River Valleys Coordinated Entry System
Step 1: Housing Problem Solving Assessment

What is your preferred spoken and written language? _____

Demographics and Household Set-up (in HMIS: use ClientPoint search, Profile Tab, Household Tab)

Complete table below. Enter head of household (HoH) in first line. **Unique ID (if using Non-HMIS list):** Household size, first letter of first name, first 2 letters of last name, last two numbers of year born, number of month born _____

	First Name	Middle Name	Last Name	Suffix	Name DQ	HMIS ID#
1	HoH:					
2						
3						
4						
5						
6						

	Relationship to HoH (daughter, husband, significant other etc.)	Social Security Number (SSN)	SSN DQ	Veteran Status (18+only)	Date of Birth*	DOB DQ	Gender (from list)	Race (select up to 5 categories from list)	Ethnicity: Hispanic/ Latin(a)(o)(x) (Y/N)**
1	HoH: Self								
2									
3									
4									
5									
6									

DOB required for ALL clients. If client doesn't know or refuses to provide DOB, use 01/01/(estimated year of birth) as the DOB. Record quality as **"full" or "approx." **Hispanic and Latino must also choose a race (often white)*

Household Type:

- ☐ Single
- ☐ Couple with no children
- ☐ Two parent family
- ☐ Female single parent
- ☐ Male single parent
- ☐ Foster parent(s)
- ☐ Non-custodial caregiver(s)
- ☐ Grandparent(s) and child
- ☐ Other

Preferred Gender Pronouns: ☐ she/her/hers ☐ he/him/his ☐ they/them/theirs ☐ zie/hir/hirs ☐ no pronouns/use person's name ☐ other (fill in below)
Preferred Gender Pronouns- Other, specify: _____

Data Quality (DQ) Options:
Full- Full
Approx- Partial/Approximate
DK- Client doesn't know
R- Client refused
DNC- Data not collected

Gender Options:
F- Female
M- Male
Gender that is not singularly Female or Male (e.g., non-binary, genderfluid, agender, culturally specific gender)
Transgender
Questioning
DK- Client doesn't know
R- Client refused
DNC- Data not collected

Race Options:
1. American Indian, Alaska Native, or Indigenous
2. Asian or Asian American
3. Black, African American, or African
4. Native Hawaiian or Pacific Islander
5. White

DK- Client doesn't know
R- Client refused
DNC- Data not collected

Veteran Status:
(Has the client served in the U.S. Armed Forces?) Answer Choices:
Yes, No, DK, R, DNC

Date of Assessment:
Assessment Location:
Assessor's Name:
Assessor's Organization:
Assessor's Title:
Assessor's Phone:
Assessor's Email:
Assessment Type (Circle one): **Phone** **Virtual** **In Person**
Assessment Level (Circle one): Crisis Needs Assessment Housing Needs Assessment

Household Size:
Total # of Persons _____
Total # of Adults _____
Total # of Children (17 and under) _____

Are you pregnant? ☐ Yes ☐ No ☐ Client doesn't know
☐ Client refused ☐ Data not collected

Are there any children that are not with you now, but will join you after you secure housing? ☐ Yes ☐ No

If yes, how often will they be with you?

Are there school aged children in the household (including pre-school or Head Start)? ☐ Yes* ☐ No

If yes, what school district are you in?

Did you serve on Active Duty, or in the National Guard or Reserves?
☐ No
☐ Yes, Active Duty (regardless of Guard and Reserve answers)
☐ Yes, National Guard
☐ Yes, Reserves
☐ Both Guard and Reserves
☐ Client doesn't know
☐ Client refused
☐ Data not collected

The next questions ask about a history with domestic or sexual violence, which can be a person currently or in the past trying to harm you, control your daily activities, or force you to do things you do not want to do.

