

Coordinated Entry Off-site Assessment Request

Name of individual/Head of household: _____

Contact Info _____

Referring Agency/Point of Contact _____

Contact Info _____

Living Situation (Check the box below that best describes your living situation):

- Car/Camping/Streets
- Emergency Shelter: _____
- Transitional Housing: _____
- Oxford/Restoration House
- Staying with friends or family
- Safe Haven
- Treatment Center
- Hotel/Motel: Who is paying for the most recent night _____

Is there a location that can be used to conduct the assessment: Yes/No

Name and address of location _____

If there is no location identified what part of the county is the individual/family located. _____

Name	Age	Relationship to Head of Household

Assessment Scheduled by ARCHES staff:

Date: _____

Time: _____

Location: _____

