|  |
| --- |
| **Date ROI Consent Signed** |
|  |

**Section 1: Assessment Information**

|  |  |  |
| --- | --- | --- |
| **Date of Assessment** | **Location Completed** | **Assessor’s Name** |
|  |  |  |
| **Assessor’s Organization** | **Assessor’s Phone** | **Assessor’s Email** |
|  |  |  |

**Section 2: Diversion Questions –** *Data is for Assessor Use Only and is not entered in HMIS at this time*

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Cause of Current Crisis:** |  | | |
| **Are you in need of shelter, in a housing crisis, or seeking housing assistance today?** |  | | |
| **Can you stay with family / friends? (Y/N)** |  | **If yes, for how long?** |  |
| **Do you have other funds and / or resources? (Y/N)** |  | **If yes, what?** |  |
| **Have you applied for Emergency funds in the last 18 months? (Y/N)** |  | **Determination/Outcome:** |  |
| **Are you working with a county case manager? Y/N** |  | **If yes, Case Manager’s name** |  |
| **Owe utilities? Y/N** |  | | |
| **Owe Previous landlord? Y/N** |  | **If yes, amount?** |  |

**Section 3: Client Demographic Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **First** | **Last** | **M** | **Date of Birth** | **Relationship to HH** | **Gender** | **Preferred Gender Pronouns** |
| **HH** |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| KEY | |
| Gender | 1-Female 2-Male 3-Transgender Male to Female 4-Transgender Female to Male  5-Doesn’t Identify as Male, Female, or Transgender 6-Client Doesn’t Know 7-Client Refused 8-Data Not Collected |
| Preferred Gender Pronouns | **1**- She/her/hers **2**- He/him/his **3**-They/them/theirs 4- Zie/hir/hirs **5**- No pronouns/use person’s name **6**- Other (describe in text box) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Household Member Name or Initials** | **Race(s)** | **Ethnicity** | **Are you Native American? (Yes/No)** | **If yes, with which Tribe are you affiliated?** |
| **HH** |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County where resides** | **County of Primary (Current) Residence** | **Client Location (CoC)** | **Marital Status** | **Household Type** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| KEY | |
| Marital Status: | **1**- Divorced **2**- Married **3**- Separated **4**- Single **5**- Widowed |
| Client Location (CoC): | **1**- MN-500 Hennepin **2**- MN-501 Ramsey **3**- MN-502 Southeast **4**- MN-503 SMAC  **5**- MN-504 Northeast **6**- MN-505 Central **7**- MN-506 Northwest **8**- MN-508 West Central **9**- MN-509 St. Louis **10**- MN-511 Southwest |
| Household Type: | **1-** Single **2-** Couple with no children **3**- Two parent family **4-** Female single parent **5 –** Male single parent **6 -** Youth – Family **7** - Youth – Single **8**- Grandparent(s) and child **9** – Non-custodial caregiver(s) **10-** Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Household Size: Total # of Persons** | **Household Size: Total # of Children (17 and under)** | **Household Size: Total # of Adults (18+)** |
|  |  |  |

|  |  |
| --- | --- |
| **Are you pregnant?** | Yes  No |
| **If yes, approximate due date** |  |

|  |  |
| --- | --- |
| **Is there anyone else you plan to live with?** |  |
| **If yes, please explain:** |  |

**Section 4: Health Insurance (*All clients)***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Member Name** | **Covered by health insurance?** | **Medicaid (MA)** | **Medicare** | **SCHIP (MN Care of Children)** | **VA Medical Services** | **Employer-provided** | **COBRA** | **Indian Health** | **Private Pay** | **MN**  **Care for**  **Adults** | **Other** |
|  | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**Section 5: Disability Assessment (*All Clients)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Disability Type** | **Disability determination**  **(has disability)** | **Start Date** | **Expected to be of long- continued and indefinite duration and impairs ability to live**  **independently?** |
|  |  | Yes  No |  | Yes  No |

|  |  |  |
| --- | --- | --- |
| Key | | |
| Disability Type | 1. Mental Health Problem 2. Physical Disability 3. Developmental Disability 4. Chronic Health Condition | 1. Alcohol Abuse 2. Drug Abuse 3. Both Alcohol & Drug Abuse 4. HIV / AIDS 5. Other (Specify) |

