Base Assessment

□ RENT Program □ Vet □ DV □ Spdat Score _____

□ Marion County □ Polk County □ Mailbox □ FUSE Score _____

□ Referred by: _____ □ Prevention Score _____

CONTACT and DEMOGRAPHICS

Household	Last Name	First Name	Middle Initial	Gender	SSN	DOB	Race	Ethnicity
Head								
Partner								
Child 1								
Child 2								
Child 3								
Child 4								
Child 5								

Phone #_____

Secondary phone #_____

Email address:_____

Mailing address:_____

HOMELESS STATUS

Where did you sleep last night?

Homeless: □ Street/camping/car □ Shelter □ Safe Haven

Institution: □Jail/Prison □Hospital □ Treatment Center

Transitional/Permanent Housing: □ Family/Friends □ Couch surfing □ Rental/Own House

□ Other_____ □ Client Refused

How long has client been staying there?

□ One night or less □ One week or less □ More than a week, less than a month

□ One to three months □ More than 3 months, less than a year □ One year or longer

□ Other_____ □ Client Refused

Is client homeless or at imminent risk of becoming homeless (will lose their nighttime sleeping arrangement within 14 day)?

If client is homeless, approximate date started (m/d/y): _____

Number of times client has been on the Street/ES/SH in past 3 years including today?

□ 1 □ 2 □ 3 □ 4+ □ Doesn't know □ Refused

Total number of months homeless on the Street/ES/SH in the past 3 years?

□ 1 (first time) □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □11 □ 12 □ More than 12 □Refused

Chronic Homeless? □ y □ n

RISKS

Domestic violence survivor: □ y □ n □

If yes, when did the experience occur?

□ Within past 3 months □ 3 to 6 months □ 6 to 12 months □ 12+ months □ Refused

Is client fleeing from DV: □ y □ n □ refused

Is/Was client in Foster Care? □ y □ n □ refused

In the last 6 months, how many times have you…. (FUSE)

□ Had overnight stays in a hospital_____ □ Visited the ER_____ □ Ambulance trips_____

□ Had EMT care_____

Has client recently left a system of care? □ y □ n

If yes, date entered/exited:_____

□ Psychiatric Facility □ Substance Abuse/Detox Facility □Hospital □ Jail/Prison

□ Foster Care/Group Home □ Other_____ □ Client Refused

Was client on the Streets/ES/SH prior to entering system of care? □ y □ n □ refused

Disabilities

Does the client have a disabling condition? □ y □ n □ refused

Disabilities *(All HH members)*		Long Term Condition	Impairs Living Alone	On File	Receiving Treatment	Doesn't Know	Refused
Alcohol Abuse	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❍	❍
Drug Abuse	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❍	❍
Both Alcohol & Drug Abuse	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❍	❍
Developmental	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❍	❍
HIV/AIDS	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❍	❍

Mental Health	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❍	❍
Physical	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❍	❍
Chronic Condition	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❍	❍

Health Insurance

Covered by Health Insurance? □ y □ n □ refused

Source(s) of Health Insurance *(Answer for All HH members)*	Yes	No	Not Collected
MEDICAID	❍	❍	❍
MEDICARE	❍	❍	❍
VA Medical Insurance	❍	❍	❍
Employer- Provided Health Insurance	❍	❍	❍
Health Insurance through COBRA	❍	❍	❍
Private Pay Health Insurance	❍	❍	❍
Indian Health Services Program	❍	❍	❍

Highest level of education completed? _____

_VETERAN STATUS

Military Branch: □ Army □ Air Force □ Navy □ Marines □ Coast Guard □ Refused

Years served? (m/d/y) from_____to_____ **Connected to VA services?** □ y □ n

□ Korean War (1950-55) □ Vietnam (1964-75) □ Post Vietnam (1975-91)

□ Persian Gulf (1991-Present) □ Afghanistan (2001-Present) □ Iraq (2003-Present)

Active duty? □ y □ n **Title 10:** □ y □ n **Deployed to Iraq/Afghanistan after 2001?** □ y □

Nature of Discharge:

