



## Chittenden County Homeless Alliance (CCHA) Coordinated Entry System (CE) Policies and Procedures

Approved June 2, 2022

### Section 1: Overview

#### Purpose

Coordinated Entry systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This, combined with the lack of well-developed coordinated entry processes, resulted in severe hardships for people experiencing homelessness. They often faced long waiting times to receive assistance or are screened out of needed assistance. Coordinated Entry System helps communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The Coordinated Entry System also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

The Coordinated Entry System is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

HUD's primary goals for coordinated entry processes are:

1. Assistance will be allocated as effectively as possible.
2. Assistance is easily accessible no matter where or how people present.

#### Governing Documents

HUD Continuum of Care (CoC) Interim Rule

- *578.7 (a) (8)* In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.
- The Chittenden County Homeless Alliance (also known as CCHA, "the Alliance," Chittenden Continuum of Care, or Chittenden CoC) is the HUD Continuum of Care that serves Chittenden County, VT.
- URL: <https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>



#### HUD Emergency Solutions Grant (ESG) Interim Rule

- 576.400 (d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and subrecipient must work with the Continuum of Care to ensure the screening, assessment and referral of program participants are consistent with the written standards required by paragraph (e) of this section. A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.
- The Vermont Office of Economic Opportunity is the ESG recipient for the state of Vermont. ESG funds are administered as part of the Housing Opportunity Grant Program (HOP).
- URL: [https://www.hudexchange.info/resources/documents/HEARTH\\_ESGInterimRule&ConPlanConformingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf)

#### HUD Coordinated Entry Policy Brief (2015)

- URL: <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

#### HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)

- URL: <https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

#### HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)

- URL: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

#### HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)

- URL: <https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>

#### Chittenden County Homeless Alliance Standing Rules (CoC Governance Charter)

- URL: <http://helpingtohousevt.org/wp-content/uploads/2017/08/CCHA-Quarterly-Meeting-Minutes-2017September27-AppendixA-CCHA-Governance-Charter-2017-September-Signed.pdf>

### Geographic Area and Population

CCHA covers the entirety of Chittenden County, VT. (The CoC that serves the other 13 counties in Vermont is called the VT Balance of State CoC. The VT Balance of State has established a separate coordinated entry process that serves the state of VT outside Chittenden County). The Coordinated Entry System (hereafter CE) outlined in this document is intended to serve persons within the geographic territory of Chittenden County.

- URL: [https://www.hudexchange.info/resources/documents/HomelessDefinition\\_Recordkeeping\\_RequirementsandCriteria.pdf](https://www.hudexchange.info/resources/documents/HomelessDefinition_Recordkeeping_RequirementsandCriteria.pdf)

Coordinated Entry is intended to serve all individuals and households experiencing a housing crisis, defined as: Homeless or At-risk of Homelessness, using the definitions adopted by HUD and the Vermont Agency of Human Services.

- URL: <https://www.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinitionCriteria.pdf>



## Non-Discrimination

CE is intended to serve all individuals, regardless of race, color, national origin, religion, sexual orientation, gender identity, disability, age, sex, familial status, or marital status. All programs receiving Federal and State funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and sub-recipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights law.

The CCHA operates CE in accordance with all federal statutes including, but not limited to: The Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. All service providers, where assistance is provided through Community Planning and Development (CPD) programs, including assistance under the: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579), must ensure equal access to the HUD-assisted program in accordance with all General HUD Program requirements as specified in 24 CFR Part 5.

The CCHA requires service providers participating in CE to practice a person-centered model that incorporates participant choice is inclusive of all homeless subpopulations present in Chittenden County, including homeless veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, sexual violence, dating violence or stalking, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families. All CoC and ESG funded service providers must ensure that all people have fair and equal access to the coordinated entry process and all forms of assistance regardless of race, ethnicity, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation.

## Grievance Policies

There are three levels of review available for each grievance:

- Level 1
  - The first person to review the grievance is the CE System Director. The person with the grievance should contact the CE System Director with a written statement describing the alleged violation of the CE policies and procedures and any actions taken on behalf of the person or agency to resolve the issue. The CE System Director will contact the agency in question to request a response to the grievance. Once the CE System Director has gathered relevant information about the situation, she/he/they will decide if the grievance is valid and determine what, if any, action needs to be taken. The CE System Director will determine whether the grievance is related to the Coordinated Entry process; only grievances related to Coordinated Entry process will be reviewed through the CE Participant Grievance process. All other requests will be directed to the relevant agencies. If both the person and the provider agree, the process ends, and the resolution is implemented. If the person and/or the provider disagree(s), the grievance moves to the next level.
- Level 2
  - The CCHA Coordinated Entry Committee reviews the grievance if there is dissatisfaction with the CE System Director's resolution. The Coordinated Entry Committee may designate one or more Committee members or other entity to review the situation. After gathering relevant information, the Coordinated Entry Committee or designated Committee member(s) or other



entity will inform the person and provider what will happen to resolve the grievance. If both the person and the provider agree, the process ends, and the resolution is implemented. If the person and/or the provider disagree(s), the grievance moves to the next level.

- Level 3
  - The CCHA Steering Committee reviews the grievance if there is dissatisfaction with the resolution of the Coordinated Entry Committee. This is the final step in the process and the decision of the Steering Committee (determined by vote) is final.

#### Participant Grievances:

- This policy refers to participant grievances regarding the Coordinated Entry System only. Persons are informed of their right to file a grievance, including a non-discrimination complaint, at all CE Access Points and Assessment Hubs. If a participant has a grievance regarding a particular agency or representative of that agency, they should follow that agency's grievance procedure.
- The provider completing the Initial Referral Form, Housing Assessment, and/or referral should address any complaints by participants as best as they can in the moment. Ideally, the person and the provider will try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure.
- The person has the right to be assisted by an advocate of his/her/their choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her/their grievance at any time. Any grievance paperwork filed by a participant should note his/her/their name and contact information so the CE System Director can contact him/her/them to discuss the issues.

#### Provider Grievances:

- It is the responsibility of all boards, staff, and volunteers of CoC-funded and HOP/ESG-funded projects to comply with the rules and regulations of CCHA CE. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating CE policies and procedures.
- To file a grievance regarding the actions of an agency, contact the CCHA CE System Director with a written statement describing the alleged violation of CE policies and procedures, and the steps taken to resolve the issue. The CE System Director will contact the agency in question to request a response to the grievance. Once the CE System Director has received all documentation she/he/they will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination, the grievance proceeds to Level 2.
- The CCHA Coordinated Entry Committee reviews the grievance if there is dissatisfaction with the CE System Director's resolution. The Coordinated Entry Committee may designate one or more Committee members or other entity to review the situation. After gathering relevant information, the Coordinated Entry Committee or designated Committee member(s) or other entity will inform the provider(s) what will happen to resolve the grievance.
- If the individual or agency that filed the original grievance is still dissatisfied with the resolution of the Coordinated Entry Committee, they may file an appeal with the CCHA co-chairs. This must be done by providing a written statement regarding the reasons for the appeal. The CCHA co-chairs will bring the matter to the CCHA Steering Committee for discussion and a final decision.



## Outreach and Advertisement

All agencies that administer CoC-funded programs, HOP/ESG-funded programs, or Supportive Services for Veteran Families (SSVF) in Chittenden County are required to participate in CCHA CE. Other organizations and programs are encouraged and welcome to join; they can join by contacting the CE System Director, establishing what role they will serve within the Coordinated Entry Partnership and signing the Partnership Agreement.

### Outreach:

- At least once annually, the Coordinated Entry Committee is required to contact local agencies who come in contact with persons who are homeless or at risk of homelessness to provide them with education on participation in Coordinated Entry.
- Participating providers will coordinate with existing street outreach programs for referrals to ensure that people in unsheltered locations are prioritized for assistance in the same manner as other persons accessing CE.

### Advertisement:

- The CCHA will advertise the Coordinated Entry process in order to inform people how to get connected to housing resources experiencing or at-risk of homelessness. At a minimum, advertisement will include: flyers posted at locations where clients may present (*e.g.*, hospitals, clinics, local Economic Services office, WIC offices, community meal sites, churches, food shelves, check cashing locations, *etc.*) The CCHA will explore other venues of advertising such as during the Point in Time Count, a booth at local events, newspaper ads, participating provider websites, or radio. The CCHA will use plain language to advertise, such as “Looking for help to get or keep housing? Contact <Access Points> to get connected”. The CCHA is responsible for actively working to ensure all persons, regardless of language or disability, know how to access help through the Coordinated Entry process.
- The CCHA will include information on accessing coordinated entry on its website: <https://www.cchavt.org/c-e-system/>
- Information on the Balance of State Coordinated Entry System can be found at: <https://helpingtohousevt.org/whatwedo/coordinatedentry/overview/>

## Accessibility

The CCHA Coordinated Entry Committee is required to take the following steps to ensure effective communication with, and Coordinated Entry accessibility by, individuals with disabilities:

- Advertising must be accessible by using large font, audio, and Braille;
- Coordinated Entry materials must include auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, *e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters;
- Access points must be made accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CCHA who are least likely to access homeless assistance.

The Coordinated Entry Committee is required to take the following steps to ensure effective communication with, and Coordinated Entry accessibility by, persons with Limited English Proficiency (LEP):



The Coordinated Entry Committee must evaluate the extent of its obligation to provide LEP services in their community by using the following four-step process:

- 1) The number or proportion of LEP persons served or encountered in the eligible service area
- 2) The frequency with which LEP individuals come in contact with the program.
- 3) The nature and importance of the program, activity, or service provided by the program.
- 4) The resources available to the recipient and costs.

After the four questions above have been answered and evaluated in accordance with the HUD Guidance to Federal Financial Assistance Recipients: Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons, the Coordinated Entry Committee must determine and select which language services are appropriate for the needs of the community and the population served. Typical language services include, but are not limited to, oral language services through interpretive services, bilingual staff, telephone interpreter lines, and written language services through

### **Evaluation**

The CCHA Coordinated Entry Committee is the entity responsible for CE oversight and evaluation. The Coordinated Entry Committee monitors the progress of CE at its regular monthly scheduled committee meetings. The CE System Director provides monthly updates to the CCHA Steering Committee on data regarding the operation of CE, including but not limited to number of persons newly assessed, prioritization breakdown on the Master List, exit destinations, and time from entry to exit.

The Coordinated Entry Committee is to consult with participating projects and project participants for an annual evaluation on the quality and effectiveness of CCHA CE.

### **Accessing the Coordinated Entry System**

Access Points:

- CE models a no-wrong-door approach to the greatest extent possible with respect to accessing CE. This means that service-providers and community partners are engaged throughout Chittenden County to become designated Access Points to CE, allowing individuals and families experiencing a housing crisis to be directly engaged and linked to CE wherever they may present requesting assistance. Housing Needs Assessments, however, will only be available through trained Assessment Partners and Assessment Hubs.
- Access Points connect persons seeking housing assistance with an Assessment Hub to complete the assessment process by completing the Initial Referral Form with the household and submitting this form to the appropriate Assessment Hub (see section “The Coordinated Entry Process” for details of referral protocol).
- 2-1-1 Functions as a virtual Access Point for persons who call the hotline requesting housing assistance.
  - 2-1-1 provides full geographic coverage throughout Chittenden County and will connect persons who are experiencing a housing crisis outside of Burlington to CE.

Assessment Hubs:

- Persons who need housing assistance can also contact an Assessment Hub directly to be connected to CE.



Assessment Partners:

- Persons who are already being served by agencies that are Assessment Partners can access CE directly through their provider.

### Street Outreach

CoC or HOP/ESG-funded street outreach projects are required to participate in CE. Existing street outreach projects funded through other means, including Howard Center Street Outreach and Safe Harbor PATH outreach, are encouraged to directly participate in CE.

