
|  |
| *If client is doubled up (staying with friends or family), complete 3C. If client is literally homeless, move to Section 4.* |
| **3D. How long can you stay in your current location?**  |
| [ ]  14 days or less  | * Client is at imminent risk of homelessness. Eligible for referral to CE assessment.
 |
| [ ]  15 days or longer | * Client is not at imminent risk of homelessness and is not eligible for referral to CE assessment. Complete Section 4 and provide referral(s) to other resources.
 |

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| 1. **Additional Client Information**
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| **4A.** **Demographics**  |
| **Date of Birth:**  |  |
| *If client is age 65+ years, refer to Senior Linkage Line for additional resources for older adults* *(1-800-333-2433).* |
| **Gender:**  | [ ]  Male[ ]  Female[ ]  Trans Male | [ ]  Trans Female[ ]  Nonbinary[ ]  Other  |
| **Is anyone in the household Native American/Alaska Native?**  | [ ]  Yes *Continue to next question*[ ]  No *Continue to Section 4B*  |
| **If yes, is any member of the household enrolled in a Tribe?**  | [ ]  Yes *Continue to next question*[ ]  No *Continue to Section 4B* |
| **If yes, which Tribe?**  |  |
| **4B. Veterans**  |
| **Is anyone in the household a Veteran or actively serving in the military?**  | [ ]  Yes *Continue to next question*[ ]  No *Continue to Section 4C* |
| **If yes, are they connected to Veteran Services?**  | [ ]  Yes *Continue to next question*[ ]  No *Provide referral to local County Veterans Service Officer (CVSO)*  |
| **4C. Disability**  |
| **Does anyone in your household have a disability?**  | [ ]  Yes *Continue to next question*[ ]  No *Continue to Section 4D* |
| **If yes, check all that apply:** | [ ]  Developmental [ ]  Mental Health | [ ]  Substance Use [ ]  Physical  |
| **4D. Foster Care or Other Institutions**  |
| **Have you ever been in any of the following placements for 30 days or longer?**  | [ ]  Foster Care[ ]  Juvenile Center | [ ]  Mental Health Facility [ ]  Substance Use Treatment  |
| **If yes to any of the above placements, how long did you stay?**  |  |
| **If yes to any of the above placements, at what age did you exit?**  |  |

**If client is homeless or will become homeless in the next 14 days, provide a brief description of Coordinated Entry and ask if they would like to be connected to a Coordinated Entry assessor. If yes, schedule an appointment for a Coordinated Entry assessment or complete onsite. If no, provide referrals to outside resources that can help meet their needs.**

Client verbally agrees to authorize the agencies listed below to exchange verbal and written information about their family to plan and evaluate services to fit individual needs and follow up to identify services received.

 [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| * Arrowhead Economic Opportunity Agency (AEOA)
 | * Karibu LLC
 |
| * Cloquet/Carlton Housing and Redevelopment Authority (HRA)
 | * Lakes & Pines Community Action
 |
| * Commonbond
 | * Legal Aid Services of Northeast Minnesota
 |
| * Fond du Lac Social Services
 | * Minnesota Assistance Council for Veterans (MACV)
 |
| * Grace House of Itasca County
 | * North Shore Horizons
 |
| * Hearth Connection
 | * Northland Counseling Center
 |
| * Hope Harbor LLC
 | * NorthStar Community Services LLC
 |
| * Human Development Center (HDC)
 | * Servants of Shelter
 |
| * Itasca County Housing and Redevelopment Authority (HRA)
 | * The Salvation Army
 |
| * KOOTASCA Community Action
 |  |

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Follow-up Referrals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**