**Section 6: Domestic Violence History (*All adult household members)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member** | **Have you ever experienced domestic abuse / violence?** | **How long ago did the domestic abuse/violence occur?** | **Are you currently fleeing?** |
|  | Yes  DK  No  Refused | Within the past 3 months  3-6 months ago  6-12 months ago  More than 1 year ago | Yes  DK  No  Refused |
|  | Yes  DK  No  Refused | Within the past 3 months  3-6 months ago  6-12 months ago  More than 1 year ago | Yes  DK  No  Refused |

**Section 7: Income Source and Non-Cash Benefits (All adults and heads of household)**

**Income Sources (All adults and heads of household)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Member** | **Income received from any source?** | **Source** | **Start** | **Monthly Amount** | **Source** | **Start** | **Monthly Amount** | **Total** |
|  | Yes  No  DK  Refused |  |  |  |  |  |  |  |

**Non-Cash Benefits (All adults and heads of household)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Non-cash benefit received in the last 30 days?** | **Source** | **Start Date** | **Total Amount** |
|  | Yes  DK  No  Refused |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Key** | | |
| **Income Sources** | * + 1. Earned Income     2. Unemployment insurance     3. SSI     4. SSDI     5. VA Service Disability Compensation     6. Private disability insurance     7. Worker’s Compensation | * + 1. TANF (MFIP)     2. General Assistance     3. Retirement income from Social Security VA Non-Service Disability Pension     4. Pension or retirement income     5. Child Support     6. Alimony or other spousal support Contribution from other people     7. Other: |
| **Non-Cash Benefits** | * + - 1. Supplemental Nutrition Assistance Program (Food Stamps) (HUD)       2. Special supplemental nutrition program (WIC) (HUD)       3. TANF Child Care Services (HUD)       4. TANF transportation services (HUD) | * + - 1. Other TANF-Funded Services       2. Other Source (HUD) (specify): |

|  |  |
| --- | --- |
| **Are you willing and able to work?** | Yes  DK  No  Refused |
| **Are you currently attending school or working on any degree?** | Yes, full-time  No  DK  Yes, part-time  Refused |

**Section 8: Legal Records**

|  |  |
| --- | --- |
| **Do you have a legal/criminal history?** | Yes  No  DK  Refused |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **~~Household Member~~** | **~~Offense Type~~** | **~~Classification~~** | **~~Number of Offenses~~** | **~~Date of Most Recent Conviction~~** |
|  | ~~Arson~~  ~~Drug~~  ~~Non Violent~~  ~~Sex Offense~~  ~~Violent Crime~~ | ~~Misdemeanor~~  ~~Felony~~ |  |  |

,

|  |  |
| --- | --- |
| **Are you currently on probation?** | Yes  DK  No  Refused |
| **If yes, for how long?** |  |
| **Do you have any previous evictions/court convictions?** | Yes  DK  No  Refused |
| **If yes, when?** |  |

**Section 9: Client Contact Information**

|  |  |  |
| --- | --- | --- |
| **Phone number where you can be reached or where a message can be left** | **Email where you can be reached or where a message can be sent** | **Can we leave a confidential voicemail or text for you at the phone number provided? (Yes/No)** |
|  |  |  |

**Section 10: Alternative Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternative Contact #1** | | **Alternative Contact #2** | |
| **Name** |  | **Name** |  |
| **Phone** |  | **Phone** |  |
| **Email** |  | **Email** |  |
| **Relationship** |  | **Relationship** |  |
| **Can we speak with the contacts you listed to leave information for you?** | Yes  No | **Can we speak with the contact you listed to leave information for you?** | Yes  No |
| **Can we leave a confidential voicemail/text for you at the phone numbers provided?** | Yes  No | **Can we leave a confidential voicemail/text for you at the phone numbers provided?** | Yes  No |

**SECTION 11. Veteran Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **Did you serve on Active Duty, or in the National Guard or Reserves?** | **For approximately how many months did you serve?** | **Did you enter Active Duty before 9/7/1980?** | **If Guard or Reserve: Were you ever called into active duty as a member of the National Guard or as a Reservist?** |
|  |  |  |  |

|  |  |
| --- | --- |
| KEY | |
| Did you serve: | **1**- Yes, Active Duty (regardless of Guard & Reserve Answers) **2**- Yes, National Guard **3**- Yes, Reserves **4**- Both Guard and Reserves **5**- No **6**-Client doesn’t know **7**-Client refused **8**- Data not collected |
| Active Duty before 9/7/1980: | **1**- Yes **2**- No **3**- Client doesn’t know **4**- Client Refused **5**- Data not collected |
| If Guard or Reserve, called to active duty: | **1**- Yes **2**- No  **3**- Client doesn’t know **4**- Client refused **5**- Data not collected |