Street outreach teams who participate in CE aim to provide all persons experiencing homelessness with access to CE regardless of whether they present at a designated Access Point or Assessment Hub requesting housing assistance. Street outreach teams are to educate persons engaged during outreach about CE and provide all relevant information. They are to refer persons needing housing assistance directly to an Assessment Hub to complete the assessment process. Street outreach directly engage those who are hardest to reach so that they have the same opportunities for housing through CE as individuals and families who actively seek housing assistance by contacting service providers directly.

### Safety Planning

All providers, including non-victim service providers, must provide safe and confidential access to CE for all people, including those who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, trafficking, and/or stalking. This includes providing a private space for data collection and referral to the Non-HMIS Prioritization List if requested. All persons accessing Coordinated Entry are asked, via the Initial Referral Form, if they are fleeing or attempting to flee domestic violence. If a person or persons are identified as fleeing or attempting to flee domestic violence, the provider, including non-victim service providers, must provide immediate referral to, and assistance accessing, emergency services such as domestic violence hotlines and shelters. The person(s) has the right to decline any and all referrals to, or assistance with access to, emergency services. Declining referrals or assistance with access will not negatively impact the person's access to Coordinated Entry.

### Access to Emergency Services

Access to emergency services, such as domestic violence and emergency services hotlines, drop-in service programs, emergency shelters and motel voucher programs, or other short-term crisis residential programs, is not prioritized through CE. All persons in need of emergency services should be connected to those services as requested.

CE does not change the current process for individuals or families to seek emergency shelter or services, including domestic violence shelters and other short-term crisis residential programs, outside of CE operation hours. CE also allows for a triage of needs to ensure that all individuals and families have access to emergency services and shelter, regardless of whether they have first completed the Initial Referral Form or Housing Needs Assessment.

### **Emergency Shelter**

Emergency shelter providers will be encouraged to function as Assessment Partners in CE. Each agency will be responsible for providing access to CE by conducting assessments with shelter guests and referring directly to the Master List. If a shelter provider is unable to provide housing navigation for shelter guests, they may refer for housing navigation assignment through the Coordinated Entry process (by completing the Housing Needs Assessment and marking the appropriate field on the Master List as needing housing navigation).

### **After Hours Plan**

The operating hours of CE are Monday through Friday, 8:30 to 4:30, excluding holidays. If a household is seeking housing assistance outside of these hours, they can contact 211. 211 will connect the household with emergency services as needed and will connect the household with the appropriate Assessment Hub to complete the Coordinated Entry process during the CE operating hours.

### **Prevention Services**

At this time, there are no federally funded (HUD ESG) homelessness prevention programs in CCHA. The CoC will develop policies and procedures regarding coordinated entry for households at risk of homelessness in 2023.

### **Connection to Mainstream Resources**

Providers are required to provide referrals and assist with access to mainstream resources, health insurance, and community-based emergency assistance services, such as Food Share, Emergency Assistance, WIC, SNAP, Head Start, TANF, Section 8, and applications for income assistance. CE will encourage providers of mainstream resources to become access points for the Coordinated Entry System.

### **Privacy Protections**

Maintaining the confidentiality of a person's sensitive information is an important way of gaining the trust of those accessing the Coordinated Entry System and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives. All participating agencies and staff are expected to adhere to the following privacy protocols:

- Participant informed consent will be obtained in order to share information for the purposes of assessing and referring through the coordinated entry process. Informed consent is obtained through the Initial Referral Form Client Consent and Release of Information, CCHA HMIS Release of Information, and prior to administering the Housing Assessment.
- Participants are free to decide what information they provide during the coordinated entry process.
- Providers and projects are prohibited from denying assessment or services to a participant if s/he refuses to provide certain pieces of information, unless that information is necessary to establish or document program eligibility per the applicable program regulation.
- Providers and projects are prohibited from denying services if the person refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of personally identifying information as a condition of program participation.
- A person may not be denied access to the coordinated entry process on the basis of the person's status or history as a victim of domestic violence.



- Records containing personally identifying information must be kept secure and confidential. The address of any family violence project must not be made public.
- The CCHA Coordinated Entry System does not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility.
- Participants must be informed of the ability to file a nondiscrimination complaint.

### **Data Security Protections**

CCHA Coordinated Entry uses both HMIS and a non-HMIS database to operate its assessment, prioritization, and referral process.

### **HMIS Data Security Protections**

The VT HMIS is a collaborative project of the two Vermont Continua of Care (the CCHA and the Vermont Balance of State), the Institute for Community Alliances (ICA), and participating Partner Agencies. HMIS is an internet-based database that is used by homeless service organizations across Vermont to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. The decision to use VT HMIS as the primary tool for Coordinated Entry in Chittenden County was approved by the CCHA. The Master List is generated and reported from HMIS (excluding the non-HMIS Prioritization List), and in order to access that list, a license is required.

Along with this Coordinated Entry Policy and Procedure Manual, there are several other documents relating specifically to HMIS that also must be adhered to when using HMIS for Coordinated Entry. These include the Governance Charter, Agency Partnership Agreement, CCHA User Agreement and the most recently updated version of the HMIS Policies and Procedures Manual, with particular attention paid to any sections relating to data privacy and security. The Data Security and Privacy extends to those who may not have an HMIS license as well. It is the responsibility of those with an HMIS license to protect the data coming out of the system and may share personally identifying information (PII) with those who do not have an HMIS license only with client consent. This includes information from the Master List. See the Data Security Policy in the HMIS Policies and Procedures Manual for more detailed information regarding the protection of client data and PII.

To see the entire data security and privacy policies for HMIS, please refer to the Institute for Community Alliances HMIS Policies and Procedures Manual. This manual is updated annually and approved by the HMIS Advisory Board. Any individual who consents to have his or her information shared in HMIS must sign the most recently updated version of the HMIS Release of Information.

### **Non-HMIS Data Security Protections**

Any non-HMIS data systems used will meet data security requirements.



## Section 2: Key Elements of the Coordinated Entry System

### Access and Assessment Providers

Access and assessment constitute the front end of the system in which a person enters Coordinated Entry and their needs are assessed. There will be three main provider roles regarding access and assessment: Access points, Assessment partners, and Assessment hubs.

Access Points are providers and community partners that can directly refer persons experiencing a housing crisis to an Assessment Hub utilizing an Initial Referral Form.

Assessment Partners are responsible for completing assessments for their clients and referring to the Master List.

Assessment Hubs will be responsible for providing assessments for individuals and families newly presenting as experiencing a housing crisis. They will be responsible for referring clients who are assessed to the Master List. Assessment Hubs will provide assessments for referrals from two sources: self-referrals (by walk-in, email, or phone) and referrals from access points via the Initial Referral Form.

Listed below are some of the key roles and responsibilities of the various partners:

- I. Access Points will:
  - a. Utilize the Initial Referral Form when households present.
  - b. Partner with a specific assessment hub for referral.
  - c. Refer to assessment hub to complete assessment process.
  - d. Submit initial Referral form on behalf of household to assessment hub.
  - e. Inform client of next steps in the CE process.
- II. Assessment partners will:
  - a. Complete CE assessments for interested clients with whom they are already working.
  - b. Enter assessments into HMIS and refer to CE Master List.
  - c. Serve as primary contact for client.
  - d. Provide housing navigation services for client.
  - e. Request a referral be made for services to the relevant housing committee if unable to provide housing navigation services.
  - f. Make referrals to assessment hubs utilizing the Initial Referral Form as needed if there is a reason the partner cannot complete an assessment with the client (including client choice and preference).
- III. Assessment hubs will:
  - a. Be responsible for completing assessments for newly presenting households who are not yet connected to a provider who is an assessment partner.
  - b. Be responsible for providing assessments for clients who walk in or contact their agency directly if they are not yet connected with a provider who is an assessment partner.
  - c. Accept referrals from partner access points and provide assessment for clients referred.
  - d. Provide assessments for households who are currently their clients.
  - e. Refer clients as needed for housing navigation services.
  - f. Note: Providers that function as assessment hubs may also provide housing navigation services but the provision of housing navigation is not a function of assessment hubs per se.

Sub-population specific Assessment Hubs (e.g. youth or DV) will accept referrals from Access Points for households within their designated subpopulation (determined at the Access Point via the Initial Referral Form) and will be responsible for completing the assessment process for these households.

### Standardized Assessments

To ensure fair and equal access to needed resources, CCHA CE utilizes a standardized assessment process for all persons experiencing a housing crisis in Chittenden County. CE uses a progressive assessment process utilizing two assessment forms: 1) the Initial Referral Form and 2) the Housing Needs Assessment Form. The Housing Needs Assessment Form is not required to be completed at the same time as the Initial Referral Form. The Initial Referral Form will be offered at all Access Points to provide referrals to Assessment Hubs; the Housing Needs Assessment Form is only offered through trained Assessment Partners and Assessment Hubs.

The CE assessment process utilizes four separate Housing Needs Assessment Forms for four of the five subpopulations that HUD allows variability for. The following four subpopulations are assessed with varying assessment tools:

- 1) Adults without children
- 2) Adults accompanied by children
- 3) Unaccompanied youth
- 4) Households of adults without children fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
- 5) Households of adults with children fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)

The four standardized Housing Needs Assessment Forms all include the following components:

- 1) Vulnerability Assessment
- 2) Sustainability Assessment

In addition to the 1) and 2), all CE assessors complete the HUD HMIS Universal Data Elements (UDE) with households, excluding the households fleeing DV and being assessed by a victim service provider that does not use the HMIS. Agencies can use their own agency-specific forms for the UDE as long as they include all the data elements. See Appendix 8 for an example of the UDE. The purpose of the Initial Referral Form is to engage a client at the point of access and ensure a referral is made to an appropriate provider who can complete the rest of the assessment process with the client. The purpose of the UDE is to gather HUD required data elements to create or update an existing client record in HMIS (or comparable database). The purpose of the Vulnerability Assessment is to gather data relevant to determining a household's severity of service need. The purpose of the Sustainability Assessment is to gather data relevant to understanding a household's barriers to accessing and maintaining housing. The HMIS UDE will not be used to determine prioritization for any resources. Data from the Vulnerability Assessment is used to determine prioritization for all prioritized resources (RRH, PSH, and Transitional Housing); data from the Sustainability Assessment is used to determine prioritization only for Rapid Rehousing (RRH) resources. Not all information gathered from the Sustainability Assessment is scored or used for prioritization of RRH or homelessness prevention assistance.

The standardized assessments will differ from one another for the four outlined subpopulations *only* with respect to the vulnerability assessment (i.e. only the vulnerability assessment will change with the respect to the four outlined subpopulations). The Initial Referral Form, the HMIS UDE, and the Sustainability Assessment will remain the same across all the subpopulations.



All assessment forms are included in the appendices.

### **The Community Housing Review Committee (CHRC)**

The CHRC meets every week with case managers and housing navigation providers for case conferencing and reporting on updates. The CHRC will be composed of various service providers and housing providers. The CE System Director attends all CHRC meetings and manages the Master List.

CHRC is responsible for:

1. Making referrals to particular housing programs.
2. Assigning new households in need of housing navigation services to housing navigation providers.
3. Reviewing and tracking progress household progress towards housing.
  - a. Including tracking household progress in completing all necessary applications and documentation for navigation providers on completing next steps to move client to document ready status.
4. Case conferencing with housing navigation providers to identify and address client barriers to accessing housing and services for which they may be eligible.
5. Reporting to the CCHA Coordinated Entry Committee and Steering Committee as needed.

The CHRC is responsible for reviewing status and tracking progress for households. The agenda for committee meetings is structured to incorporate the following tasks:

1. Checking in on and updating status for assigned households who have contacted housing navigation providers.
2. Checking in on and updating status for assigned households who are actively engaged but have not yet attained document ready status.
3. Checking in on and updating status for assigned households who are actively engaged but have not yet attained document ready status.
4. Checking in on and updating status for assigned households who have attained document ready status and are awaiting available housing.
5. Making referrals from the document ready list to available housing programs and providers following the established Order of Priority.