□ Honorable □ General under honorable conditions □ Under other than honorable conditions
□ Bad Conduct □ Dishonorable □ Uncharacterized □ Client doesn't know □ Refused

Income

Income from any source? □ y □ n □ refused

If Parent receives income on Child's behalf, then enter the income in Parent's record

Source(s) of Income *(Answer for HoH and Adults)*	Yes	No	Not Collected	Monthly Income
Alimony or Other Spousal Support	❍	❍	❍	**$**
Child Support	❍	❍	❍	**$**
Earned Income (*wages and self employment*)	❍	❍	❍	**$**
General Assistance *(rarely used)*	❍	❍	❍	**$**
Other (*explain*):	❍	❍	❍	**$**
Pension/Retirement From a Former Job	❍	❍	❍	**$**
Private Disability Insurance	❍	❍	❍	**$**
Retirement Income from Social Security	❍	❍	❍	**$**
Social Security Disability Insurance (SSDI)	❍	❍	❍	**$**
Social Security Income (SSI)	❍	❍	❍	**$**
TANF *(Only put on the Primary Applicant's record)*	❍	❍	❍	**$**
Unemployment Insurance	❍	❍	❍	**$**
VA Non-Service Connected Disability Pension	❍	❍	❍	**$**
VA Service Connected Disability Pension	❍	❍	❍	**$**
Worker's Compensation	❍	❍	❍	**$**
TOTAL Monthly Income- (just this person's)				**$**

Non-Cash Benefits

Non-cash benefits from any source? □ y □ n □ refused

Source(s) of Non-Cash Benefits *(Answer for All HH members)*	Yes	No	Not Collected	Monthly Benefit (optional)
Supplemental Nutrition Assistance Program (Food Stamps)	❍	❍	❍	**$**
Special Supplemental Nutrition Program for WIC	❍	❍	❍	**$**
TANF Child Care Services	❍	❍	❍	**$**
TANF Transportation Services	❍	❍	❍	**$**
Other TANF-Funded Services	❍	❍	❍	**$**
Section 8, Public Housing or other on-going rental assistance	❍	❍	❍	**$**
Temporary rental assistance	❍	❍	❍	**$**
Other Non-Cash Benefit Source *explain*:	❍	❍	❍	**$**
If there are any Non-Cash Benefits Income, Mark "Non-Cash Benefit from Any Source" as YES				

HOUSING BARRIERS

How many evictions have you had in the last 7 years? _____

How much does you household owe in unpaid rent?_____

How much does your household owe in unpaid utilities?_____

I. **CRIMINAL HISTORY** Has anyone in your household ever been convicted of:

	Adult 1	Adult 2	Year Convicted	Charge
Arson				
Sex Offense				
Manufacturing Meth				
Violent Offense				
Other Felonies in the last 7 years				

□ **Parole** □**Probation** **How long on supervision?** _____

Are there any pending legal action(s)? □ y □ n

II. **DISPOSITION**

Has the client identified any other appropriate housing options?

□ Applied for housing program □ Living with Family/Friend □ Homeless □ Shelter

□ Not identified housing options □ Transitional Housing/Oxford

Household has the financial resources needed to obtain temporary or permanent housing?

□ Employment □ Checking Account □ Savings Account □ FAFSA □ Assets

□ Rental Assistance □ Other _____

Does the household have a support network in place to help retain or obtain temporary or permanent housing?

□ Family/Friends □ Church/Spiritual Guidance □ Case Manager/Provider □ Other

□ Would the household be homeless but for this assistance? □ y □ n

Coordinated Entry Assessment

Date of Assessment: _____

Assessment Location:

- □ Phone/Main call-in line/211
- □ Outreach – NonYouth
- □ Walk-in/Service Provider
- □ Online fillable form
- □ Text-in
- □ Youth Outreach

Assessment Type:

- □ Phone
- □ Virtual
- □ In-Person

Assessment Level:

- □ Crisis Needs Assessment
- □ Housing Needs Assessment

Prioritization Status:

- □ Placed on Prioritization List
- □ Not Placed on Prioritization List