

# NWCoC Coordinated Entry Training

NWCoC Coordinated Entry  
Overview of NWCoC Forms  
January, 2023





# Forms Overview

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# Active Listening Guide



## Step 1 Active Listening Guide

My name is \_\_\_\_\_, how can I help you today? Could you start by telling me where you are located?

Fill in Location \_\_\_\_\_.

Please tell me your name and what kind of resources do you feel would be most beneficial to help resolve your situation?

Active Listening: Let people tell you the story of their housing crisis. Check the boxes as you listen.

<b>Resources Checklist (Check boxes based on client's story) *Not intended to ask about every option*</b>		
Resource	Checkbox	Referral Information (Agency Specific)
Transportation		
Income and Employment		
Food		
Child Care		
Life Skills Classes		
<b>Emergency Shelter</b>		<i>Refer to DV Shelter or ES</i>
<b>Fleeing Violence of Abuse</b>		<i>Refer to DV Shelter or ES</i>
Security Deposits		
Utility Payments		
First Month's Rent		
Short Term Rent		
Housing Voucher (No Services)		
<b>Supportive Housing w/ Case Management</b>		
Housing Navigation Assistance		
Landlord Payment Plan		
Health Insurance		
<b>Mental/Behavioral Health</b>		
<b>Substance use/chemical health</b>		
Education / (School Homeless Liaison)		
Energy Assistance		
County Assistance		
Contacting a support network for help.		<i>assist client in making connections.</i>
Other		

**BOLD = Likely Candidate for Assessment for Coordinated Entry**    *Italic = Likely Candidate for Prevention*

*If client indicates a need for any category that is BOLD or Italic continue on with assessment collect contact information and move onto Step 2. If not, make referral to appropriate mainstream resource available in your community based on clients housing story. (Assessor Judgement)*

Client Name:	Phone Number:	Other:
E-mail:	Facebook:	
Contact information is optional to collect during Step 1.		

Assessor Notes:

- Use the Active Listening Guide as a resource to help clients and learn.
- Record the Information for Referral and help clients get in contact.
- Use the form to listen and understand the needs of the client.
- This is **NOT** meant to be a step by step question and answer. Listen, check boxes, record information, and use it to best serve the client.



# Diversion and Rapid Resolution Assessment

*NWCOG Diversion and Rapid Resolution Assessment (Revised 2-2-23)*

Assessor's Name	Assessment Location	Assessor's Organization	Assessment Date

*I appreciate you telling me about your situation and how we could best be of service to you. Would you mind if I ask you a few more questions to help me provide the best possible service today? (Pause for Response) I cannot guarantee that we will be able to provide you with services today, but I will do my best to offer you what services are available and that you are eligible for. I will be entering your information into our data system, but will ask your consent prior to sharing or referring you to another agency. Could you start by telling me your name?*

First Name (HOH)	MI	Last Name	Date of Birth	Gender	Select from drop-down below or *See Answer Key
				Choose an item.	
Preferred Pronouns:	Choose an item.				
<b>Additional Household Members must be included in this assessment. Add them in the table at the end of this assessment.</b>					
Are any household members currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what is the projected due date?		
Are you or any HH member an enrolled member of a Native American tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, of which tribe are you a member? *see Answer Key or choose from drop-down Choose an item.		
Are you a veteran of the United State Military? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Household Type?		<input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Youth-Family <input type="checkbox"/> Youth-Single			
Total Persons	#	Adults (18+)	#	Child (U17)	#

<b>What is your current housing situation? (Check the box for the most accurate selection)</b>	
Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unhoused (Literally Homeless) <input type="checkbox"/> Staying in unsafe housing <input type="checkbox"/> Staying with family or friends (Doubled-up)	<b>Refer to CES assessment or complete Rapid Resolution assessment. If needed, refer to emergency shelter or domestic violence resources as well.</b>



# Diversion and Rapid Resolution Assessment

<input type="checkbox"/> Fleeing Domestic Violence	
<input type="checkbox"/> Staying in your own housing	<i>Refer to either mainstream resources or complete Step 3A: MPAT, depending on how long person can stay.</i>