At each meeting, the committee works through the above tasks in order of Vulnerability Assessment Priority, ensuring that if time is limited, the committee is prioritizing according to vulnerability. In other words, if time or capacity is limited, the committee will work through the list in order of Vulnerability Assessment score for each of the items listed above (1 through 5) to ensure the committee attends to each of the above items (1 through 5) during each committee meeting.

In order to ensure that the CCHA is adequately prioritizing based on vulnerability/severity of service need, the CHRC will utilize case conferencing among providers as needed, including housing navigators, case managers, and outreach workers to review cases in which the Vulnerability Assessment score is not an adequate measure of a given household's vulnerability/severity of service need. In specific cases, if the CHRC determines a household to be more vulnerable and higher priority for PSH referral than households with higher vulnerability scores, the CHRC must document the reasons that justify the prioritization decision when making the referral.



#### Mainstream Resource Referrals at the CHRC:

The CHRC makes referrals to mainstream housing providers according to the established Order of Priority,<sup>1</sup> but mainstream housing providers are not mandated to take referrals through the CE Process – only CoC and HOP/ESG-funded programs are required to take referrals exclusively through the CE Process according to the relevant Order of Priority.

#### PSH Referrals at the CHRC:

The CHRC is in charge of making referrals to PSH programs for all individuals and families who have been assessed and placed on the Master List and who score at least 8 for individuals or 9 for families on the Vulnerability Assessment. The CHRC includes all PSH Housing Providers to monitor upcoming vacancies in PSH programs. The CHRC makes referrals directly to specific PSH programs either at the committee meetings or via email with HMIS client ID. All PSH Housing Providers are expected to report upcoming program vacancies as soon as they become aware of them. All PSH Programs must take referrals exclusively from the CHRC.

The CHRC works with housing navigators and case managers to move households to “document ready” status. For PSH, document ready status includes: 1) BHA preliminary application; 2) Disability status verification; and 3) third party verification/documentation of chronic homelessness. Regarding 3), it is the responsibility of the Housing Navigation provider to begin gathering the chronic homelessness documentation. Once 1), 2), and 3) are completed, the household will be added to the “document ready” list.

The CHRC maintains a document ready list of persons who are ready to be housed and are just awaiting a vacant unit, ranked by PSH Order of Priority. When a unit comes available, the CHRC first looks at the broader Review List according to the established PSH order of priority. If there are households on the Review List who are higher priority than the first person on the Document Ready list, the CHRC refers that household to the next available opening if they have both 1) and 2) already completed and they can complete 3) within one week. If there is no household on the Review list that can complete the move to document ready status within one week, the CHRC refers the first person on the Document Ready list to the next program vacancy regardless of whether there are households on the broader Review List who are higher priority.

#### **Coordinated Entry System Director**

Key responsibilities of the Coordinated Entry System Director include:

- Manage the Master List in collaboration with the HMIS Lead and Non-HMIS List Holder.
- Attend all Housing Committee meetings.
- Monitor and support referral process from Access Points to Assessment Hubs.
- Work with Housing Committees in facilitating Housing Navigation assignment.
- Be the point of contact for information and general questions regarding CCHA CE.
- Report to the CCHA Steering Committee.



## Order of Priority

There is an established order of priority for PSH, TH and RRH resources.<sup>2</sup> Programs and housing providers outside of CoC-funded, ESG-funded and HOP-funded PSH, RRH, and prevention will be encouraged but not required to follow any order of priority for referrals.

All prioritization reports (the master list, RRH prioritization report, and the PSH prioritization report) are pulled from HMIS at 10 a.m. on Fridays. If, for whatever reason, the reports are not able to be pulled at this time, the reports will be pulled at latest the following Monday morning. The reports are then combined with de-identified client data in order to produce the prioritization lists. The list is then used for the following week until a new report is pulled on the next Friday.

## PSH Order of Priority (revised February 1, 2018):

The PSH order of priority is established to incorporate the recommendations of HUD's Prioritization Notice (CPD-16-11): *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing* (<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>).

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<sup>1</sup> Needs to be determined

<sup>2</sup> Prevention assistance will also be included.

In Section III.A.1, HUD strongly encourages CoCs to determine an order of priority for all CoC Program- funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is "based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs." The CCHA has prioritized all PSH for persons experiencing chronic homelessness.

The CCHA's order of priority for all PSH is:

- a. First priority - chronic homelessness
- b. Second priority - the individual's or family's severity of service needs as measured by the Vulnerability Assessment score or determined through another method of case worker input when necessary
- c. Third Priority - length of time the individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter.

Vulnerability Assessment score is prioritized in scoring blocks rather than by descending acuity. The first priority scoring block is 14 to 17; the second priority scoring block is 11 to 13; the third priority scoring block is 8 to 10; the fourth priority scoring block is 4 to 8.

Among each of these priority scoring blocks, households will be prioritized according to length of time the individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter in descending order.

Case worker input is consulted by CHRC for prioritization decisions only in rare cases where the Vulnerability Assessment is unable to be completed or CHRC is unable to determine a household's severity of service needs on



the basis of the score alone. Regarding case worker input see HUD Coordinated Entry Notice (CPD-17-01) Section II.B.3 (<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>) In these cases, CHRC must document the criteria it is using in determining the prioritization for a specific household and the reasons for overriding the Vulnerability Assessment score.

The PSH order of priority is represented in the following chart:

Order of Priority	Chronic homelessness status	Vulnerability Assessment Score	Length of time homeless
First	Chronic	14 – 17	Descending length
Second	Chronic	11 – 13	Descending length
Third	Chronic	8 – 10	Descending length
Fourth	Chronic	4 – 8	Descending length

If there are two or more households equally prioritized in the above blocks, the household with greater vulnerability assessment score is prioritized over households with lesser vulnerability assessment scores. If there is a tie, the priority will be for the household that first presented for assistance.

For example, a chronically homeless household that scores a 14 would be prioritized over other chronically homeless households that score less than 14, regardless of the length of time these households have experienced homelessness. On the other hand, a chronically homeless person with a Vulnerability Assessment score of 11 who has experienced three years of homelessness would be prioritized over a chronically homeless person with a Vulnerability Assessment score of 13 who has experienced only one year of homelessness. If two chronically homeless households, the first with a score of 11 and the second with a score of 12, have both experienced exactly two years of homelessness, the household with the score of 12 will be prioritized over the household with the score of 11.

If there are no persons experiencing chronic homelessness within Chittenden County, the PSH order of priority will follow the recommended order of priority in section III.B of the HUD Prioritization Notice (CPD-16-11).

### Transitional Housing Order of Priority

Transitional Housing (TH) will be prioritized according to Vulnerability Assessment score for persons who are not chronically homeless and are therefore not prioritized or eligible for PSH.

### RRH Order of Priority

RRH is prioritized according to two factors: vulnerability/severity of service need and likelihood to attain housing stability. RRH will be prioritized for households who have limited financial barriers to attaining housing stability (as determined through the Sustainability Assessment). Among these households, RRH will be prioritized according to vulnerability as determined by the Vulnerability Assessment.



The first order of priority is the Sustainability Assessment score. The second order of priority is the Vulnerability Assessment score. If a household’s income changes, the Sustainability Assessment score can be adjusted to reflect the change.

Order of priority for RRH from highest to lowest:

1. Medium sustainability index score + high vulnerability
2. Medium sustainability index score + low vulnerability
3. High Sustainability Index score + high vulnerability
4. High Sustainability Index score + low vulnerability
5. Low Sustainability Index score + high vulnerability
6. Low Sustainability Index score + low vulnerability

\*Note: High sustainability index score = high financial strength (low financial barriers)

Order of Priority	Sustainability Assessment Score	Vulnerability Assessment Score (Descending Numerical Score)
1.	Medium	 High Low
2.	High	 High Low
3.	Low	 High Low

### Prioritization for Mainstream Resources Through the CHRC

The order of priority for mainstream resources takes into account vulnerability, document readiness, and length of time enrolled in CE among other priorities. It can be found in Appendix 11. Additionally, particular projects may have specialized prioritizations that vary from the standard mainstream prioritization, which are documented with the referral information for that project.

### Housing Navigation Services

It is a goal of the CCHA that all households who participate in the coordinated entry process are connected to housing navigation services. The purpose of housing navigation is to assist the individual or family in completing all the necessary steps of the coordinated entry process and navigating the local system to identify and connect with housing opportunities for which they may be eligible. Housing navigation can be provided by a variety of



direct service providers and positions including case managers, housing specialists, housing advocates, outreach workers, or dedicated housing navigators.

For the purposes of this document, all positions providing housing navigation services will be referred to as housing navigation providers. Housing navigation providers serve as the primary point of contact for their client through the coordinated entry process as they work their way into housing. The housing navigation provider is the primary point of contact until a warm handoff has been made to another provider who will provide case management, housing navigation, or housing retention services, or until the client no longer needs housing navigation services. Some key responsibilities of individuals providing housing navigation include:

- Ensuring clients are added to the housing authority/provider wait lists for which they appear to qualify.
- Helping clients gather documentation needed to obtain housing.
- Identifying strengths, housing barriers and housing preferences each one of their clients has.
- Working with clients to resolve and/or otherwise address those barriers.
- Identifying and connecting other mainstream benefits and service providers to support clients in achieving housing stability.
- Report status of each client to relevant housing committee as requested.

Housing Navigation Provider Roles (including Case Managers):

- Housing navigation providers who participate in CE accept clients referred to them by the housing committees, so as long as they have the capacity to take on a new client. If they disagree with the placement, they may work with the committee to request and complete a transfer.
- Housing navigation providers work with individuals assigned to them by:
  - Ensuring they are added to the Housing Authority/Provider wait lists for which they appear to qualify, including Burlington Housing Authority, Champlain Housing Trust, and Cathedral Square, and helping them gather the documentation needed for this process.
  - Helping gather documentation verifying chronic homelessness status (per HUD definitions and guidelines) if applicable.
  - Identifying housing barriers each one of their clients has.
  - Working with clients to resolve and/or otherwise address those barriers.
  - Identifying and connecting other community service providers who an individual may need to work with to achieve housing stability.
  - Reporting status of each client on a regular basis.
- A housing navigation provider is expected to have each of their clients “paperwork ready” within one month of their assignment.
- If they are not able to do so within that time and have made at least five active attempts to assist the client to take actions as needed, they may advise the CE System Director that paperwork field on the CE data base for that client should be updated to indicate: Unable to Complete (UTC).
- Anyone who has a designation of UTC should be re-contacted by their CM in three months as an attempt to restart the process.
- Interact with CoC Housing Committees as needed for case conferencing and reporting on client updates and progress.