Have you ever experienced domestic violence?
☐ Yes* ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

If yes for Domestic violence victim/survivor, when did the experience occur?
☐ Within the past 3 months ☐ 3 to 6 months ago ☐ 6 to 12 months ago
☐ More than a year ago ☐ Client doesn't know ☐ Client refused ☐ Data not collected

If yes for Domestic violence victim/survivor, are you currently fleeing?
☐ Yes* ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Are you seeking housing due to concern for your safety or fear of violence or abuse from another person? ☐ Yes* ☐ No

Are they staying with you? ☐ Yes* ☐ No
***If participant answers yes to any questions above, say: Given that you are concerned for your safety, I would like to make a referral to _____ (local DV/SA agency or police department) who may be able to provide you an immediate, but temporary safe place to stay. They can also help you access other resources. Do you give me permission to share your household information to make an immediate referral?**

Where did you stay last night (Select one)? **Homeless Situations** ☐ Place not meant for habitation ☐ Emergency shelter, including hotel or motel paid for with Emergency shelter voucher, or RHY-funded Host home shelter **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 and Permanent Housing Situations** ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher	☐ Transitional housing for homeless persons (including homeless youth) ☐ 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, with GPD TIP housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing subsidy ☐ Rental by client, with other ongoing subsidy ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Client doesn't know ☐ Client refused ☐ Data not collected

What are the reasons that you need to leave your current housing situation (Select all that apply): ☐ Court eviction ☐ Notice to evict ☐ Late rent ☐ Problems with landlord ☐ Utility shut-off ☐ Overcrowded/not on lease (staying with someone and asked to leave) ☐ Safety ☐ Other (please specify):	How long are you able to stay in your current housing situation? (Select one): ☐ 0 days ☐ 1-3 days ☐ 4-7 days ☐ 8-14 days ☐ 15-30 days ☐ 31+ days If you were to receive limited support or financial assistance would you be able to remain in your current living situation? ☐ Yes ☐ No

Health Insurance:

MEDICAID	☐ Yes ☐ No ☐ DNC	Health Insurance obtained through COBRA	☐ Yes ☐ No ☐ DNC
MEDICARE	☐ Yes ☐ No ☐ DNC	Private Pay Health Insurance	☐ Yes ☐ No ☐ DNC
State Children's Health Insurance Program	☐ Yes ☐ No ☐ DNC	State Health Insurance for Adults	☐ Yes ☐ No ☐ DNC
Veteran's Administration (VA) Medical Services	☐ Yes ☐ No ☐ DNC	Indian Health Services Program	☐ Yes ☐ No ☐ DNC
Employer-Provided Health Insurance	☐ Yes ☐ No ☐ DNC	Other	☐ Yes ☐ No ☐ DNC

Income from Any Source ☐ Yes ☐ No

Monthly Income:

Earned Income	☐ Yes ☐ No ☐ DNC $	General Assistance	☐ Yes ☐ No ☐ DNC $
Unemployment Insurance	☐ Yes ☐ No ☐ DNC $	Retirement Income From Social Security	☐ Yes ☐ No ☐ DNC $
SSI	☐ Yes ☐ No ☐ DNC $	VA Non-Service Connected Disability Pension	☐ Yes ☐ No ☐ DNC $
SSDI	☐ Yes ☐ No ☐ DNC $	Pension or retirement income from another job	☐ Yes ☐ No ☐ DNC $
VA Service Connected Disability Compensation	☐ Yes ☐ No ☐ DNC $	Child Support	☐ Yes ☐ No ☐ DNC $
Private Disability Insurance	☐ Yes ☐ No ☐ DNC $	Alimony or Other Spousal Support	☐ Yes ☐ No ☐ DNC $
Worker's Compensation	☐ Yes ☐ No ☐ DNC $	Other (specify) _____	☐ Yes ☐ No ☐ DNC $
TANF	☐ Yes ☐ No ☐ DNC $		

Household Disability Information:

Relationship to Head of Household	**Disability Type (select from list to the right)**	**Date of Diagnosis**	**If yes to Drug Abuse, Alcohol Abuse, or Drug and Alcohol Abuse, currently receiving services or treatment?**	**Does your disability limit your ability to live independently?**	**Is the disability documented?**	**Disability Type:** Mental Health Problem, Physical, Developmental, Chronic Health Condition, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug Abuse, HIV/AIDS

Non-Cash Benefits:

Supplemental Nutrition Assistance Program (Food Stamps)	☐ Yes	☐ No	☐ DNC	TANF Transportation services	☐ Yes ☐ No ☐ DNC
Special Supplemental Nutrition Program for WIC	☐ Yes	☐ No	☐ DNC	Other TANF-Funded services	☐ Yes ☐ No ☐ DNC
TANF Child Care Services	☐ Yes	☐ No	☐ DNC	Other Source (specify) _____	☐ Yes ☐ No ☐ DNC

What are some barriers for you or members of your household to obtaining housing? ☐ Accessibility ☐ Age (Under 18) ☐ Criminal History ☐ Insufficient income ☐ Large family (4 plus bedroom) ☐ Past due rent- Market rate housing ☐ Past due rent or money owed- Public housing or Housing Authority ☐ Past due utilities ☐ Pets ☐ Poor or no credit ☐ Poor or no rental history ☐ Previous evictions- Market rate housing ☐ Previous evictions- Public housing or Housing Authority

Current Case Managers

Provider Type: ☐ County Financial Worker ☐ County Mental Health ☐ County Social Services ☐ Veteran Services ☐ Vocational Services ☐ Other, specify below

If Other, Type: _____

Provider County: _____ Agency Name: _____ Worker Name: _____

Worker Email: _____ Worker Phone: _____

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:
Alternative Contact #1 Name
Alternative Contact #1 Relationship
Alternative Contact #1 Phone
Alternative Contact #1 Email
Alternative Contact #2 Name
Alternative Contact #2 Relationship
Alternative Contact #2 Phone
Alternative Contact #2 Email

Assessor's Notes:

Housing Stabilization Services Questions

The following series is required to help determine eligibility for DHS Housing Stabilization Service. Based on your experience with the person you have assessed for Coordinated Entry, review the following 5 questions and use your professional judgement when selecting your responses.

Question	Explanation	Answer
1. Housing Instability: Is the person experiencing housing instability?	**Yes indicates person has reported their current housing situation as one of the following:** •Homeless (the person lacks a fixed, adequate nighttime residence) •At risk of homelessness (the person is faced with a situation that may cause them to become homeless) •Transitioning or recently transitioned from an institution, licensed, or registered setting	☐ Yes ☐ No ☐ Unsure/Unable to answer
2. Communication: Does this person need support communicating their needs to help with housing?	**Examples of Yes response may include:** •Person is difficult for most listeners to understand •Person struggles to understand most speakers •Person uses non-speech method (e.g., sign language, symbols, gestures) to communicate	☐ Yes ☐ No ☐ Unsure/Unable to answer
3. Mobility: Does this person need support getting around to help with housing?	**Examples of Yes response may include:** • Person needs assistance or supervision to use transportation • Person walks with physical assistance from another person • Person does not typically walk • Person requires assistance from another person to complete tasks requiring fine motor skills such as reading, writing, or maintaining personal care • Person cannot walk for long periods without taking breaks	☐ Yes ☐ No ☐ Unsure/Unable to answer
4. Decision Making: Does this person need support in decision making related to their housing?	**Examples of Yes response may include:** • Person has reported significant short-term memory issues or confusion retaining or recalling recent events, experiences, skills, or information • Person shows confusion or disorientation when asked about themselves • Person cannot weigh positives and negatives of issue in order to make appropriate decision • Person is easily coerced into decisions that may not benefit them	☐ Yes ☐ No ☐ Unsure/Unable to answer
5. Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing?	**Examples of Yes response may include:** • Person exhibits behaviors that may require supports to prevent/mitigate breaking the law • Person would have difficulty to identify and problem-solve to take appropriate action without assistance in a potentially harmful situation • Person requires the availability of an identified/dedicated person to safely direct own activities and manage personal responsibilities	☐ Yes ☐ No ☐ Unsure/Unable to answer

If yes to the question regarding housing instability, and yes to any of the remaining questions, the individual meets the Assessed Need and Housing Instability observations for DHS Housing Stabilization Services.

Housing Problem Solving Exit

Did the household receive financial assistance from your agency recently (either today or in the last 0-6 months)?
☐ Yes ☐ No

If yes, what type?