<b>How long are you able to stay in your current housing situation? (Check the box for the most accurate selection)</b>		
<input type="checkbox"/> 0 Days <input type="checkbox"/> 1-3 Days <input type="checkbox"/> 4-7 Days <input type="checkbox"/> 8-14 Days	<i>Refer to prevention services, unless assessor determines client will become homeless. In that case, refer to Housing Access for Coordinated Entry assessment or complete Rapid Resolution assessment. If the client cannot stay in their current housing situation for another night, refer to emergency shelter.</i>	
<input type="checkbox"/> 15-30 Days <input type="checkbox"/> 31+ Days	<i>Refer to mainstream resources or complete Step 3A: MPAT to assess for prevention services.</i>	
<b>Have you received an eviction notice?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, follow steps for needing to leave within 14 days.</i>
<b>If you stay where you are, could your friends or family be evicted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, follow steps for needing to leave within 14 days.</i>

Does the client have Income from any source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected					
<i>HMIS Tips: Enter income using the HUD Verification tool. Start date is the project start date. "Receiving income source" will remain "yes," even if income ends.</i>					
<b>Monthly Income:</b>		<i>Monthly amount</i>			<i>Monthly amount</i>
Earned Income	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	General Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
Unemployment Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Retirement Income From Social Security	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
SSI	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	VA Non-Service Connected Disability Pension	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
SSDI	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Pension or retirement income from another job	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
VA Service Connected Disability Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
Private Disability Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Alimony or Other Spousal Support	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Other (specify)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
TANF	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	_____		
<b>c. Total monthly income:</b> \$ _____ .00					



# Diversions and Rapid Resolution Assessment

Use the Rapid Resolution Assessment for the following situations.

1. Assessor determines that with light-touch or short-term assistance (e.g. security deposit, first month's rent) the client can achieve long term housing stability. Assessor believes that less than three (3) months of assistance is needed.
2. The clients previously answered questions regarding housing situation determine the client is eligible for rapid resolution.

<b>Rapid Resolution (0 – 3 months assistance to stabilize a homeless individual or family)</b>		
<i>Use the following questions along with the rest of the assessment to determine person with the highest vulnerability to be prioritized for services in accordance with the guiding values for prioritization established by the NWCoC.</i>		
Have you experienced discrimination in your community based on (medical diagnosis, disability, race, religion, or gender, sexual orientation)? Has that impacted your ability to find housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Due to discrimination client is unable to: (examples) <ul style="list-style-type: none"> <li>• Get a job</li> <li>• Find a landlord</li> <li>• Access shelter</li> </ul>
Have your interactions with institutional settings created barriers for you to find housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Due to institutional settings: (examples) <ul style="list-style-type: none"> <li>• ACES, trauma related to finding housing</li> <li>• Felony / Criminal Record</li> </ul>
Are your current (within last two weeks) health and emotional needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Needs: (Examples) <ul style="list-style-type: none"> <li>• Unable to see therapist</li> <li>• Cannot attend physical therapy to get back to work</li> </ul>

<b>Assessor Determination</b>	
<input type="checkbox"/> Client is homeless or will become homeless without housing, including supportive services. <input type="checkbox"/> Client is a doubled-up youth. (16-24 years old)*	<b>Refer to Housing Access for Coordinated Entry assessment. Refer to emergency shelter if needed. Only if diversion/prevention assistance is not feasible.</b>
<input type="checkbox"/> Client could stay in housing with prevention services.	
<input type="checkbox"/> Client could solve crisis with a Rapid Resolution.	<b>Offer client short-term housing assistance. (Less than 3 months)</b>
<input type="checkbox"/> Client has safe housing, cannot receive prevention services, and does not want supportive housing.	<b>Refer to mainstream resources identified in Step 1. If looking for new housing, refer to PHA for Housing Choice Voucher.</b>



# Diversion and Rapid Resolution Assessment

*Please Note: Referral to Housing Access Assessment is the least desirable outcome for agencies and the client as very few people are able to be housed from Coordinated Entry. (This may differ by location across NW CoC.)*