### Section 3: The Coordinated Entry Process

#### Workflow Outline

##### Phase 1 – Identification of Individual in Need of Housing:

- 1) Initial Identification of Individual in Need of Assistance:
  - a. Relevant Population: Those who are Literally Homeless or At Risk of Homelessness.
  - b. Can be identified two ways:
    - i. Outreach efforts done by Howard Street Outreach, Safe Harbor Outreach, CVOEO's Community Outreach and Resource Advocacy (CORA) Team, and Burlington Police Department's Community Affairs Team.
    - ii. Persons can present directly at designated Access Point throughout the community and request assistance.
  - c. Access Point fills out an Initial Referral Form that include name, household information (number of people), length of homelessness, income source, current sleeping arrangements, and person signs a release of information.
- 2) Referral to Assessment Hub:
  - a. Access Point forwards the Initial Referral Form to an appropriate HUB for assessment, using the following criteria:
    - i. If the head of household is younger than 25, they would be referred to the Assessment Hub for Unaccompanied Youth.
    - ii. If the household indicates they are fleeing DV, they would be connected with the Victim service provider Assessment Hub.
    - iii. All other households are referred to the HUB with which the Access Point is partnered (to be determined in the Partnership Agreement).
      1. Access points will inform the household of the next steps in the Coordinated Entry process and how to complete the assessment process.
      2. Access points will maintain a list of all Assessment Hubs and will inform the household of all available options in connecting with an Assessment Hub and completing the assessment process.
      3. Access Points will accommodate client choice and preference in referring to Assessment Hubs; if an individual or family prefers to be connected with an Assessment Hub other than the one the Access Point is partnered with; the Access Point will make referral to the preferred Assessment Hub.
      4. If the receiving HUB doesn't have capacity to assess the incoming individual, they may reach out to another HUB for support and request they provide the assessment.
  - b. Once an Initial Referral Form is submitted, Access Points connect households with emergency services as needed and provide information for resources in the community.
  - c. Access Points inform households of non-discrimination policy and the CE grievance request process.
  - d. The CE System Director is responsible for maintaining a list of referrals and is tasked with ensuring each identified individual is eventually referred to the Coordinated Entry Master List unless they are determined to no longer need assistance.



- e. Timing of referral – Access Point submits the Initial Referral Form to the appropriate Assessment Hub within one business day
- 3) Assessment by Hub:
  - a. The receiving Assessment Hub completes a Housing Assessment with the individual or family referred within three days of the referral.
  - b. In cases where the Assessment Hub is unable to connect with a referred household for a Housing Assessment:
    - i. The Assessment Hub documents three attempts to contact the household for a Housing Assessment.
    - ii. The Assessment Hub marks the referral as “Unable to Contact” and inform the Access Point that initiated the referral of inability to contact.
    - iii. The Assessment Hub forwards documentation of inability to contact to CE System Director who will update the record on the list of referrals.
    - iv. If the household connects with the Assessment Hub or original Access Point, the process picks up where it was left off and the household will complete the Housing Assessment with the Assessment Hub.
    - v. If the household accesses CE at a different Access Point and is referred for a Housing Assessment with another Assessment Hub, the CE System Director informs the original agencies of this.
  - c. Assessment Hub informs household of assessment process, privacy protections, and HMIS data sharing protocol (if relevant) and client signs the Client Informed Consent and Release of Information form if in agreement.
  - d. This Housing Needs Assessment includes two parts:
    - i. Vulnerability Assessment
    - ii. Sustainability Assessment
  - e. Outcome of this assessment is the Vulnerability Assessment score and the Sustainability Assessment score.
- 4) After the Housing Assessment is completed, the Assessment Hub is responsible for entering the client assessment information into the HMIS or comparable data base (for DV-survivor households) and referring client to the Master List.
  - a. Timing for entry – within five working days of completed assessment.
  - b. Method is ideally through direct data entry, though uploading is permitted where necessary as long the appropriate timelines are being met.
  - c. The CE System Director reviews the submitted Initial Referral Forms when the household was referred to a HUB to ensure they are placed on the Master List and moving through the Coordinated Entry process on a timely basis. The CE System Director then follows up with the specific Assessment Hub as needed for exceptions to the timeline for data entry.

Phase 2 – Project referral and tracking of progress by CHRC:

- 1) CHRC manages the Master List on a priority basis to ensure the most vulnerable people are housed as quickly as possible with the appropriate services made available as needed. This is done by:
  - a. Assigning new people on their list to an appropriate housing navigation provider (HN) from those in the community, based on initial assessment of the individual’s needs, physical location, eligibility to be assisted by a specific HN, and the capacity of the



- preferred HN.
  - b. Tracking progress being made by the HN in addressing the individual's barriers to housing including ensuring they are "document ready" as soon as possible (NOTE: The CE System Director updates the field on the CE Master list to identify when an individual is document ready).
  - c. Monitoring the status of available housing and service resources available in the community and seek realignment if possible to meet the needs of those on the current by name list.
  - d. Making referrals to housing and service providers based on priority basis which matches the most vulnerable on the list (including length of homelessness) with available housing and service options available to meet their needs.
  - e. Receiving agencies should report status to the CHRC monthly on each individual they are expected to house, until that process is complete.
  - f. Timeline for housing an individual:
    - i. Should occur within three months of placement on a committee's list, if resources are available in the community.
    - ii. If valid reasons exist for not meeting the deadline, they should be documented.
    - iii. If progress is not as expected, a field on the CE master list should be marked "Deferred Action" and then revisited within three months of that designation to see if the circumstances that impeded housing have changed.
- 2) Once housed, the person is removed from the list.
  - 3) Once a referral is made, the receiving program must report back status to CHRC at the next meeting (within 2 weeks).
  - 4) If a participant rejects a housing offer, they maintain their place on the Master List.
    - a. Client refusal does not penalize or affect the participant's prioritization for other resources for which they may be eligible.
  - 5) If a program rejects a referral, they must document the reason for the rejection and report back to the committee and the CE System Director.
  - 6) If a HN isn't making progress as expected, the Committee Chair and/or the CE System Director would reach out to applicable agency to determine what the challenges are and/or if HN reassignment should be made.
  - 7) CHRC should report on the status of their lists with the Continuum each month.



## Section 4: CCHA Coordinated Entry- Domestic Violence, Sexual Violence, Dating Violence, and Stalking Policies and Procedures

### Policies

The Chittenden County Homeless Alliance is committed to ensuring that survivors of domestic violence, dating violence, sexual violence and stalking who are fleeing or attempting to flee have access to homelessness services through the coordinated entry process. In order to ensure that the process works best for survivors, the CCHA adheres to the following policies:

#### Access:

- The coordinated entry process for survivors must be voluntary, have an option for survivors to remain anonymous and be trauma-informed.
- Victim service providers and non-victim service providers work together to ensure that all survivors have fair and equal access to the coordinated entry process.
- Participants may not be denied access to coordinated entry on the basis that the participant is or has been a survivor of domestic violence, sexual violence, dating violence or stalking.
- Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking will have the option of working with and seeking services from both victim service providers and non-victim specific providers.

#### Victim-Service Provider Involvement:

- Victim service providers are included in the design, implementation, and evaluation of CE.
- Victim service providers are included in the coordinated entry partnership. Victim service providers will work with the CCHA determine the best position for their organization within the partnership.

#### Safety:

- The CCHA Coordinated Entry System does not in any way affect the current process for homeless survivors seeking emergency shelter outside of the coordinated entry operation hours. The CCHA Coordinated Entry System also allows for a triage of needs in order to ensure that survivors have access to emergency services such as domestic violence hotline and shelter.
- Non-victim service providers are trained in the coordinated entry process for survivors as well as safety planning for survivors who disclose domestic violence, sexual violence, dating violence or stalking in order to ensure that services are inclusive and trauma-informed.

### Procedures

The Chittenden County Homeless Alliance has worked in partnership with Steps to End Domestic Violence, H.O.P.E. Works, and the Pride Center of Vermont to create a Coordinated Entry process that is inclusive, safe and accessible for survivors fleeing or attempting to flee domestic violence, sexual violence, dating violence and stalking. The following procedures aim to allow survivors to enter into the Coordinated Entry System through multiple entry points, make informed decisions about how they would like to navigate through the system and remain in charge of the level of personal information they would like to share and have stored.



A survivor may enter Coordinated Entry in one of two ways, either starting with a victim service agency or starting with a non-victim service agency.

Initial Referral:

- Non-victim service providers- Community partners within the Coordinated Entry Partnership offer a referral first to the local domestic/sexual violence agency, if the survivor discloses that they are fleeing or attempting to flee domestic violence, sexual violence, dating violence or stalking. The survivor may choose to continue the Coordinated Entry process with the victim service provider or they may choose to continue the process with another (non-victim service provider) assessment partner.
- \*Note: DV/SV providers are the only ones with expertise to determine eligibility for their services. Even if a non-victim service provider refers someone to a DV/SV organization, it is still up to that organization to determine if the participant is a survivor and is eligible for their services. If it is found that the participant is not eligible, the DV/SV provider refers them to another Assessment HUB of the participant's choosing.

Assessment and Prioritization:

- Non-victim service providers:
  - Assessment partners and HUBS offer a referral first to the local domestic/sexual violence agency, if the survivor discloses that they are fleeing domestic violence, sexual violence, dating violence or stalking. The survivor is given the option to do the assessment with the local DV/SV agency or to choose to continue with the organization that they have begun the assessment with. It will be explained to the survivor, the difference between assessment, sharing, and storing of information within the two options.
  - If the survivor chooses to continue, they would complete the assessment and prioritization with the non-victim service provider.
- Victim service providers:
  - Complete assessment with survivor.
  - Complete prioritization.

Confidentiality and Housing lists:

- Non-Victim service providers-
  - Providers will explain the confidentiality forms and survivors may choose if they wish to have their information shared in HMIS, or not. Survivors may also choose who they would like to share their information with, within the coordinated entry partnership.
  - The provider will explain what the housing prioritization lists are and offer to use the anonymous unique ID for the survivor if they choose, instead of adding their name to the list/sending their name to the Coordinated Entry System Director to add to the list. If the survivor wishes to do this, their name and contact information would be provided to STEPS to End Domestic Violence so that a unique ID could be created.
- Victim Service providers:
  - Providers will explain the confidentiality forms. Survivors may choose who they would like to share their information with, within the coordinated entry partnership, if anyone. DV/SV



- agencies do not use HMIS.
- The provider will generate a unique ID for the survivor using Osniium and send it to the Coordinated Entry System Director with their prioritization information.
- Receiving housing resources:
  - If a survivor is listed by name on a prioritization list and their name comes to the top, they will be contacted by the Coordinated Entry System Director and connected with the housing resource.
  - If a survivor's unique ID number comes to the top of a prioritization list, the Coordinated Entry Specialist will contact Steps to End Domestic Violence or the Assessment Partner to connect the survivor with the housing resource.
  - The organizations involved will work to ensure that the survivor is connected to housing navigation and other support as needed.

Note: The term "victim service provider" refers to the local domestic and sexual violence organizations.

To find the domestic or sexual violence organization that serves your area go to: <http://vtnetwork.org/get-help/>



## Section 5: Training

Coordinated Entry trainings are routinely given to housing navigation staff at the CHRC meetings. Recorded video trainings are utilized for onboarding new staff and for the annual assessment training for existing staff (the video trainings are available at: <https://www.cchavt.org/coordinated-entry-training/>). Additional trainings are provided as needed.

### Overview of CCHA Coordinated Entry Process:

- What is Coordinated Entry and the CCHA CE?
  - Roles and Responsibilities of Access Points, Assessment Partners, and Assessment Hubs.
  - The Coordinated Entry Committee, Community Housing Review Committee and Master List.
- Coordinated Entry Policy and Procedures for: Referral to CE, Assessment, Master List, Prioritization, Referral to Housing Program
- Confidentiality
- Safety Planning and a Trauma-Informed Process
- Fair Housing, Equal Access, Americans with Disabilities Act (ADA) and other Nondiscrimination Requirements
- Evaluation Process

### Housing Needs Assessment Training:

- Assessment Tool and Process
- How to conduct a Trauma-Informed assessment
- Safety Planning
- Release of Information

### HMIS BitFocus Clarity and Coordinated Entry Referral Process Overview:

- How to access HMIS and technical instructions for making referrals

### Domestic Violence, Sexual Violence, Dating Violence, and Stalking safety protocol

- Training will review the CCHA Coordinated Entry System policies and procedures for Domestic Violence, Sexual Violence, Dating Violence, and Stalking
- Training will cover safety planning for households fleeing DV or other life-threatening conditions
- Providing training and training materials is the responsibility of the CCHA Coordinated Entry Committee in partnership with ICA, the VT HMIS Lead Agency.



