Thank you for accessing the **Delaware County Continuum of Care Coordinated Entry System**. Coordinated Entry is a process by which we assess your housing instability problem, determine what services and resources MAY be available to you, and develop a solution with you.

You have a right to share, or choose not to share, your information without fear of retaliation or denial of services. The information gathered through this assessment and your specific requests for help will determine which interventions might help resolve your current crisis. It is very important that the information you share is accurate to make sure that you meet the eligibility requirements for those programs. For some programs, such as utility and rental assistance, you will need to provide documentation of your need and eligibility. If it is determined that you are no longer eligible for a project, your enrollment may be terminated by you or the project.

Please be aware that periodically, there are limited or no financial resources available at the time you are accessing help, or you may not be eligible for the resources.

You have the right to know that your participation in Coordinated Entry is not dependent upon:

* Your gender, gender status, or gender

 expression\*

* If you’re LGBTQI+\*
* Your race, color, tribe, or ethnicity\*
* Your immigration, refugee, or citizenship

 status or what country you’re from\*

* Your income or lack of income, or source of income
* How well you read, write or speak English
* Your job status
* Your education level
* Your marital, family, or partnership status\*
* Your religion or non-religion or personal

 philosophy\*

* Your health or mental health status\*
* Your physical, developmental, intellectual,

 or emotional ability\*

* If you have HIV or AIDS\*
* If you have alcohol or drug use or addiction, or other addictions\*
* Your legal history
* Your legal history
* Your veteran or military discharge status
* Your age

If you feel that you have been discriminated against or denied services unfairly for any reason, you have the right to contact The Department of Human Services, Adult and Family Services at 610-713-2365.

\*Any person who believes that they have been discriminated against because of any of the starred reasons also has the right to file a complaint with the HUD by calling 800-669-9777 or emailing ComplaintsOffice03@hud.gov.

**Please sign below indicating that YOU HAVE READ or HAVE HAD READ TO YOU the above and that the information provided is accurate.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature Date Staff Support Signature**

**What services are you in need of today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Household Size:**  # of Adults \_\_\_\_\_\_\_\_\_ # of Children \_\_\_\_\_\_\_\_\_\_ TOTAL # of persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Translation Assistance Needed:** ◻ Yes ◻ No If yes, language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last, First, Middle** | **Relation to Head of Household** | **Birth Date** | **Age** | **Gender\*** | **Race/Ethnicity\*** | **Health Insurance****Y/N** | **SNAP (Food Stamps)****Y/N** | **Social Security Number** | **Monthly****Income Amount** | **Income Source(s)** |
|  | SELF |  |  |  |  |  |  |  |  |  |
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**\***HMIS Gender Options (choose as many as apply): Woman (Girl, if child), Man (Boy, if child), Transgender, Non-Binary, Culturally-Specific Identity, Questioning, Different Identity

**\*\***HMIS Race/Ethnicity Options (choose as many as apply): American Indian, Alaska Native, or Indigenous; Asian or Asian American; Black, African American, or African; Hispanic/Latina/e/o; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White; Client doesn’t know; or Client prefers not to answer

**Contact Information**

Primary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we leave a message? ◻ Yes ◻ No E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we leave a message? ◻ Yes ◻ No Address/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current living situation?**

|  |  |
| --- | --- |
| ◻ Place not meant for habitation◻ Emergency shelter, including hotel or motel paid for with emergency shelter voucher◻ 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◻ You don’t know◻ You prefer not to answer◻ Data not collected | ◻ Transitional housing for homeless persons◻ 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 you, no ongoing housing subsidy◻ Rental by you, with ongoing housing subsidy◻ Owned by you, with ongoing housing subsidy◻ Owned by you, no, ongoing housing subsidy |

**If current living situation is in the shaded column, answer the following questions:**

Are you going to have to leave your current living situation within the next 14 days? ◻ Yes ◻ No ◻ Don’t Know

Do you know where you are going next? ◻ Yes ◻ No ◻ Don’t Know

Do you have the resources or support to obtain other permanent housing? ◻ Yes ◻ No ◻ Don’t Know

Have you had a lease or owned a permanent housing unit in the last 60 days? ◻ Yes ◻ No ◻ Don’t Know

Have you moved 2 or more times in the last 60 days? ◻ Yes ◻ No ◻ Don’t Know

**The following questions will help us identify appropriate referrals for your situation.**

Are you a Delaware County resident? ◻ Yes ◻ No If no, what County are you a resident of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has any member of your household been in foster care after the age of 16: ◻ Yes ◻ No

If yes, what County were you in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is any member of your household involved with Children and Youth Services (CYS)? ◻ Yes ◻ No

Is any member of your household fleeing Domestic Violence? ◻ Yes ◻ No

Was any member of your household recently released from a correctional facility?◻ Yes ◻ No

Is any member of your household subject to Megan’s Law?◻ Yes ◻ No

Has any adult member of your household served in the military (includes Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Space Force)?◻ Yes ◻ No ◻ Don’t Know

Does any member of your household have a service animal, emotional support animal, or pet that would need to be considered in your shelter or housing placement?◻ Yes ◻ No

Have you been in shelter or staying unsheltered at any time in the past 3 years?◻ Yes ◻ No

Does any member of your household have any of the following (mark all that apply)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Head of Household | Other household members | Notes |
| HIV/AIDS |  |  |  |
| Chronic Substance Use |  |  |  |
| Severe Mental Health Condition |  |  |  |
| Physical/Medical Condition |  |  |  |
| Developmental Disability |  |  |  |

Does any member of your household have any mobility support needs?◻ Yes ◻ No

Do you have the following documents?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Head of Household | Other household members | Notes |
| Government ID |  |  |  |
| Birth Certificate |  |  |  |
| Social Security Card |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Staff Use Only)**

Coordinated Entry Specialist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency completing Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Type: ◻ In Person ◻ Phone ◻ Virtual

Assessment Level: ◻ Crisis Needs Assessment ◻ Housing Needs Assessment

|  |  |
| --- | --- |
| **Housing Status**◻ Literally Homeless ◻ Imminent Risk of losing housing◻ At Risk of Homelessness◻ Homeless under other federal statutes◻ Fleeing Domestic Violence◻ Stably Housed | **CE Determination**◻ Shelter Program◻ Shelter Diversion Services◻ Housing Assistance Program◻ Other |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CE Specialist Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Signature Date