## Contact Information

*Could you provide me with your best available contact information and let me know how you would like to be contacted?*

Phone Number (where you can be reached or where a message can be left)	
E-mail where you can be reached or where a message can be sent:	
Social media service and account name (e.g. Facebook)	
Mailing address where you can reliably receive mail	
Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> E-mail <input type="checkbox"/> Social Media <input type="checkbox"/> Physical Location
Has the client completed the HMIS Release of Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client completed the Case Conferencing Release of Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date:</b>

## ADDITIONAL HOUSEHOLD MEMBERS

First Name	MI	Last Name	Relationship to HoH	Date of Birth	Soc. Sec. #	Gender (Select from drop-down below or See Answer Key)	Race
			Choose an item.			Choose an item.	Choose an item.
			Choose an item.			Choose an item.	Choose an item.
			Choose an item.			Choose an item.	Choose an item.
			Choose an item.			Choose an item.	Choose an item.



# Diversion and Rapid Resolution Assessment

*Assessor Notes* (please enter into CES) *Please provide any notes that will assist you and the community to best serve the client.*

Instructions for completing this form in HMIS can be found in [Appendix C](#)  
[Diversion and Coordinated Entry Data Instructions](#) of the NWCoC CES  
Procedure Manual

For adding information into HMIS, you will also want to complete





# Minnesota Homeless Prevention Assessment Tool

- ▶ The MPAT is used as the Prevention Screening Tool.
- ▶ The NWCoC did not create its own assessment for prevention as nearly all providers that have prevention services utilize the state Family Homelessness Prevention and Assistance Program (FHPAP)
- ▶ The FHPAP program requires the use of the MPAT
- ▶ Training for the MPAT can be found at this link or by contacting Minnesota Housing. [MPAT Training Documents](#) (Sept. 2019)



# NWCoC Coordinated Entry Assessment

## Step 3b Coordinated Entry Assessment

I would like to ask you a few more questions that will help assist you in resolving your housing situation. Once we complete this assessment, if it seems like supportive housing will be the best solution, I will add you to the NWCoC Priority List. It is not a guarantee that a housing program will have an opening. In the meantime, we should continue to work towards other options for resolving your situation. After this assessment we can chat through other options.

### Client Choice and Strength-Based Questions

Assist client in understanding the different types of housing.

<i>Please note if you have a need or a preference for each of the following:</i>	<i>Need</i>	<i>Preference</i>	<i>Notes</i>
Cultural or population specific housing (tribal, HIV/AIDS, LBGT)	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed Site	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Support (GRH)	<input type="checkbox"/>	<input type="checkbox"/>	
Have a Front Desk	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility/Access	<input type="checkbox"/>	<input type="checkbox"/>	
Access to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Scattered Site	<input type="checkbox"/>	<input type="checkbox"/>	
Stay enrolled in same school district	<input type="checkbox"/>	<input type="checkbox"/>	
Sober Housing/Treatment based	<input type="checkbox"/>	<input type="checkbox"/>	

Are you willing to live anywhere in the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What city do you currently live in?	
Client Preference County 1-3	1. 2. 3.	What county do you currently live in?	
If yes, please explain the connection:		If you are not currently living in the city/county you want to live in, do you have any connections to the area?	<input type="checkbox"/> Yes – Employment <input type="checkbox"/> Yes – Family <input type="checkbox"/> No <input type="checkbox"/> Other _____



# NWCoC Coordinated Entry Assessment

Have you experienced discrimination in your community based on (medical diagnosis, disability, race, religion, or gender, sexual orientation)? Has that impacted your ability to find housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has your interaction with institutional settings created barriers for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Are your current (within last two weeks) health and emotional needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Do you have children currently in school? What school are they attending? Have you worked with the school McKinney-Vento liaison?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Will your household size change if you are able to secure stable housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Assessor Notes: What else did you hear that may help this person with housing or a housing program case manager should be aware of?  <i>Record your notes in the CES Assessor's Notes sub-assessment in HMIS.</i>	<input type="checkbox"/>	<input type="checkbox"/>

## Client and Household Information

<b>Gender:</b> (select as many as apply) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<b>Race:</b> (select as many as apply) <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected <i>If client does not identify with any race options above, select "Client refused."</i>	<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected <i>Hispanic/Latin(a)(o)(x) clients must also select a race.</i>
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# NWCoC Coordinated Entry Assessment

## Eligibility Information

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

Literally Homeless Situations	Institutional Situations	Temporary and Permanent Housing Situations	Other	
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent Housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
↓	↓	↓	↓	
Skip questions A - E.	Continue to Question A.	Continue to Question A.	Skip questions A - E.	