## **CCHA Coordinated Entry System Master List Inactive Policy Approved 5/3/18**

### **Background:**

The Inactive Policy is a critical component of maintaining a real-time by-name master list as well as a robust coordinated entry system. To ensure an efficient assessment and referral process, it is important to ensure that Coordinated Entry (CE) has the ability to contact and connect with households as soon as a housing opportunity is available. Without this policy, CE can experience delays in its referral procedures due to the time spent searching for households in the community who they have not been able to reach through multiple attempts, often for many months. Due to this loss of contact it is hard for the system to determine whether these households are still in need of housing. In some situations, these households may have self-resolved their housing crisis or relocated to another area.

### **Policy:**

If a household has had no contact with any CE Access Points, Assessment Partners, Housing Navigation Providers, and/or Community Outreach for 90 days, AND they have had no services or shelter stays in HMIS for the past 90 days, the household will be removed from the Active List and placed on the Inactive List. For our Veteran population, we coordinate with the chairperson of the Vermont Veterans Committee as point of contact to see if the veteran has relocated or has accessed any other Veterans' services locally.

Active/Inactive List status updates will be done at least once a month to ensure the Active List is accurate and up to date. For households who have not been contacted within the last 90 days, the assigned Housing Navigation Provider, or the agency where the household completed an assessment in cases where there is no Housing Navigator, will make three attempts in accordance with case management protocol to contact the household to inquire about housing status before moving the household to Inactive. The Housing Navigator or the agency where the household was assessed will update the household's Active/Inactive status.

If a household on the Inactive list contacts the homeless service system including outreach workers, drop-in centers, shelters, meal lines, etc., they are moved from the Inactive list to the Active list and can be referred to housing services and resources once they have re-engaged with the system which may include re-assessment of their vulnerability and sustainability if appropriate.



## **Section 6: Appendices**

Appendix 1: CE Flow Chart

Appendix 2: CE Initial Referral Form

Appendix 3: Single Adults Vulnerability Assessment Form

Appendix 4: Families Vulnerability Assessment Form

Appendix 5: DV Survivor Vulnerability Assessment Form

Appendix 6: DV Family Vulnerability Assessment Form

Appendix 7: Youth Vulnerability Assessment Form

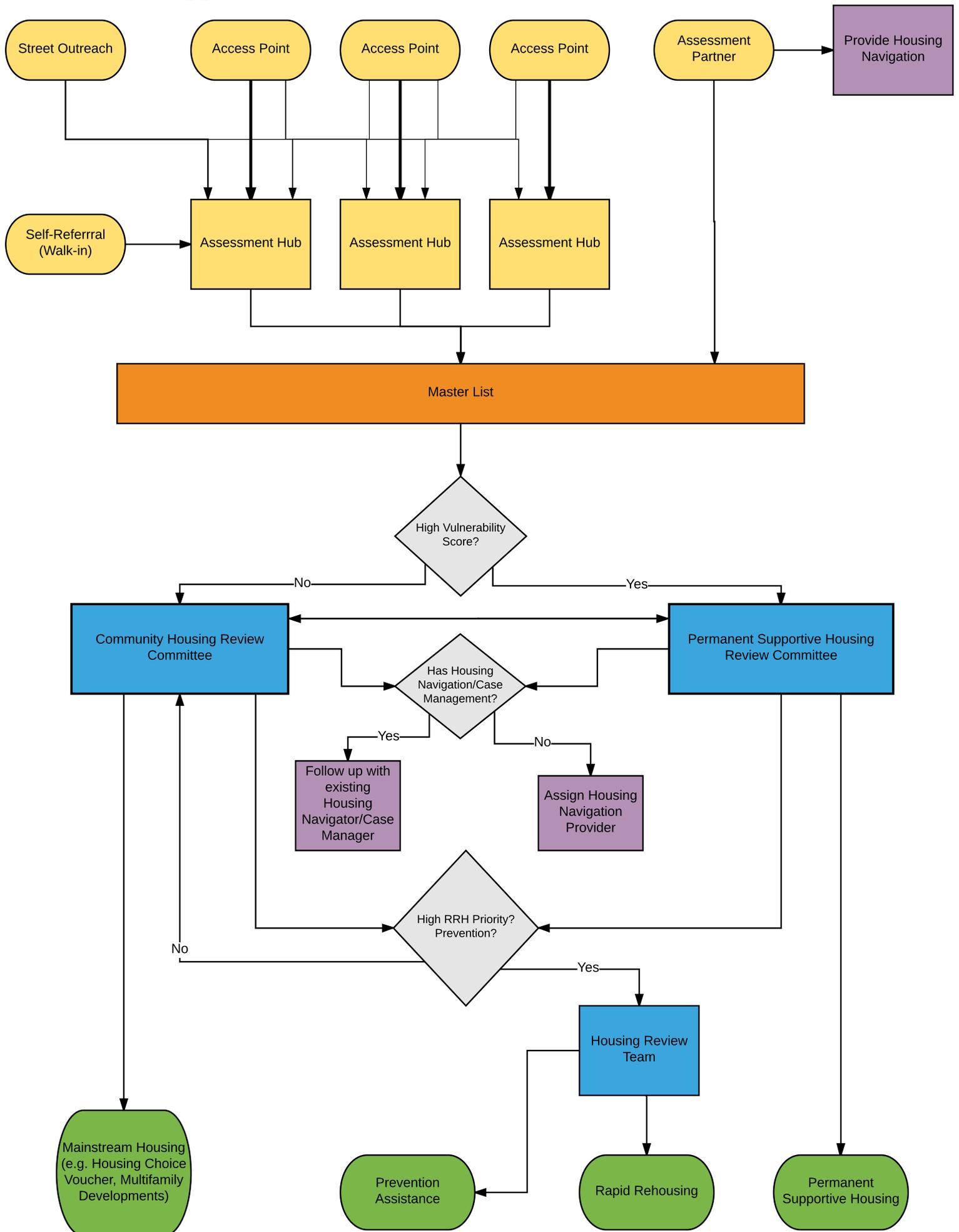
Appendix 8: Sustainability Assessment Form

Appendix 9: HMIS Data Questions

Appendix 10: HMIS Client Informed Consent and Release of Information Form

Appendix 11: Coordinated Entry Mainstream Prioritization

# Appendix 1: CCHA Coordinated Entry System Flowchart





**CCHA COORDINATED ENTRY INITIAL REFERRAL FORM**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Number of adults in your household:** \_\_\_\_\_ **Number of children in your household:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_  
*Do we have permission to call these numbers? \_\_\_ Yes \_\_\_ No* *Do we have permission to leave a message? \_\_\_ Yes \_\_\_ No*

**Email:** \_\_\_\_\_ **Other Contact:** \_\_\_\_\_  
*Do we have permission to email you? \_\_\_ Yes \_\_\_ No*

**Mailing Address:** \_\_\_\_\_

Where did you stay last night? (please check box below)

- Emergency Shelter
- Outdoors
- Vehicle
- Renting a house/apartment (check all that apply)
  - Facing eviction – DATE (if known): \_\_\_\_\_
  - Have rental subsidy or voucher
- Staying with friends or family because of economic hardship
  - Facing eviction – DATE (if known): \_\_\_\_\_
- Motel/hotel
  - Paid by agency
  - Paid by self or family/friends, not able to continue
- Other (please explain): \_\_\_\_\_

How long have you stayed at the above location? \_\_\_\_\_

What language are you most comfortable speaking? \_\_\_\_\_ Is an interpreter needed? \_\_\_ Yes \_\_\_ No

Are you currently fleeing or attempting to flee an intimate partner violence situation? \_\_\_ Yes \_\_\_ No  
*If yes, offer referral to local domestic violence agency, Steps to End Domestic Violence.*

Have you ever served on active duty in the U.S. military or Armed Services? \_\_\_ Yes \_\_\_ No

Are you 24 years of age or younger? \_\_\_ Yes \_\_\_ No  
*If yes, offer referral to local youth-serving agency, Spectrum Youth & Family Services.*

Is there anything else you feel we should know?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTINUED ON OTHER SIDE →**



I give my permission for the Champlain Valley Office of Economic Opportunity (CVOEO) to receive a copy of this form and to share information included on this form with the following agencies (assessment hubs) for the purpose of continuing the coordinated entry process to obtain housing-related assistance:

- \* ANEW Place
- \* Champlain Valley Office of Economic Opportunity (CVOEO)
- \* Committee on Temporary Shelter (COTS)
- \* Safe Harbor (CHCB)
- \* Spectrum Youth & Family Services
- \* Steps to End Domestic Violence

*(If you do not want your information to be shared with one of the listed agencies, please cross out their name)*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*If screening is done over the phone, interviewer writes "verbal consent" and signs their own name on the signature line*

**REFERRING SERVICE PROVIDER INFORMATION**

Staff Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please return completed form to Coordinated Entry Staff (CCHA/CVOEO):**

**By Email: [ChittendenCE@cvoeo.org](mailto:ChittendenCE@cvoeo.org)**

**By Fax: 802-859-3462**



**VULNERABILITY ASSESSMENT – SINGLE ADULTS**

**Administration**

<b>Interviewer Name:</b> _____	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer
<b>Organization:</b> _____		
<b>Survey Date:</b> ____/____/____ <small>Month/Day/Year</small>	<b>Survey Time:</b> __ : __ AM/PM	<b>Survey Location:</b> _____

**Opening Script**

Hello, my name is \_\_\_\_\_ [interviewer’s name], and I work for \_\_\_\_\_ [organization name].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will be of a personal nature, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify a question or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

**Basic Information**

<b>Do you consent to participate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
_____	_____	_____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth:</b> ____/____/____ <small>Month/Day/Year</small>	<b>Age:</b> ____	<b>Social Security Number:</b> _____

<b>IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.</b>	<b>SCORE:</b> <div style="border: 1px solid white; width: 100px; height: 20px; margin: 5px auto;"></div>
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## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (Check one)

- Housed/Couch-Surfing       Transitional Housing       Shelters (incl. Emergency Motels)  
 **Outdoors**       **Other (specify):** \_\_\_\_\_       **Refused**

IF THE PERSON ANSWERS "OUTDOORS," "OTHER," OR "REFUSED," THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent, stable housing? \_\_\_\_\_  Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4 OR MORE EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

## B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? a) \_\_\_\_\_  Refused  
b) Taken an ambulance to the hospital? b) \_\_\_\_\_  Refused  
c) Been hospitalized as an inpatient? c) \_\_\_\_\_  Refused  
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines? d) \_\_\_\_\_  Refused  
e) Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told you that you must move along? e) \_\_\_\_\_  Refused  
f) Stayed one or more nights in a jail or prison, even if you were not charged with a crime? f) \_\_\_\_\_  Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:



5. Have you been physically attacked or beaten up since becoming homeless?  **Yes**  No  Refused
6. Have you threatened to, or tried to, harm yourself or anyone else in the last year?  **Yes**  No  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.** **SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  **Yes**  No  Refused

**IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.** **SCORE:**

8. Do you ever feel like you are being forced or manipulated into doing things that you would not normally do?  **Yes**  No  Refused
9. Do you ever do anything that you or others consider risky, including: exchange sex for money, run drugs for someone, or share a needle?  **Yes**  No  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.** **SCORE:**

### C. Socialization & Daily Functioning

10. Do you owe anyone money, or does anyone think that you owe them money?  **Yes**  No  Refused
11. Do you have any income from a job, under the table work, a pension, inheritance, government benefits, or any other sources? (excluding general assistance/GA)  Yes  **No**  Refused

**IF "YES" TO QUESTION 10, OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.** **SCORE:**

12. Do you engage in any activities or hobbies – other than meeting your basic needs - that make you feel happy?  Yes  **No**  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.** **SCORE:**



13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and things like that?  Yes  **No**  Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Do you think that conflict with family, with friends, a breakup or an unhealthy or abusive relationship may have led to your homelessness?  Yes  No  Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Yes  No  Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?  Yes  No  Refused
17. Have you ever been diagnosed with HIV or AIDS?  Yes  No  Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or that would make it hard to live independently because you'd need help?  Yes  No  Refused
19. When you are sick or not feeling well, do you avoid getting help?  Yes  No  Refused
20. Are you currently pregnant?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

21. Have you ever had problems with drug or alcohol abuse, abused drugs or alcohol, or been told that you do?  Yes  No  Refused
22. Have you used injection drugs or shots in the last six months?  Yes  No  Refused
23. Have you ever returned to using drugs or alcohol, after being treated for a drug or alcohol problem?  Yes  No  Refused
24. Have you blacked out because of alcohol or drug use in the last month?  Yes  No  Refused



OBSERVATION ONLY – DO NOT ASK: Surveyor, do you observe signs or symptoms of problematic alcohol or drug use?

