



# River Valleys Continuum of Care Coordinated Entry System: Update Form for Assessment Updates

Circle “Yes” or “No” depending on if the response has changed. If a response is the same as in the Step 2 CES Assessment or on the Contact Spreadsheet, you do not need to fill out all the questions- just the ones that have changed.

**If not homeless (crisis resolved) – follow instructions for exiting the referral or contacting the CE Specialist if it is a non- HMIS List entry.**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Name / HMIS ID #/Non- HMIS ID on CE Priority List: \_\_\_\_\_

1. **Household Type:** Same? YES NO      **Household Size:** Same? YES NO  
 Family      Total # of Persons \_\_\_\_\_  
 Single      Total # of Adults \_\_\_\_\_  
 Youth- Single      Total # of Children (17 and under) \_\_\_\_\_  
 Youth- Family
  
2. **If there are school- aged children, is the school district the same?** YES NO  
**If it has changed, what is the new school district?** \_\_\_\_\_
  
3. **Any new episodes to enter in the Housing Summary Sub assessment?** YES NO

Move-In Date Ex: 01/01/2001	Move-Out Date Ex: 03/01/2002	Residence Type Select from list in Step 2 Assessment	State	City (MN- Only)	County (MN- Only)	Lease Holder

4. **Current Location: Same?** YES NO  
 Place not meant for habitation  
 Emergency shelter, including hotel or motel paid for with Emergency shelter voucher  
 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



# River Valleys Continuum of Care Coordinated Entry System: Update Form for Assessment Updates

- Substance abuse treatment facility or detox center
- 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 for formerly homeless persons
- Rental by client, no ongoing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing 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)

**Fill out the questions below only if they are:**

- **doubled- up or in another temporary situation (not highlighted above), and it has been less than a week (or 90 days if in an institutional setting), and they were in a HUD homeless situation (shelter, streets) or they are now in a HUD homeless situation.**

Approximate Date of most recent episode of HUD homelessness: \_\_\_\_\_

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: \_\_\_\_\_

Total number of months homeless on the street, in ES or SH in the past three years: \_\_\_\_\_

**5. Is the disability information the same? YES NO**

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,



# River Valleys Continuum of Care Coordinated Entry System: Update Form for Assessment Updates

**6. Are their county preferences the same? YES NO**

**Counties of preference:**

Participant Choice 1:
Participant Choice 2:
Participant Choice 3:
Participant Choice 4:
Participant Choice 5:

\*If the participant selects a county outside of the CoC, let them know you will have to contact the List Manager to confirm that they can be added to that CoC's CES and you will let them know if they cannot be added.

**7. Is their contact information the same? YES NO**

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:

**8. Any other notes?**

---



---



---



---



---