



LANE COUNTY HMIS **COORDINATED ENTRY / CWL ENTRY FORM**

HMIS DATA PRIVACY SCRIPT READ AND ACKNOWLEDGED? YES NO

Front Door Agency	Comprehensive Assessor's Name	Assessment Date

COMPLETE THIS ASSESSMENT FOR THE HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD (HoH) NAME (first, middle initial, last, suffix) DATE OF BIRTH (Don't Leave Blank!)

<input type="checkbox"/> full <input type="checkbox"/> partial	/ /	<input type="checkbox"/> Full <input type="checkbox"/> Partial
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SOCIAL SECURITY NUMBER (HoH)

- -

Client Doesn't know Client Refused

VETERAN STATUS (HoH)

<input type="checkbox"/> Yes	Served active duty in the US military
<input type="checkbox"/> No	Did not serve active duty in the US military

RACE & ETHNICITY (HoH) Check all that apply.

<input type="checkbox"/> American Indian, Alaska Native or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Hispanic/Latina/e/o	
<input type="checkbox"/> Middle Eastern or North African	Additional Race / Ethnicity Detail:
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

GENDER (HoH) Check all that apply.

<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Transgender
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Questioning
<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Different Identity	
If Different Identity, please specify:	

PREFERRED LANGUAGE

<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> German	<input type="checkbox"/> Korean	<input type="checkbox"/> Other
<input type="checkbox"/> Chinese	<input type="checkbox"/> Russian	<input type="checkbox"/> Client Doesn't know
<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Client prefers not to answer

HEAD OF HOUSEHOLD CONTACT INFO

Housing status	Email	Address	Cell Phone Number
			<input type="checkbox"/> Cell Phone <input type="checkbox"/> Message Phone

Housing Status selections: Unsheltered or Emergency Shelter, Doubled up, Transitional Housing Project, Housed

IF THE CLIENT IS NOT HOMELESS – NO NEED TO CONTINUE

DIVERSION QUESTIONS

Did you have a Diversion problem solving conversation with this household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Based on the answers above, Do you recommend Diversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF ELIGIBLE FOR DIVERSION, DO NOT CONTINUE FRONT DOOR ASSESSMENT AND COMPLETE COGNITO FORM:

<https://www.cognitofrms.com/LaneCounty1/lanecountydiversionfinancialassistancerequest>

HOUSEHOLD TYPE

<input type="checkbox"/> Adult Only
<input type="checkbox"/> Adult(s) and Child(ren)
<input type="checkbox"/> Child(ren) Only

HOUSEHOLD SIZE AND INCOME same for every HH member

Household Size:	Household Income (Monthly):	List Names and Ages of all people that will be housed together

Client's Current Residence (City)	Enrollment CoC*
	OR - 500

LC 3 YEAR HOUSING & HOMELESS HISTORY (must include at least 36 months)

Start Date	End Date	City	Housing Type	Reason for Leaving?	Good Landlord Reference?	Notes

PRIOR LIVING SITUATION (where did client stay last night)

Homeless Situations																	
<input type="checkbox"/> Place not meant for habitation																	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter																	
Institutional Situations																	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home																
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility																
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center																
Temporary and Permanent Housing Situations																	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Rental by client, no ongoing housing subsidy																
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with ongoing housing subsidy																
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> If Yes, Rental Subsidy Type: <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> GPD TIP</td> <td><input type="checkbox"/> VASH</td> <td><input type="checkbox"/> HCV Voucher</td> </tr> <tr> <td><input type="checkbox"/> RRH/equivalent</td> <td><input type="checkbox"/> PSH</td> <td><input type="checkbox"/> Public housing unit</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Family Unification Program (FUP)</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> GPD TIP	<input type="checkbox"/> VASH	<input type="checkbox"/> HCV Voucher	<input type="checkbox"/> RRH/equivalent	<input type="checkbox"/> PSH	<input type="checkbox"/> Public housing unit	<input type="checkbox"/> Family Unification Program (FUP)			<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)			<input type="checkbox"/> Other		
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<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)																	
<input type="checkbox"/> Other																	
<input type="checkbox"/> Host Home (non-crisis)																	
<input type="checkbox"/> Staying or living in a friend's room, apartment or house																	
<input type="checkbox"/> Staying or living in a family member's room, apartment or house																	
<input type="checkbox"/> Owned by client, with housing subsidy																	
<input type="checkbox"/> Owned by client, no housing subsidy																	