Yes  No  Unsure

SCORE:

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

25. Have you ever been taken to a hospital against your will for a mental health issue or concern?  Yes  No  Refused

26. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?  Yes  No  Refused

27. Have you spoken with a psychiatrist, psychologist, or other mental health professional in the last year because of mental health – whether that was voluntary or because someone insisted?  Yes  No  Refused

28. Have you had a serious brain injury or head trauma?  Yes  No  Refused

29. Have you ever been told you have a learning disability or developmental disability?  Yes  No  Refused

30. Do you have any problems concentrating or remembering things?  Yes  No  Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?

Yes  No  Unsure

SCORE:

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

IF THE RESPONDENT SCORED 1 FOR *PHYSICAL HEALTH*, AND 1 FOR *SUBSTANCE USE*, AND 1 FOR *MENTAL HEALTH*, THEN SCORE 1 FOR TRI-MORBIDITY.

SCORE:

31. Are there any medications that a doctor said you should be taking but that you are not taking, or are taking differently than prescribed?  Yes  No  Refused

SCORE:

IF “YES,” THEN SCORE 1 FOR MEDICATIONS.

32. Has your homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?  Yes  No  Refused

SCORE:

IF “YES,” THEN SCORE 1 FOR ABUSE AND TRAUMA.



## Scoring Summary

DOMAIN	SUBTOTAL	NOTES
Pre-Survey (page 1)	/1	
A. History of Housing and Homelessness	/2	
B. Risks	/4	
C. Socialization and Daily Functioning	/4	
D. Wellness	/6	
<b>GRAND TOTAL:</b>	<b>/17</b>	

## Follow-Up Questions

Are you currently working with any case workers? <i>(List name, etc., below.)</i>		
Name	Organization	Phone Number or Email Address

Is there a phone number or email address where someone can safely get in touch with you, or leave you a message?	
Phone Number	Email Address



VULNERABILITY ASSESSMENT – FAMILIES

Administration

Interviewer Name: \_\_\_\_\_  Staff  Volunteer  
 Organization: \_\_\_\_\_  
 Survey Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Survey Time: \_\_:\_\_ AM/PM Survey Location: \_\_\_\_\_  
Month/Day/Year

Opening Script

Hello, my name is \_\_\_\_\_ [interviewer’s name], and I work for \_\_\_\_\_ [organization name].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will be of a personal nature, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify a question or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later. Please be aware that I am a mandated reporter and that I am required to follow up on any reports of child abuse that are disclosed to me.

Basic Information

PARENT 1	Do you consent to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	First Name	Nickname	Last Name
	_____	_____	_____
	In what language do you feel best able to express yourself? _____		
Date of Birth: ____/____/____ Age: ____ Social Security Number: _____			
<small>Month/Day/Year</small>			
PARENT 2	<input type="checkbox"/> <i>No second parent currently part of the household.</i>		
	Do you consent to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	First Name	Nickname	Last Name
	_____	_____	_____
	In what language do you feel best able to express yourself? _____		
Date of Birth: ____/____/____ Age: ____ Social Security Number: _____			
<small>Month/Day/Year</small>			

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. SCORE:



## Children

1. How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_  Refused
3. Is any member of the family currently pregnant?  Yes  No  Refused
4. Please provide a list of children’s names, ages, and dates of birth.

Children’s Information			
First Name	Last Name	Age	Date of Birth

**IF THERE IS A SINGLE PARENT WITH 2 OR MORE CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**  
**OR**  
**IF THERE ARE TWO PARENTS WITH 3 OR MORE CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

**SCORE:**



## A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (Check one)

- Housed/Couch-Surfing     
  Transitional Housing     
  Shelters (incl. Emergency Motels)  
 **Outdoors**     
  **Other (specify):**     
  **Refused**
- \_\_\_\_\_

IF THE PERSON ANSWERS "OUTDOORS," "OTHER," OR "REFUSED," THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent, stable housing? \_\_\_\_\_  Refused

7. In the last three years, how many times have you and your family been homeless? \_\_\_\_\_  Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4 OR MORE EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

## B. Socialization & Daily Functioning

8. Do you or anyone in your family owe anyone money, or does anyone think that you or anyone in your family owes them money?  **Yes**  No  Refused

9. Do you or anyone in your family have any income from a job, under the table work, a pension, inheritance, government benefits, or any other sources?  Yes  **No**  Refused

IF "YES" TO QUESTION 8, OR "NO" TO QUESTION 9, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

10. Does everyone in your family engage in any activities or hobbies - other than meeting their basic needs - that make them feel happy?  Yes  **No**  Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:



11. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and things like that?  Yes  **No**  Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

12. Do you think that conflict with family, with friends, a breakup, or an unhealthy or abusive relationship may have led to your family's homelessness in any way?  **Yes**  No  Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

### C. Family Unit

13. In the last six months, are there any children that have been removed from the family by a child protection service?  **Yes**  No  Refused

14. Do you have any family legal issues that are being resolved in court, or need to be resolved in court, that would impact your housing, or who may live within your housing?  **Yes**  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

15. In the last six months, have any children lived with family or friends because of your homelessness or housing situation?  **Yes**  No  Refused

16. In the last six months, has any child in the family experienced abuse or trauma?  **Yes**  No  Refused

17. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?  Yes  **No**  N/A or Refused

IF "YES" TO QUESTION 15 OR 16, OR "NO" TO QUESTION 17, THEN SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:



18. In the last six months, have the members of your family changed due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?  Yes  No  Refused
19. Do you anticipate any other adults or children coming to live with you within the first six months of being housed?  Yes  No  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR FAMILY STABILITY.** **SCORE:**

20. Do you have two or more planned activities each week as a family, such as outings to the park, going to the library, visiting other family, watching a movie, or anything like that?  Yes  No  Refused
21. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a) 3 or more hours per day for children aged 13 or older?  Yes  No  Refused
- b) 2 or more hours per day for children aged 12 or younger?  Yes  No  Refused
22. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:*  Yes  No  N/A or Refused  
Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?

**IF "NO" TO QUESTION 20, OR "YES" TO ANY OF QUESTIONS 21 OR 22, THEN SCORE 1 FOR PARENTAL ENGAGEMENT.** **SCORE:**

### D. Wellness

23. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  Yes  No  Refused
24. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?  Yes  No  Refused
25. Have you or anyone in your family ever been diagnosed with HIV or AIDS?  Yes  No  Refused
26. Do you or anyone in your family have any physical disabilities that would limit the type of housing you could access, or that would make it hard to live independently because you'd need help?  Yes  No  Refused



27. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

28. Have you or any member of your family ever had problems with drug or alcohol abuse or been told that they do?  Yes  No  Refused

29. Have you or any member of your family used injection drugs or shots in the last six months?  Yes  No  Refused

30. Have you or any member of your family ever returned to using drugs or alcohol after being treated for a drug or alcohol problem?  Yes  No  Refused

31. Have you or any member of your family blacked out because of alcohol or drug use in the last month?  Yes  No  Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you observe signs or symptoms of problematic alcohol or drug use?  Yes  No  Unsure

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

32. Have you or any member of your family ever been taken to a hospital against their will for a mental health issue or concern?  Yes  No  Refused

33. Have you or any member of your family ever gone to the emergency room because they weren't feeling 100% well emotionally or because of their nerves?  Yes  No  Refused

34. Have you or any member of your family spoken with a psychiatrist, psychologist, or other mental health professional in the last year because of mental health – whether that was voluntary or because someone insisted?  Yes  No  Refused

35. Have you or any member of your family had a serious brain injury or head trauma?  Yes  No  Refused

36. Have you or any member of your family ever been told they have a learning disability or developmental disability?  Yes  No  Refused

37. Do you or any member of your family have any problems concentrating or remembering things?  Yes  No  Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?  Yes  No  Unsure

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:



38. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?

Yes  No  N/A or Refused

IF YES, THEN SCORE 1 FOR TRI-MORBIDITY.

SCORE:

39. Are there any medications that a doctor said that you or anyone in your family should be taking, but that are not being taken, or are being taken differently than prescribed?

Yes  No  Refused

IF "YES," THEN SCORE 1 FOR MEDICATIONS.

SCORE:

40. Has your family's homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?

Yes  No  Refused

IF "YES," THEN SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

### E. Risks

41. In the past six months, how many times have you or anyone in your family...

a) Received health care at an emergency department/room?

a) \_\_\_\_\_  Refused

b) Taken an ambulance to the hospital?

b) \_\_\_\_\_  Refused

c) Been hospitalized as an inpatient?

c) \_\_\_\_\_  Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines?

d) \_\_\_\_\_  Refused

e) Talked to police because they witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told them that they must move along?

e) \_\_\_\_\_  Refused

f) Stayed one or more nights in a jail or prison, even if you were not charged with a crime?

f) \_\_\_\_\_  Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:



42. Have you or anyone in your family been physically attacked or beaten up since becoming homeless?

Yes  No  Refused

43. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?

Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

44. Do you (or anyone in your family) have any legal stuff going on right now that may result in you (or them) being locked up, having to pay fines, or that make it more difficult to rent a place to live?

Yes  No  Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

45. Do you or anyone in your family ever feel like you are being forced or manipulated into doing things that you would not normally do?

Yes  No  Refused

46. Do you or anyone in your family ever do anything that you or others consider risky, including: exchange sex for money, run drugs for someone, or share a needle?

Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:



## Scoring Summary

DOMAIN	SUBTOTAL	NOTES
Pre-Survey (pages 1-2)	/2	
A. History of Housing and Homelessness	/2	
B. Socialization and Daily Functioning	/4	
C. Family Unit	/4	
D. Wellness	/6	
E. Risks	/4	
<b>GRAND TOTAL:</b>	<b>/22</b>	

## Follow-Up Questions

Are you currently working with any case workers? <i>(List name, etc., below.)</i>		
Name	Organization	Phone Number or Email Address

Is there a phone number or email address where someone can safely get in touch with you, or leave you a message?	
Phone Number	Email Address



**VULNERABILITY ASSESSMENT – SINGLE ADULTS FLEEING DOMESTIC VIOLENCE**

**Administration**

**Interviewer Name:** \_\_\_\_\_  Staff  Volunteer

**Organization:** \_\_\_\_\_

**Survey Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Survey Time:** \_\_: \_\_ AM/PM **Survey Location:** \_\_\_\_\_  
Month/Day/Year

**Opening Script**

Hello, my name is \_\_\_\_\_ [interviewer’s name], and I work for \_\_\_\_\_ [organization name].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will be of a personal nature, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify a question or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

**Basic Information**

**Do you consent to participate?**  Yes  No

**First Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**In what language do you feel best able to express yourself?** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Social Security Number:** \_\_\_\_\_  
Month/Day/Year

**IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.** **SCORE:**



## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (Check one.)

- Housed/Couch-Surfing       Transitional Housing       Shelters (incl. Emergency Motels)  
 **Outdoors**       **Other (specify):** \_\_\_\_\_       **Refused**

**IF THE PERSON ANSWERS "OUTDOORS," "OTHER," OR "REFUSED," THEN SCORE 1.**

**SCORE:**

2. How long has it been since you lived in permanent, stable housing? \_\_\_\_\_  Refused
3. In the last three years, how many times have you been homeless \_\_\_\_\_  Refused  
or had to leave your home for safety reasons?