☐ Rental assistance in the amount of $	☐ Transportation coverage in the amount of $
☐ Security deposit in the amount of $	☐ Food voucher/gift card in the amount of $
☐ Moving costs in the amount of $	☐ Other $

Referrals/Services Provided:	**Outcome of assessment (Select one):**
☐ Basic needs (i.e., food, material goods) ☐ Childcare assistance or subsidy ☐ Criminal justice and legal assistance ☐ Education ☐ Employment ☐ Food (SNAP, food shelf/pantry, etc.) ☐ Medicaid or other health ins. options ☐ Mental health services ☐ Money management services ☐ Physical health ☐ Substance abuse services ☐ MFIP/General Assistance ☐ Community financial assistance (The Salvation Army, churches, etc.) ☐ Housing Stabilization Eligibility Documentation ☐ Prevention resources ☐ Veteran specific resources ☐ Other (specify):	☐ Continued with CES Step 2 Housing Assessment to place on CE priority list ☐ Unable to Contact: Assessor was unable to reach the household after initial HPS Assessment ☐ Household is able to stay in current situation for longer than 14 days ☐ Self- resolved: Household identified other housing on their own and is not in need of HPS services or CE ☐ Entering institutional setting for longer than 14 days ☐ Other (please specify):

River Valleys Coordinated Entry System
Step 2: CE Assessment

Date of Contact: **Location details:**

Current Living Situation (Pick ONLY ONE under Literally Homeless, Institutional, Temporary and Permanent Housing, OR Other):

Literally Homeless 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

Skip the rest of this page.

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

Continue to Question A.

Temporary and Permanent Housing Situations

- ☐ 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)

Continue to Question A.

Other

- ☐ Other
- ☐ Worker unable to determine
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Skip the rest of this page.

A. Is client going to have to leave their current Living Situation within 14 days? ☐ Yes ☐ No ☐ DK ☐ R ☐ DNC

If **"Yes"** to question **A**, please answer questions **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

Are you pregnant? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Housing History

Move-In Date Ex: 01/01/2001	Move-Out Date Ex: 03/01/2002	Residence Type Select from list to the right	State	City (MN- Only)	County (MN- Only)	Lease Holder

Assessing MN Long Term Homelessness

Extent of homelessness by Minnesota's Definition (Select one):

☐ Not currently homeless
☐ 1st time homeless and less than 1 year without home
☐ Multiple times homeless, but NOT meeting LTH definition
☐ Long term: At least 1 year OR at least 4 times in the past 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 staying somewhere that is considered a neutral event (e.g. transitional housing, jail, hospital, etc.), and enter that date below.

Approximate date homelessness started:

Total number of months homeless on the street, 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. transitional housing, jail, hospital, etc.): _____

Locations Left in the Last Year

Select all that apply:

☐ Adoptive home (from foster care system)
☐ Foster home (youth only)
☐ Juvenile Detention Center
☐ County Jail or Workhouse
☐ State or Federal Prison
☐ Mental Health Treatment Facility or Hospital
☐ Drug or Alcohol Treatment Facility
☐ Combined MI/CD Treatment Facility
☐ Group Home
☐ Halfway House
☐ Residence for people with physical disabilities
☐ No
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Residence Type

- Place not meant for habitation
- Emergency shelter, incl. hotel or motel paid for with ES 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
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- 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, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing subsidy
- Rental by client, with other ongoing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Client doesn't know
- Client refused
- Data not collected

Assessing Chronic Homelessness

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 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 (Select one): Pick ONLY ONE under Literally Homeless, Institutional, OR Transitional and Permanent Housing

Literally Homeless Situation

- ☐ Place not meant for habitation (a vehicle, 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

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

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ 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, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client with RRH or equivalent subsidy
- ☐ Rental by client with HCV voucher (tenant or site based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing subsidy
- ☐ Permanent Housing (other than RRH) for formerly homeless persons
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ *Client doesn't know*
- ☐ *Client refused*
- ☐ *Data not collected*

Length of Stay in Previous Place *(Literally homeless situation)*

- ☐ 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
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Length of Stay in Previous Place *(Institutional situation)*

- ☐ 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
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Length of Stay in Previous Place *(Transitional and permanent situation)*