Where are you living right now at this moment?

This part of the assessment needs to be updated during the Interim Assessment phase.

- A. Is client going to have to leave their current Prior 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



# NWCoC Coordinated Entry Assessment

### Housing Summary

Please provide list of previous living experiences to help determine an appropriate placement.

Start Date	End Date	Residence Type	City / County / State	Who was the leaseholder?

<b>Extent of homelessness by Minnesota's definition on the day before project start date:</b>	
<input type="checkbox"/> Not currently homeless	<input type="checkbox"/> Multiple times homeless, but not meeting long-term homeless definition
<input type="checkbox"/> First time homeless AND less than one year without home	<input type="checkbox"/> Long term: homeless at least 1 year OR at least 4 times in the past 3 years
<b>Approximate Date of Most Recent Episode of Homelessness (MN)?</b>	Month___/ Day___/ Year_____
<b>Total # of months homeless or doubled up? (do not include time in TH or other housing):</b> _____	



# NWCoC Coordinated Entry Assessment

The responses are intended to reflect from the client's last living situation *immediately* prior to the Project Start Date. For projects that do not provide lodging, the 'prior' living situation may be the same as the client's current living situation.

**1. Prior Living Situation (Type of Residence) (Pick ONLY ONE under Literally Homeless, Institutional, OR Temporary and Permanent Housing)**

Literally Homeless Situations	Institutional Situations	Temporary and Permanent Housing Situations
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent Housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy
<input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	

**2. Length of Stay in Previous Place**

<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer
	DK <input type="checkbox"/> R <input type="checkbox"/> DNC

**3. Approximate date of most recent episode of homelessness** \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. Regardless of where they stayed last night - Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years (including today)**  1 time  2 times  3 times  4 or more times  Client doesn't know  Client refused

**5. Total number of months homeless on the street, in emergency shelter, or Safe Haven in the past three years**

1 month (this time is the first)  2 months  3 months  4 months  5 months  6 months  7 months  8 months  9 months  10 months  11 months  12 months  More than 12 months  Client doesn't know  Client refused

Where did you sleep the night before the assessment?

This part of the assessment only needs to be **completed one-time.**



# NWCoC Coordinated Entry Assessment

Did you serve on Active Duty, or in the National Guard or Reserves? (18+ only)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Active Duty (including National Guard and Reserves)	<input type="checkbox"/> Yes, National Guard, but never activated/deployed <input type="checkbox"/> Yes, Reserves, but never activated/deployed	<input type="checkbox"/> Both Guard and Reserves, but never activated/deployed <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
Have you been referred to the Homeless Veteran Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		
<p><i>*The Homeless Veteran Registry can be found here: <a href="https://mn.gov/mdva/resources/homelessnessandprevention/homelessveteranregistry.jsp">https://mn.gov/mdva/resources/homelessnessandprevention/homelessveteranregistry.jsp</a> Anyone who served in the U.S. Armed Forces, Reserves, or National Guard can join the Registry, regardless of the type of discharge. If you are a Veteran and choose to join, a team of housing and service professionals will work together to help you access housing and services that meet your needs. Participation is voluntary. You do not have to join and choosing not to participate will not affect your eligibility for services.</i></p>			

Does the client have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
<b>HMIS Tips: Enter health insurance using the HUD Verification tool. Start date is the project start date. A response is required for each health insurance type (select Yes/No/DNC).</b>			
Select the appropriate answer for Health Insurance type.			
MEDICAID	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC



# NWCoC Coordinated Entry Assessment

Does the client have Income from any source?  Yes  No  Client doesn't know  Client refused  Data not collected