**If yes, answer the remaining Veteran Status questions. If no, you may skip them.**

|  |  |  |  |
| --- | --- | --- | --- |
| **What kind of discharge did you have?** | **Has Client been referred to the Homeless Veteran Registry?** | **Has this client record been checked against the VA Squares database?** | **SQUARES Confirmation** |
|  |  | Yes No |  |

|  |  |
| --- | --- |
| KEY | |
| Discharge: | **1**- Honorable or under honorable conditions **2**- Other than honorable but not dishonorable **3**- Dishonorable **4**-Client doesn’t know **5**- Client refused **6**- Data not collected |
| Referred to Homeless Veteran Registry: | **1**- Yes **2**- No **3**- Client doesn’t know **4**- Client refused  **5**- Data not collected |
| SQUARES confirmation: | **1**- No, could not confirm Veteran Status **2**- Yes, client is confirmed Veteran **3**- Did not check SQUARES |

**If the client has not been referred to the Homeless Veteran Registry, take a moment and offer to complete the release of information/application form with them. More information can be found at https://mn.gov/mdva/ or by calling 1-888-LinkVet (546-5838).**

**SECTION 12. Housing History**

**Current Living Situation**

**Date of Contact:** \_\_\_\_\_**/**\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location details:** | | | | |
| **Current Living Situation (Pick ONLY ONE under Literally Homeless, Institutional, Temporary and Permanent Housing, OR Other):** | | | | |
| *Literally Homeless Situations* | *Institutional Situations* | *Temporary and Permanent Housing Situations* | | *Other* |
| * Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) * Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter * Safe Haven | * 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 | * Host Home (non-crisis) * Hotel or motel paid for without emergency shelter voucher * Owned by client, no ongoing housing subsidy * Owned by client, with ongoing housing subsidy * Permanent Housing (other than RRH) for formerly homeless persons * Rental by client, no ongoing housing subsidy * Rental by client in a public housing unit * Rental by client, with VASH subsidy * Rental by client, with GPD TIP subsidy | * Rental by client, with HCV voucher (tenant or project based) * Rental by client, with RRH or equivalent subsidy * Rental by client, with other ongoing housing subsidy * Residential project or halfway house with no homeless criteria * Staying or living in a family member's room, apartment or house * Staying or living in a friend's room, apartment or house * Transitional housing for homeless persons (including homeless youth) | * Other * Worker unable to determine * Client doesn’t know * Client refused * Data not collected |
| **Skip questions A - E.** | **Continue to Question A.** | **Continue to Question A.** | | **Skip questions A - E.** |
| **A. Is client going to have to leave their current Prior Living Situation within 14 days?** □ Yes □ No □ DK □ R □ DNC | | | | |
| *If* **“Yes”** to question **A**, please answerquestions **B – E**: | | | | |
| **B. Has a subsequent residence been identified?** □ Yes □ No □ DK □ R □ DNC | | | | |
| **C. Does individual or family have resources or support networks to obtain other permanent housing?** □ Yes □ No □ DK □ R □ DNC | | | | |
| **D. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?** □ Yes □ No □ DK □ R □ DNC | | | | |
| **E. Has the client moved 2 or more times in the past 60 days?** □ Yes □ No □ DK □ R □ DNC | | | | |

|  |  |
| --- | --- |
| **Housing Summary**  **Let's go through every place you've stayed for at least one night in the last three years. Please include all housing, hospital, institution, and emergency shelter visits. Start with the most recent.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Move-In Date** | **Moved-Out Date** | **Residence Type** | **County (MN Only)** |
|  |  |  |  |
|  |  |  |  |

**Assessing MN Long Term Homelessness**

|  |  |
| --- | --- |
| **Extent of Homelessness by Minnesota’s Definition** | Not currently homeless  1st time homeless and less than one year without a home  Multiple times homeless but NOT meeting LTH definition  Long term: at least 1 year or at least 4 times in the last 3 years |