- ☐ 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
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Literally Homeless Situation	***Institutional Situation***	***Transitional and Permanent Housing Situation***
Approximate date homelessness started: Regardless of where they stayed last night- Number of times the client has been on the streets, in ES, or SH in the past three years including today (select one): ☐ One time ☐ Two times ☐ Three times ☐ 4 or more times ☐ Client doesn't know ☐ Client refused ☐ Data not collected Total number of months on the street, in ES, or SH in the past three years _____	If selected an answer in the shaded area (participant stayed less than 90 days) then answer questions in this section. If more than 90 days, continue to veteran questions. If yes (stayed less than 90 days), on the night before did you stay on the streets, ES, or SH? ☐ ***Yes (If yes, continue with questions in this section)** ☐ No (if no, skip to Veteran Status) Approximate date homelessness started: Regardless of where they stayed last night- Number of times the client has been on the streets, in ES, or SH in the past three years including today (select one): ☐ One time ☐ Two times ☐ Three times ☐ 4 or more times ☐ Client doesn't know ☐ Client refused ☐ Data not collected Total number of months on the street, in ES, or SH in the past three years	If selected an answer in the shaded area (participant stayed 6 days or less) then answer questions in this section. If more than 6 days, continue to veteran questions. If yes (stayed less than 6 days or less), on the night before did you stay on the streets, ES, or SH? ☐ ***Yes (If yes, continue with questions in this section)** ☐ No (if no, skip to Veteran Status) Approximate date homelessness started: Regardless of where they stayed last night- Number of times the client has been on the streets, in ES, or SH in the past three years including today (select one): ☐ One time ☐ Two times ☐ Three times ☐ 4 or more times ☐ Client doesn't know ☐ Client refused ☐ Data not collected Total number of months on the street, in ES, or SH in the past three years

Did you serve on Active Duty, or in the National Guard or Reserves?

☐ No	☐ Yes, Reserves
☐ Yes, Active Duty (regardless of Guard and Reserve answers)	☐ Both Guard and Reserves
☐ Yes, National Guard	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Have you been referred to the Homeless Veteran Registry? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

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).

Are you Native American? ☐ Yes ☐ No
If yes, with which Tribe are you affiliated? (Select one)
☐ Lower Sioux Indian Community in the State of MN
☐ Mdewakanton Sioux Indians
☐ Minnesota Chippewa Tribe
☐ Prairie Island Indian Community in the State of Minnesota
☐ Red Lake Band of Chippewa Indians
☐ Shakopee Mdewakanton Sioux Community of Minnesota
☐ Upper Sioux Community
☐ Other

Do you have a disability of long duration? ☐ Yes ☐ No

If yes, have you been told by a medical professional that you have a severe mental illness (SMI)? ☐ Yes ☐ No

If yes, have you been told by a medical professional that you have a serious and persistent mental illness (SPMI)? ☐ Yes ☐ No

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

Substance Use
Do you have problems with alcohol? ☐ Yes ☐ No
Do you have problems with drugs? ☐ Yes ☐ No
Have you been to treatment? ☐ Yes ☐ No
If yes, how many times in- patient/out- patient treatment?

Living Situation and Client Choice
CoC Location (select from the list below)
MN CoCs: Hennepin, Ramsey, Southeast, SMAC, Northeast, Central, Northwest, West Central, St. Louis, Southwest

County where resides:

Do you need to stay in your current county due to any legal reasons going on right now (like probation or drug court)? ☐ Yes ☐ No

Are you willing to live anywhere in SE MN? ☐ Yes ☐ No

Are you wanting to live in another area of the state? ☐ Yes ☐ No
If so, what counties?

Counties of preference:

Participant Choice 1 (County):
Participant Choice 2 (County):
Participant Choice 3 (County):
Participant Choice 4 (County):
Participant Choice 5 (County):

Phone number where you can be reached or where a message can be left	Alternative Contact #2 Name
Email where you can be reached or where a message can be sent	Alternative Contact #2 Relationship
Alternative Contact #1 Name	Alternative Contact #2 Phone
Alternative Contact #1 Relationship	Alternative Contact #2 Email
Alternative Contact #1 Phone	Please list any case managers with whom participant is currently involved:
Alternative Contact #1 Email	

***Remember to provide the household with a Coordinated Entry Receipt**