*HMIS Tips: Enter income using the HUD Verification tool. Start date is the project start date. "Receiving income source" will remain "yes," even if income ends.*

Monthly Income:		Monthly amount			Monthly amount
Earned Income	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	General Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
Unemployment Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Retirement Income From Social Security	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
SSI	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	VA Non-Service Connected Disability Pension	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
SSDI	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Pension or retirement income from another job	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$

VA Service Connected Disability Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
Private Disability Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Alimony or Other Spousal Support	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Other (specify)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$
TANF	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	_____		
<b>c. Total monthly income:</b> \$ _____ .00					





# NWCoC Coordinated Entry Assessment

Does the client have a **disability of long duration**?  Yes  No  Client doesn't know  Client refused  Data not collected

**HMIS Tips:** Enter disabilities using HUD Verification. Disability Determination is "Yes" if the client has the disability during the time period. Start date is the project start date.

Disability Type	Disability Determination	Start Date	If Yes, Expected to be of long, continued and indefinite duration, and substantially impedes ability to live independently, and of such a nature that such ability could be improved by more suitable housing conditions?
<u>Mental Health Disorder</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Project Start Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
<u>Physical</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
<u>Developmental</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		N/A
<u>Chronic Health Condition</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
Both Alcohol and Drug use disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		N/A

Have you been told by a medical professional that you have a severe mental illness (SMI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Is the SMI disability documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, What accommodations do you require for housing due to health or a disability?

Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many times have you moved in the past year?	



# NWCoC Coordinated Entry Assessment

*Use the next set of questions as a resource to identify how much assistance a household will need to successfully resolve their current housing crisis. These notes will assist in the process of identifying the best solution. These questions will also assist the assessor in completing the Housing Stabilization Services Assessment. If the client is placed on the priority list include any relevant information in your Assessor Notes.*

As we refer you to resources are you able to make it to these appointments in person? I may not have the ability to assist you with this, but it is helpful information to best assist you. (Ex. Will you need transportation, a virtual appointment or child care?)	<input type="checkbox"/> Yes <input type="checkbox"/> No If no note the resources needed:
Do you feel that you could make appointments with the resources I referred you to today on your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no note the resources needed:
Would you like assistance in making appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any barriers that may impact your ability to get housing? (Ex. Criminal History, Evictions. Credit History)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, note the resources needed:
Do you have your vital documents today? (Ex. Birth Certificate/ Driver's License/ID/ SSN)	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, refer to agency for assistance with obtaining documents.
Have you applied for assistance in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the outcome?	
If the outcome was negative, ask client "What would have created a more positive outcome for you?"	

# NWCoC Coordinated Entry Assessment

## Housing Stabilization Assessment (To be completed by assessor)

Is the client at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If no, do not complete this section.
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*Based on your experience with the client, review the following 5 questions and use your professional judgement when selecting your responses. You should not ask these questions of the person, instead they should be based on observations you have had during the assessment. A response option is available if an assessor is unable to answer the question. 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 requirements for Housing Stabilization Services.*