**Please look back to the date of the last time the client had a place to sleep that was not on the streets, in ES, in SH, doubled up/couch hopping, or are staying somewhere that is considered a neutral event (e.g. TH), and enter that date below.**

|  |  |
| --- | --- |
| **Approximate Date of Most Recent Episode of Homelessness (MN) (DD/MM/YYYY)** | **Total number of months homeless on the stress, in ES, in SH, or doubled up/couch hopping in the past three years. Note, please do not factor months in staying somewhere that is considered a neutral event (e.g. TH).** |
|  |  |

|  |  |
| --- | --- |
| |  | | --- | | **Assessing Chronic Homelessness (HUD)** | |
| |  | | --- | | **Note, HUD does not factor in doubled up/couch hopping episodes when assessing chronic homelessness.** | |
| |  | | --- | | **If you are asked to complete Approximate Date Homelessness Started below, have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH and enter that date.** | |

**Prior Living Situation** *(Required for all Adults and Heads of Household. If information is not the same for all household members, note in margins or use Entry form for Singles.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Type of Residence Prior to Project Start Date (Pick ONLY ONE under Literally Homeless, Institutional, OR Temporary and Permanent Housing)** | | | |
| *Literally Homeless Situations* | *Institutional Situations* | *Temporary and Permanent Housing Situations* | |
| * Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) * Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter * Safe Haven | * 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 | * Host Home (non-crisis) * Hotel or motel paid for without emergency shelter voucher * Owned by client, no ongoing housing subsidy * Owned by client, with ongoing housing subsidy * Permanent Housing (other than RRH) for formerly homeless persons * Rental by client, no ongoing housing subsidy * Rental by client in a public housing unit * Rental by client, with VASH subsidy * Rental by client, with GPD TIP subsidy | * Rental by client, with HCV voucher (tenant or project based) * Rental by client, with RRH or equivalent subsidy * Rental by client, with other ongoing housing subsidy * Residential project or halfway house with no homeless criteria * Staying or living in a family member's room, apartment or house * Staying or living in a friend's room, apartment or house * Transitional housing for homeless persons (including homeless youth) * DK □ R □ DNC |
| **B. Length of Stay at Prior Living Situation** *(Literally homeless situations)*   * One night or less * Two to six nights * One week or more, but less than one month * One month or more, but less than 90 days * 90 days or more, but less than one year * One year or longer * DK □ R □ DNC | **B. Length of Stay at Prior Living Situation** *(Institutional situations)*   * One night or less * Two to six nights * One week or more, but less than one month * One month or more, but less than 90 days * 90 days or more, but less than one year * One year or longer * DK □ R □ DNC | **B. Length of Stay at Prior Living Situation** *(Temporary and permanent situations)*   * One night or less * Two to six nights * One week or more, but less than one month * One month or more, but less than 90 days * 90 days or more, but less than one year * One year or longer * DK □ R □ DNC | |
| ­­**Skip C. Move to D.** | **C.** If selected an **unshaded** response, you are done with this series of questions and should move to the next question “How long since client […]?” on the next page.  **If selected one of the shaded response (indicating less than 90 days in institutional setting, or less than 7 days in temporary or permanent housing), on the night before did you stay on the streets, in emergency shelter, or Safe Haven?**  □ Yes (Move to D) □ No (Done. Move to the next question “How long since client […]?” on the next page.) | | |
| **D. Approximate date of most recent episode of homelessness** \_\_\_\_\_**/**\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_\_ | | | |
| **E. Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years (including today)**  □ 1 time □ 2 times □ 3 times □ 4 or more times □ Client doesn’t know □ Client refused | | | |
| **F. Total number of months homeless on the street, in emergency shelter, or Safe Haven in the past 3 years**  □ 1 month (this time is the first) □ 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 refused | | | |

|  |  |
| --- | --- |
| **I have read and understood the definition of Chronic Homelessness as stated above. To the best of my knowledge, I believe that the client is Chronically Homeless.** | Yes No |

|  |
| --- |
| **SECTION 13. Housing Preferences/Client Choice** |
| Please list all barriers to housing in the sub-assessment below. |