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4 OR MORE EPISODES OF HOMELESSNESS, THEN SCORE 1.**

**SCORE:**

## B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room, or should have received care but were unable or not allowed to go to the ER? a) \_\_\_\_\_  Refused
- b) Taken an ambulance to the hospital, or should have taken an ambulance to the hospital but were unable or not allowed? b) \_\_\_\_\_  Refused
- c) Been hospitalized as an inpatient? Or should have been hospitalized as an inpatient but were unable or not allowed? c) \_\_\_\_\_  Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines, or would have used a crisis service but were not allowed to do so? d) \_\_\_\_\_  Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told you that you must move along, or could have talked with police but were unable or not allowed to? e) \_\_\_\_\_  Refused
- f) Stayed one or more nights in a jail or prison, even if you were not charged with a crime? f) \_\_\_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.**

**SCORE:**



5. Have you been physically attacked or beaten up since becoming homeless, or are you fearful of being attacked or physically hurt by your former partner, or their family or friends, who may be looking for you?

Yes  No  Refused

6. Have you threatened to, or tried to, harm yourself or anyone else in the last year?

Yes  No  Refused

SCORE:

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live, even if it was caused by your former partner, or their family or friends?

Yes  No  Refused

SCORE:

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

8. Do you ever feel like you are being forced or manipulated into doing things that you would not normally do, either by your former partner, or their family or friends?

Yes  No  Refused

9. Do you ever do anything that you or others consider risky, including: exchange sex for money, run drugs for someone, or share a needle?

Yes  No  Refused

SCORE:

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

### C. Socialization & Daily Functioning

10. Do you owe anyone money, or does anyone think that you owe them money, including your former partner, or their family or friends?

Yes  No  Refused

11. Do you have any income from a job, under the table work, a pension, inheritance, government benefits, or any other sources, not including sources that your former partner controls? (excluding General Assistance/GA)

Yes  No  Refused

SCORE:

IF "YES" TO QUESTION 10, OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.



12. Do you engage in any activities or hobbies – other than meeting your basic needs - that make you feel happy?  Yes  No  Refused

SCORE:

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and things like that?  Yes  No  Refused

SCORE:

IF "NO," THEN SCORE 1 FOR SELF-CARE.

14. Do you think that conflict with family, with friends, a breakup or an unhealthy or abusive relationship may have led to your homelessness?  Yes  No  Refused

SCORE:

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

### D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Yes  No  Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?  Yes  No  Refused

17. Have you ever been diagnosed with HIV or AIDS?  Yes  No  Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or that would make it hard to live independently because you'd need help?  Yes  No  Refused

19. When you are sick or not feeling well, do you avoid getting help, or does anyone prevent you from getting help?  Yes  No  Refused

20. Are you currently pregnant?  Yes  No  Refused

SCORE:

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.



21. Have you ever had problems with drug or alcohol abuse, abused drugs or alcohol, or been told that you do?  Yes  No  Refused

22. Have you used injection drugs or shots in the last six months?  Yes  No  Refused

23. Have you ever returned to using drugs or alcohol, after being treated for a drug or alcohol problem?  Yes  No  Refused

24. Have you blacked out because of alcohol or drug use in the last month?  Yes  No  Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you observe signs or symptoms of problematic alcohol or drug use?  Yes  No  Unsure

SCORE:

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

25. Have you ever been taken to a hospital against your will for a mental health issue or concern?  Yes  No  Refused

26. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?  Yes  No  Refused

27. Have you spoken with a psychiatrist, psychologist, or other mental health professional in the last year because of mental health – whether that was voluntary or because someone insisted?  Yes  No  Refused

28. Have you had a serious brain injury or head trauma?  Yes  No  Refused

29. Have you ever been told you have a learning disability or developmental disability?  Yes  No  Refused

30. Do you have any problems concentrating or remembering things?  Yes  No  Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?  Yes  No  Unsure

SCORE:

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

IF THE RESPONDENT SCORED 1 FOR *PHYSICAL HEALTH*, AND 1 FOR *SUBSTANCE USE*, AND 1 FOR *MENTAL HEALTH*, THEN SCORE 1 FOR TRI-MORBIDITY.

SCORE:

31. Are there any medications that a doctor said you should be taking but that you are not taking, or are taking differently than prescribed? Or that someone wouldn't let you take or would make you take differently than prescribed?  Yes  No  Refused

SCORE:

IF "YES," THEN SCORE 1 FOR MEDICATIONS.



32. Has your homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?

Yes  No  Refused

SCORE:

IF "YES," THEN SCORE 1 FOR ABUSE AND TRAUMA.

## Scoring Summary

DOMAIN	SUBTOTAL	NOTES
Pre-Survey (page 1)	/1	
A. History of Housing and Homelessness	/2	
B. Risks	/4	
C. Socialization and Daily Functioning	/4	
D. Wellness	/6	
<b>GRAND TOTAL:</b>	<b>/17</b>	

## Follow-Up Questions

Are you currently working with any case workers? <i>(List name, etc., below.)</i>		
Name	Organization	Phone Number or Email Address

Is there a phone number or email address where someone can safely get in touch with you, or leave you a message?	
Phone Number	Email Address



**VULNERABILITY ASSESSMENT – FAMILIES FLEEING DOMESTIC VIOLENCE**

**Administration**

**Interviewer Name:** \_\_\_\_\_  Staff  Volunteer  
**Organization:** \_\_\_\_\_  
**Survey Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Survey Time:** \_\_: \_\_ AM/PM **Survey Location:** \_\_\_\_\_  
Month/Day/Year

**Opening Script**

Hello, my name is \_\_\_\_\_ [interviewer’s name], and I work for \_\_\_\_\_ [organization name].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will be of a personal nature, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify a question or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later. Please be aware that I am a mandated reporter and that I am required to follow up on any reports of child abuse that are disclosed to me.

**Basic Information**

<b>PARENT 1</b>	<b>Do you consent to participate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
	_____		
	<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth:</b> ____/____/____ <b>Age:</b> ____ <b>Social Security Number:</b> _____			
<small>Month/Day/Year</small>			
<b>PARENT 2</b>	<input type="checkbox"/> <b>No second parent currently part of the household.</b>		
	<b>Do you consent to participate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
	_____		
	<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth:</b> ____/____/____ <b>Age:</b> ____ <b>Social Security Number:</b> _____			
<small>Month/Day/Year</small>			

**IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.**

**SCORE:**



## Children

1. How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_  Refused
3. Is any member of the family currently pregnant?  Yes  No  Refused
4. Please provide a list of children’s names, ages, and dates of birth.

Children’s Information			
First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2 OR MORE CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.  
OR  
IF THERE ARE TWO PARENTS WITH 3 OR MORE CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

**SCORE:**

## A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (Check one.)
- Housed/Couch-Surfing     
  Transitional Housing     
  Shelters (incl. Emergency Motels)  
 **Outdoors**     
  **Other (specify):** \_\_\_\_\_     
  **Refused**

IF THE PERSON ANSWERS “OUTDOORS,” “OTHER,” OR “REFUSED,” THEN SCORE 1.

**SCORE:**



6. How long has it been since you and your family lived in permanent, stable housing? \_\_\_\_\_  Refused

7. In the last three years, how many times have you and your family been homeless or had to leave your home for safety reasons? \_\_\_\_\_  Refused

**IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4 OR MORE EPISODES OF HOMELESSNESS, THEN SCORE 1.** **SCORE:**

## B. Socialization & Daily Functioning

8. Do you or anyone in your family owe anyone money, or does anyone think that you or anyone in your family owes them money, including your former partner or their family or friends?  Yes  No  Refused

9. Do you or anyone in your family have any income from a job, under the table work, a pension, inheritance, government benefits, or any other sources, not including sources that your former partner controls?  Yes  No  Refused

**IF "YES" TO QUESTION 8, OR "NO" TO QUESTION 9, THEN SCORE 1 FOR MONEY MANAGEMENT.** **SCORE:**

10. Does everyone in your family engage in any activities or hobbies - other than meeting their basic needs - that make them feel happy?  Yes  No  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.** **SCORE:**

11. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and things like that?  Yes  No  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.** **SCORE:**



12. Do you think that conflict with family, with friends, a breakup, or an unhealthy or abusive relationship may have led to your family's homelessness in any way?  Yes  No  Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

### C. Family Unit

13. In the last six months, are there any children that have been removed from the family by a child protection service?  Yes  No  Refused
14. Do you have any family legal issues that are being resolved in court, or need to be resolved in court, that would impact your housing, or who may live within your housing?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

15. In the last six months, have any children lived with family or friends because of your homelessness or housing situation?  Yes  No  Refused
16. In the last six months, has any child in the family experienced abuse or trauma?  Yes  No  Refused
17. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?  Yes  No  N/A or Refused

IF "YES" TO QUESTION 15 OR 16, OR "NO" TO QUESTION 17, THEN SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

18. In the last six months, have the members of your family changed due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?  Yes  No  Refused
19. Do you anticipate any other adults or children coming to live with you within the first six months of being housed?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR FAMILY STABILITY.

SCORE:



20. Do you have two or more planned activities each week as a family, such as outings to the park, going to the library, visiting other family, watching a movie, or anything like that?  Yes  **No**  Refused
21. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a) 3 or more hours per day for children aged 13 or older?  **Yes**  No  Refused
- b) 2 or more hours per day for children aged 12 or younger?  **Yes**  No  Refused
22. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?  **Yes**  No  N/A or Refused

**IF "NO" TO QUESTION 20, OR "YES" TO ANY OF QUESTIONS 21 OR 22, THEN SCORE 1 FOR PARENTAL ENGAGEMENT.** **SCORE:**

### D. Wellness

23. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  **Yes**  No  Refused
24. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?  **Yes**  No  Refused
25. Have you or anyone in your family ever been diagnosed with HIV or AIDS?  **Yes**  No  Refused
26. Do you or anyone in your family have any physical disabilities that would limit the type of housing you could access, or that would make it hard to live independently because you'd need help?  **Yes**  No  Refused
27. When someone in your family is sick or not feeling well, does your family avoid getting medical help, or does anyone prevent you or your family from getting help?  **Yes**  No  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** **SCORE:**

28. Have you or any member of your family ever had problems with drug or alcohol abuse or been told that they do?  **Yes**  No  Refused
29. Have you or any member of your family used injection drugs or shots in the last six months?  **Yes**  No  Refused



30. Have you or any member of your family ever returned to using drugs or alcohol after being treated for a drug or alcohol problem?  Yes  No  Refused

31. Have you or any member of your family blacked out because of alcohol or drug use in the last month?  Yes  No  Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you observe signs or symptoms of problematic alcohol or drug use?  Yes  No  Unsure

SCORE:

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

32. Have you or any member of your family ever been taken to a hospital against their will for a mental health issue or concern?  Yes  No  Refused

33. Have you or any member of your family ever gone to the emergency room because they weren’t feeling 100% well emotionally or because of their nerves?  Yes  No  Refused

34. Have you or any member of your family spoken with a psychiatrist, psychologist, or other mental health professional in the last year because of mental health – whether that was voluntary or because someone insisted?  Yes  No  Refused

35. Have you or any member of your family had a serious brain injury or head trauma?  Yes  No  Refused

36. Have you or any member of your family ever been told they have a learning disability or developmental disability?  Yes  No  Refused

37. Do you or any member of your family have any problems concentrating or remembering things?  Yes  No  Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?  Yes  No  Unsure

SCORE:

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

38. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?  Yes  No  N/A or Refused

SCORE:

IF YES, THEN SCORE 1 FOR TRI-MORBIDITY.