<p>DID THE CLIENT STAY LESS THAN 90 DAYS?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> No (Skip to next section.)</td> <td><input type="checkbox"/> Yes</td> </tr> </table> <p>LENGTH OF STAY IN INSTITUTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1 night or less</td> <td><input type="checkbox"/> 2 to 6 nights</td> </tr> <tr> <td><input type="checkbox"/> 1 week or more, but less than 1 month</td> <td><input type="checkbox"/> 1 month or more, but less than 90 days</td> </tr> </table> <p>LENGTH OF STAY IN LITERALLY HOMELESS SITUATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1 night or less</td> <td><input type="checkbox"/> 1 week or more, but less than 1 month</td> <td><input type="checkbox"/> 90 days or more, but less than 1 year</td> </tr> <tr> <td><input type="checkbox"/> 2 to 6 nights</td> <td><input type="checkbox"/> 1 month or more, but less than 90 days</td> <td><input type="checkbox"/> 1 year or longer</td> </tr> </table>	<input type="checkbox"/> No (Skip to next section.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 90 days or more, but less than 1 year	<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 1 year or longer	<p>DID THE CLIENT STAY LESS THAN 7 DAYS?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> No (Skip to next section.)</td> <td><input type="checkbox"/> Yes</td> </tr> </table> <p>LENGTH OF STAY IN HOUSING SITUATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1 night or less</td> <td><input type="checkbox"/> 2 to 6 nights</td> </tr> </table> <p>On the previous night, did the client stay on the streets, in an Emergency Shelter, or in a Safe Haven?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> No (Skip to next section.)</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> </tr> </table>	<input type="checkbox"/> No (Skip to next section.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> No (Skip to next section.)	<input type="checkbox"/> Yes
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<p>If literally homeless, Where were you living when you lost your housing?</p>	<p>City: _____</p> <p><input type="checkbox"/> Outside Oregon? <input type="checkbox"/> Never Stably Housed</p>
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CURRENT LIVING SITUATION

ONLY COMPLETE IF HOH YOUTH UNDER THE AGE OF 25 DOUBLED UP OR AT RISK OF HOMELESSNESS

Homeless Situations	
<input type="checkbox"/> Place not meant for habitation	
<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	
Institutional Situations	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center
Temporary and Permanent Housing Situations	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
Is the Client going to have to leave their current living situation within 14 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused	

HOST HOMES

ONLY ASK THIS QUESTION OF YOUTH UNDER THE AGE OF 25

Would you be interested in participating in a host home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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COORDINATED ENTRY VULNERABILITY ASSESSMENT

Is there physical or mental health care, or medications that you think you need, or that someone else has suggested for you, that you are unable to get for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last year, have you had to leave an apartment, shelter program, or place you were staying because of something about your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last year, have you had to leave an apartment, shelter program, or place you were staying because of something about your mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a serious health condition that requires frequent medical attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last year, have you been attacked or beaten up while you've been homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last year, have you had to leave an apartment, shelter program, or place you were staying because of something related to your drinking or drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, has your drinking or drug use negatively impacted your life? Could be things like having to choose between alcohol or drugs and food, issues with friends, family, and/or employer, or negative impact on your physical and/or mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced discrimination as a barrier to housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you ever spend time in jail, prison, a juvenile detention center, a residential facility, or other correctional facility prior to the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your children ever been in foster care – that is, placed in a foster home, another relative's home, a group home, or in some other out-of-home placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When you were growing up, did you often have members from multiple generations in your household (more than two, like grandparents or grandkids)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does someone in your household require a ventilator, oxygen, or some other medical device that needs power?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anyone in the household who is pregnant or is there a child under the age of 6 in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSOR: Is there any information regarding this household's vulnerability that was not captured in the assessment that should be considered in prioritization? If yes, please describe:	

DISABILITY INFO

Does the HoH have any of these disabling conditions?	<input type="checkbox"/> Physical <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Developmental <input type="checkbox"/> Drug abuse	<input type="checkbox"/> Chronic health condition <input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Mental health <input type="checkbox"/> Alcohol and drug abuse
Does the client have any disabling condition(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does anyone in the household experience an intellectual or developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, is (or was) anyone in the household enrolled in Lane County Developmental Disability Services and/or have a case manager either through Lane County DDS, Full Access, or RCO?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, is (or was) the person in the household who experiences an intellectual or developmental disability enrolled in special education classes at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

HEALTH INSURANCE INFO

Does client have Health Insurance or Oregon Health Plan (OHP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, would you be interested in being connected with an OHP Assistor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to your contact information being shared with an OHP Assistor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DOMESTIC VIOLENCE INFO

DO NOT ASK ANY DV QUESTION OF SOMEONE WHO IS ACCOMPANIED BY ANOTHER ADULT

Survivor of Domestic Violence?	If Yes – When did the experience occur?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past 3-6 months
	<input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> More than 1 year ago
If Yes, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No