**Barriers to Housing**

|  |  |
| --- | --- |
| **Barrier to Housing (indicate all that apply)** |  |

|  |  |
| --- | --- |
| KEY | |
| Barriers: | 1- Criminal history 2- Large family (4+ bedroom) 3- No income 4- Past due rent – Market rate housing 5- Past due rent – Public housing 6- Past due – Utilities 7- Poor or no credit 8- Poor or no rental history 9- Previous Evictions – Market rate housing 10- Previous Evictions – Public housing |

|  |  |
| --- | --- |
| **What accommodations do you require for housing due to health/disability?** |  |

**Housing Preferences**

|  |  |  |
| --- | --- | --- |
| **Need (indicate all that apply)** | **Preference (indicate all that apply)** | **Are you willing to live anywhere in the state?** |
|  |  | Yes No |

|  |  |
| --- | --- |
| KEY | |
| Need: | 1- Desire to live in culturally/population specific housing (HIV/AIDS, youth, LGBT, Tribal, etc. ) 2- Fixed site 3- GRH 4- Have a front desk that monitors visits 5- Housing that would support your desire to reduce chemical usage 6- Mobility/Access 7- Need access to public transportation (health/service/employment) 8- Safety 9- Scattered Site 10- School enrollment 11- Sober housing/treatment based 12- Willingness to live in shared housing 13- Other(please list) |
| Preference: | 1- Desire to live in culturally/population specific housing (HIV/AIDS, youth, LGBT, Tribal, etc. ) 2- Fixed site 3- GRH 4- Have a front desk that monitors visits 5- Housing that would support your desire to reduce chemical usage 6- Mobility/Access 7- Need access to public transportation (health/service/employment) 8- Safety 9- Scattered Site 10- School enrollment 11- Sober housing/treatment based 12- Willingness to live in shared housing 13- Other(please list) |

**CoC Preferences**

|  |  |
| --- | --- |
| **Please list the CoCs where you are willing to live (select all that apply)** |  |
| **Client Choice (County) (List up to 3)** |  |
| **If St. Louis County was named, which area would you like to live in?** | North  South  Both |
| **Tribe Choice** |  |
| **If you’re not currently living in the county you want to live in, what connections do you have to the area?** |  |

|  |  |
| --- | --- |
| KEY | |
| CoC: | 1- MN-500 Hennepin 2- MN-501 Ramsey 3- MN-502 Southeast 4- MN-503 SMAC 5- MN-504 Northeast 6- MN-505 Central 7- MN-506 Northwest 8- MN-508 West Central 9- MN-509 St. Louis 10- MN-511 Southwest |
| Tribe: | 1- Lower Sioux Indian Community in the State of Minnesota 2-Mdewakanton Sioux Indians 3- Minnesota Chippewa Tribe – Bois Forte 4- Minnesota Chippewa Tribe – Fond du Lac 5- Minnesota Chippewa Tribe – Grand Portage 6-Minnesota Chippewa Tribe – Leech Lake  7- Minnesota Chippewa Tribe – Mille Lacs Band 8- Minnesota Chippewa Tribe – White Earth 9- Prairie Island Indian Community in the State of Minnesota 10- Red Lake Band of Chippewa Indians 11- Shakopee Mdewakanton Sioux Community of Minnesota 12- Upper Sioux Community 13- Other |

**SECTION 14: Provider Involvement**

|  |  |
| --- | --- |
| **Are you working with any mental health worker or supportive service provider?** | ☐ Yes ☐ No |
| **If yes, respond to the following questions:** | |
| **Provider type (check all that apply):** | ☐ County Financial Worker  ☐ County Mental Health  ☐ County Social Services  ☐ Veteran Services  ☐ Vocational Services  ☐ Other (please explain) |
| **Provider County:** |  |
| **Agency Name:** |  |
| **Worker Name:** |  |
| **Worker Email:** |  |
| **Worker Phone:** |  |
| **Worker Notes:** |  |

|  |  |
| --- | --- |
| **Were you ever in foster care?** | ☐ Yes ☐ No |
| **Are you currently in foster care or a ward of the state?** | ☐ Yes ☐ No |
| **If yes to either, did you enter foster care after the age of 16?** | ☐ Yes ☐ No |

**SECTION 15. Notes**

**CES Assessor's Notes**

|  |  |
| --- | --- |
| **Date of Assessment (DD/MM/YYYY)** | **Notes** |
|  |  |