<b>Housing Stabilization Assessment Questions</b>		
Is the person experiencing housing instability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Answer	<i>Yes indicates person has reported their current housing situation as one of the following:</i> <ul style="list-style-type: none"> <li>• Homeless (the person lacks a fixed, adequate nighttime residence)</li> <li>• At risk of homelessness (the person is faced with a situation that may cause them to become homeless)</li> <li>• Transitioning or recently transitioned from an institution, licensed, or registered setting</li> </ul>
Does this person need support communicating their needs to help with housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Answer	<i>Examples of Yes responses may include:</i> <ul style="list-style-type: none"> <li>• Person is difficult for most listeners to understand</li> <li>• Person uses non-speech method (e.g., sign language, symbols, gestures) to communicate</li> </ul>
Does this person need support getting around to help with housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Answer	<i>Examples of Yes response may include:</i> <ul style="list-style-type: none"> <li>• Person needs assistance or supervision to use transportation</li> <li>• Person walks with physical assistance from another person</li> <li>• Person does not typically walk</li> <li>• Person requires assistance from another person to complete tasks requiring fine motor skills such as reading, writing, or maintaining personal care</li> <li>• Person cannot walk for long periods without taking breaks</li> </ul>
Does this person need support in decision making related to their housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Answer	<i>Examples of Yes response may include:</i> <ul style="list-style-type: none"> <li>• Person has reported significant short-term memory issues or confusion retaining or recalling recent events, experiences, skills, or information.</li> <li>• Person shows confusion or disorientation when asked about themselves</li> <li>• Person cannot weigh positives and negatives of issue in order to make appropriate decision.</li> <li>• Person is easily coerced into decisions that may not benefit them.</li> </ul>
Does this person need support managing challenging behaviors to help with housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Answer	<i>Examples of Yes response may include:</i> <ul style="list-style-type: none"> <li>• Person exhibits behaviors that may require supports to prevent/mitigate breaking the law</li> <li>• Person would have difficulty to identify and problem-solve to take appropriate action without assistance in a potentially harmful situation</li> <li>• Person requires the availability of an identified/dedicated person to safely direct own activities and manage personal responsibilities</li> </ul>



# NWCoC Coordinated Entry Assessment

*I appreciate you taking the time to go through this assessment. Based on our conversation from today, could we come up with three actions that you could take in order to help resolve your situation?*

1.
2.
3.

### Contact Information

*Could you provide me with your best available contact information and let me know how you would like to be contacted? If you collected this information as part of Step 2: this may not be necessary to update.*

Phone Number (where you can be reached or where a message can be left)	
E-mail where you can be reached or where a message can be sent:	
Social media service and account name (e.g. Facebook)	
Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> E-mail <input type="checkbox"/> Social Media <input type="checkbox"/> Physical Location
Has the client completed the HMIS Release of Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client completed the Case Conferencing Release of Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date:</b>

Assessor Notes: (please enter into CES)

# Participant Notice and Consent for ROI

## NW MN COC COORDINATED ENTRY SYSTEM (CES) PARTICIPANT NOTICE AND CONSENT FOR RELEASE OF INFORMATION



NAME: \_\_\_\_\_

**I understand that:**

- My household will be placed on a housing list for ALL homeless programs in the Northwest MN region.
- The list is a priority list, not a wait list. This means persons are selected for open units based on need and eligibility, not first-come, first-serve criteria.
- I understand that partner agencies from the NW CoC will be attempting to contact me, and I have an obligation to respond to attempted communications. It is important and to my benefit to let the assessor know of any changes in my household or homeless status (i.e. I am no longer homeless, I have been evicted from housing, etc.) as soon as it happens.
- It is my responsibility to inform my case manager or agency contact person listed below of any changes in my contact information. If I cannot be reached using the contact information I have provided, my name may be removed from the Priority List. If my name is removed from the list, I will have the option to re-apply for homeless services.
- If my household is selected for a housing program, I may need to verify eligibility for the program. If my household is selected for a fixed-site housing unit, the property managers will still do a background check, however they will have less strict requirements. The Housing Agency will try to contact me using the information I have provided. There is a short response time to accept or decline an offer. If I cannot be contacted, another household will be selected.
- I have the right to turn down an offer of housing. If I turn down an offer of housing, my name will return to the Priority List. Valid reasons to turn down housing are: location, type of housing wanted (fixed vs. scattered site) or conflict with the agency.
- If I am not satisfied with a CES decision for any reason, I have the right to make an appeal to the Housing Agency that issued the denial. If I have reason to fear contacting this person for any reason, I can contact the Priority List Manager, Lori Anderson, at 218-773-3521 or [delores@tvoc.org](mailto:delores@tvoc.org).

AGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 AGENCY CONTACT E-MAIL: \_\_\_\_\_

The NW MN Coordinated Entry System (CES) is a partnership of agencies (full list attached) sharing information to provide a more coordinated homeless response system. The information from the CES screening and assessments is shared for the purpose of:

- o Assessing my household's program eligibility
- o Prioritizing my household's need for services
- o Linking my household to the most appropriate services
- o Evaluating the CES program and system performance
- o Evaluating the homeless response system for gaps, needs, and duplication.

This form authorizes the following identifying information to be shared through Case Conferencing:

- o Family/household information
- o Income and benefits information
- o Education and Employment history
- o Housing history and barriers

- o Homeless status and history
- o Veteran and discharge status
- o Program and service involvement and contracts
- o General health information, including physical health and behavioral health (not including case records)

**This authorization is voluntary and strictly for sharing information needed for entering and moving through the Coordinated Entry System and may NOT be used for any other purpose. The information collected, maintained and stored by the NW MN CoC and shared with service providers may include records relating to your behavioral and/or mental health, alcohol and drug abuse treatment, HIV/AIDS, and genetics.**

**This information is necessary for determining your eligibility for housing and services. You will not be denied help if you do not want to sign this form or if you do not want to allow CES to share your personal information. You have the right to review the information that is shared. You have the right to revoke this authorization at any time by giving verbal or written notice of revocation to this Agency or the NW MN CoC. Revoking this authorization will not affect any action taken or information shared prior to notice of revocation. You can cancel this consent at any time by calling the Agency contact listed. You will be given a copy of this authorization.**

- I agree to have my information shared for the purpose of Case Conferencing as explained above.
- Do not share my information in Case Conferencing. I understand that I will not be denied services if I do not share, but the ability to quickly and appropriately identify services for me may be affected by my decision not to share my information.

By signing this form, I acknowledge that I completely understand what has been presented to me and I agree to allow my information to be shared through Case Conferencing in the Northwest CoC. This authorization takes effect the day that I sign it and expires upon my request.

PARTICIPANT NAME	SIGNATURE	DATE

- The Coordinated Entry assessment was conducted via phone and the Participant(s) gave verbal permission to this assessor for their signatures. A copy of this Notice and Consent for Release of Information will be provided to the participant either electronically or by mail.**

ASSESSOR NAME	SIGNATURE	DATE

# Minnesota HMIS Data Privacy Notice

## Minnesota's HMIS Data Privacy Notice

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system, including street outreach, shelters, and housing programs.

### Why do we collect this information?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

### Who can see information that is in Minnesota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Other agencies like this agency that provide services and have received permission from you to see your information. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request.
- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable information will **never** appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order.

We will not release your information for any other use unless you permit us in writing.

### How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.

### What are your rights?

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This agency will **not** refuse to help you for denying this. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form.

## Minnesota's HMIS Release of Information

For: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Print First, Middle, and Last Name (Complete one form for each adult)

Your personal information will be collected in Minnesota's HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

### Why share your information?

- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
- Sharing allows agencies to focus on meeting your unique needs more quickly.
- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

### What information might be shared?

- Family/Household information
- Name, birthdate, Social Security Number
- Gender, race, ethnicity
- Reasons for seeking services
- Living situation and housing history
- Services you receive
- If you are homeless or not
- Your income and income sources
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health

### Please check (✓) a box:

- SHARE:** I consent to have the information collected about me shared through Minnesota's HMIS with other partner agencies in order to improve services to me and the services offered to others.
- DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

### When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid until canceled by you.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

SIGNATURE OF CLIENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_ Signature of agency witness \_\_\_\_\_ Date \_\_\_\_\_

- Please treat information about my children age 17 or younger the same as mine.
- Verbal Consent obtained by phone (Agency Staff Signature): \_\_\_\_\_ Date: \_\_\_\_\_



# Adding information in HMIS or Alternative Priority List

- ▶ Appendix C Diversion and Coordinated Entry Data Instructions of this document includes detailed instruction for completing the NWCoC Coordinated Entry Assessment and placing a household on the priority list.
- ▶ For users that will be using the HMIS to enter data the Institute of Community Alliances has training you will need to complete.  
<https://www.hmismn.org/coordinated-entry>.
- ▶ For information on adding the information into the Alternative Priority list for DV Providers or when clients refuse entry into HMIS e-mail the Priority List Manager.

# Thank You

- ▶ If you have questions regarding this training please reach out to the NWCoC Priority List Manager.