39. Are there any medications that a doctor said that you or anyone in your family should be taking, but that are not being taken, or are being taken differently than prescribed? Or that your former partner wouldn't let you take, or made you take differently than prescribed?  Yes  No  Refused

SCORE:

IF "YES," THEN SCORE 1 FOR MEDICATIONS.

40. Has your family's homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?  Yes  No  Refused

SCORE:

IF "YES," THEN SCORE 1 FOR ABUSE AND TRAUMA.

## E. Risks

41. In the past six months, how many times have you or anyone in your family...
- a) Received health care at an emergency department/room? Or should have received care, but were unable or not allowed to go to the emergency room? a) \_\_\_\_\_  Refused
  - b) Taken an ambulance to the hospital? Or should have taken an ambulance to the hospital, but were unable, or not allowed to? b) \_\_\_\_\_  Refused
  - c) Been hospitalized as an inpatient? Or should have been hospitalized as an inpatient, but were unable, or not allowed to? c) \_\_\_\_\_  Refused
  - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines? Or, would have used a crisis service but were unable or not allowed to? d) \_\_\_\_\_  Refused
  - e) Talked to police because they witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told them that they must move along? Or, could have talked to police, but were unable or not allowed to? e) \_\_\_\_\_  Refused
  - f) Stayed one or more nights in a jail or prison, even if you were not charged with a crime? f) \_\_\_\_\_  Refused

SCORE:

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.



42. Have you or anyone in your family been physically attacked or beaten up since becoming homeless? Or, are you fearful of being attacked or hurt by your former partner, or their family or friends, who may be looking for you?  Yes  No  Refused

43. Have you or anyone in your family threatened to, or tried to, harm themselves or anyone else in the last year?  Yes  No  Refused

SCORE:

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

44. Do you (or anyone in your family) have any legal stuff going on right now that may result in you (or them) being locked up, having to pay fines, or that make it more difficult to rent a place to live, even if it was caused by your former partner, or their family or friends?  Yes  No  Refused

SCORE:

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

45. Do you or anyone in your family ever feel like you are being forced or manipulated into doing things that you would not normally do? Either by your former partner or anyone else?  Yes  No  Refused

46. Do you or anyone in your family ever do anything that you or others consider risky, including: exchange sex for money, run drugs for someone, or share a needle?  Yes  No  Refused

SCORE:

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.



## Scoring Summary

DOMAIN	SUBTOTAL	NOTES
Pre-Survey (pages 1-2)	/2	
A. History of Housing and Homelessness	/2	
B. Socialization and Daily Functioning	/4	
C. Family Unit	/4	
D. Wellness	/6	
E. Risks	/4	
<b>GRAND TOTAL:</b>	<b>/22</b>	

## Follow-Up Questions

Are you currently working with any case workers? <i>(List name, etc., below.)</i>		
Name	Organization	Phone Number or Email Address

Is there a phone number or email address where someone can safely get in touch with you, or leave you a message?	
Phone Number	Email Address



**VULNERABILITY ASSESSMENT – TRANSITION AGE YOUTH**

**Administration**

<b>Interviewer Name:</b> _____	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer
<b>Organization:</b> _____		
<b>Survey Date:</b> ____/____/____ <small>Month/Day/Year</small>	<b>Survey Time:</b> __: __ AM/PM	<b>Survey Location:</b> _____

**Opening Script**

Hello, my name is \_\_\_\_\_ [interviewer’s name], and I work for \_\_\_\_\_ [organization name].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will be of a personal nature, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify a question or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

**Basic Information**

<b>Do you consent to participate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
_____	_____	_____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth:</b> ____/____/____ <small>Month/Day/Year</small>	<b>Age:</b> ____	<b>Social Security Number:</b> _____

<b>IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.</b>	<b>SCORE:</b> <div style="border: 1px solid white; width: 50px; height: 20px; margin: 0 auto;"></div>
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## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (Check one)

- Housed                       Transitional Housing                       Shelters (incl. Emergency Motels)  
 **Outdoors**                       **Couch Surfing**                       **Other (specify):** \_\_\_\_\_                       **Refused**

**IF THE PERSON ANSWERS "OUTDOORS", "COUCH SURFING", "OTHER" OR "REFUSED" THEN SCORE 1.**

**SCORE:**

2. How long has it been since you lived in permanent, stable housing? \_\_\_\_\_  Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4 OR MORE EPISODES OF HOMELESSNESS, THEN SCORE 1.**

**SCORE:**

## B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? a) \_\_\_\_\_  Refused  
b) Taken an ambulance to the hospital? b) \_\_\_\_\_  Refused  
c) Been hospitalized as an inpatient? c) \_\_\_\_\_  Refused  
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines? d) \_\_\_\_\_  Refused  
e) Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told you that you must move along? e) \_\_\_\_\_  Refused  
f) Stayed one or more nights in a jail, prison, or juvenile detention, even if you were not charged with a crime? f) \_\_\_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.**

**SCORE:**

5. Have you been physically attacked or beaten up since becoming homeless?  **Yes**  No  Refused

6. Have you threatened to, or tried to, harm yourself or anyone else in the last year?  **Yes**  No  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.**

**SCORE:**



7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  **Yes**  No  Refused

8. Were you ever incarcerated when younger than age 18?  **Yes**  No  Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

9. Do you ever feel like you are being forced or manipulated into doing things that you would not normally do?  **Yes**  No  Refused

10. Do you ever do anything that you or others consider risky, including: exchange sex for money, food, drugs, or a place to stay, run drugs for someone, or share a needle?  **Yes**  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

### C. Socialization & Daily Functioning

11. Do you owe anyone money, or does anyone think that you owe them money?  **Yes**  No  Refused

12. Do you have any income from a job, an allowance, under the table work, a pension, inheritance, government benefits, or any other sources? (excluding general assistance/GA)  Yes  **No**  Refused

IF "YES" TO QUESTION 10, OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

13. Do you engage in any activities or hobbies – other than meeting your basic needs - that make you feel happy?  Yes  **No**  Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and things like that?  Yes  **No**  Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:



15. Has your lack of housing been caused by one of the following reasons?  Yes  No  Refused
- You ran away from your family home, a group home, or foster home.
  - A difference in religious or cultural beliefs from your parents, guardians, or caregivers.
  - Conflicts around gender identity or sexual orientation.
  - Your family or friends caused you to become homeless.

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

16. Is your current lack of stable housing because of violence at home or because of an unhealthy or abusive relationship?  Yes  No  Refused

IF "YES," THEN SCORE 1 FOR ABUSE/TRAUMA.

SCORE:

## D. Wellness

17. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Yes  No  Refused
18. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?  Yes  No  Refused
19. Have you ever been diagnosed with HIV or AIDS?  Yes  No  Refused
20. Do you have any physical disabilities that would limit the type of housing you could access, or that would make it hard to live independently because you'd need help?  Yes  No  Refused
21. When you are sick or not feeling well, do you avoid getting help?  Yes  No  Refused
22. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  Yes  No  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

23. Have you ever had problems with drug or alcohol abuse, abused drugs or alcohol, or been told that you do?  Yes  No  Refused
24. Have you used injection drugs or shots in the last six months?  Yes  No  Refused
25. Have you ever returned to using drugs or alcohol, after being treated for a drug or alcohol problem?  Yes  No  Refused
26. Have you blacked out because of alcohol or drug use in the last month?  Yes  No  Refused
27. If you have ever used marijuana, did you ever try it at age 12 or younger?  Yes  No  Refused



OBSERVATION ONLY – DO NOT ASK: Surveyor, do you observe signs or symptoms of problematic alcohol or drug use?

Yes  No  Unsure

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

28. Have you ever been taken to a hospital against your will for a mental health issue or concern?  Yes  No  Refused

29. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?  Yes  No  Refused

30. Have you spoken with a psychiatrist, psychologist, or other mental health professional in the last year because of mental health – whether that was voluntary or because someone insisted?  Yes  No  Refused

31. Have you had a serious brain injury or head trauma?  Yes  No  Refused

32. Have you ever been told you have a learning disability or developmental disability?  Yes  No  Refused

33. Do you have any problems concentrating or remembering things?  Yes  No  Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?

Yes  No  Unsure

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

IF THE RESPONDENT SCORED 1 FOR *PHYSICAL HEALTH*, AND 1 FOR *SUBSTANCE USE*, AND 1 FOR *MENTAL HEALTH*, THEN SCORE 1 FOR TRI-MORBIDITY.

SCORE:

34. Are there any medications that a doctor said you should be taking but that you are not taking, or are taking differently than prescribed?  Yes  No  Refused

IF “YES,” THEN SCORE 1 FOR MEDICATIONS.

SCORE:



## Scoring Summary

DOMAIN	SUBTOTAL	NOTES
Pre-Survey (page 1)	/1	
A. History of Housing and Homelessness	/2	
B. Risks	/4	
C. Socialization and Daily Functioning	/5	
D. Wellness	/5	
<b>GRAND TOTAL:</b>	<b>/17</b>	

## Follow-Up Questions

Are you currently working with any case workers? <i>(List name, etc., below.)</i>		
Name	Organization	Phone Number or Email Address

Is there a phone number or email address where someone can safely get in touch with you, or leave you a message?	
Phone Number	Email Address



**CCHA – SUSTAINABILITY ASSESSMENT**

**1.) Housing Vouchers:**

A) Do you have a BHA, WHA, VSHA, or other housing voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, skip to <b>Question 5</b> and check <b>High Sustainability</b> . If no, continue to <b>Question 2</b> .	

**2.) Fair Market Rent (FMR) Affordability:**

What size unit is this household looking for?	
<input type="checkbox"/> Efficiency \$1,139	<input type="checkbox"/> One-Bedroom \$1,238
<input type="checkbox"/> Two-Bedroom \$1,615	<input type="checkbox"/> Three-Bedroom \$1,982
<input type="checkbox"/> Four-Bedroom \$2,170	
Calculate the income threshold for FMR: $\frac{Rent}{.65} = Income\ Threshold$	\$
Does the household income meet the income threshold?	Income: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, skip to <b>Question 5</b> and check <b>High Sustainability</b> . If no, continue to <b>Question 3</b> .	

**3.) Expected Income Increase:**

Is your current income temporarily low because of a time-limited reduction in income due to medical/family leave, drop in hours, family issues, etc., and do you have an approximate date within the next year when your income will increase?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, continue to <b>Question 3a</b> . If no, skip to <b>Question 4</b> .	

**3a.) Income Increase Information:**

What will your expected monthly income be at that time?	\$
Will the household meet the income threshold at that time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, skip to <b>Question 5</b> and check <b>Medium Sustainability</b> . If no, continue to <b>Question 4</b> .	

**4.) Potential Income Increase:**

Are you currently in an education or job-training program that helps with obtaining employment at the conclusion of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, continue to <b>Question 5</b> and score <b>Low Sustainability</b> . If yes, continue to <b>Question 5</b> and check <b>Medium Sustainability</b> .	



**5.) Sustainability Index:**     Low     Medium     High

*High Sustainability Score = High Prioritization for Rapid Re-Housing.*

**Questions 6-11: Non-Scoring Section**

In this section, I am going to ask you a few questions that may help providers determine how best to assist you going forward. Answers to questions 6-11 do **not** affect prioritization for any services.

**6.) If you were homeless before, did you ever receive temporary assistance to help you move back into housing, such as temporary rental assistance, deposits, help with moving costs, etc.?**

*This question is intended to identify if the individual or family has received rapid re-housing assistance in the past. This question may also be asked by asking if the person has been served by a rapid re-housing program and then naming the rapid re-housing programs in the county. If YES, ask if they received that kind of assistance once, or if it happened more than once.*

- Yes, more than once                     
 Yes, once                                     
 No

**7.) Have you had any evictions? Have you been asked to leave your rental apartment or did the landlord use legal papers to ask you to leave?**

*Explain that the presence of eviction(s) will not reduce the person's likelihood of receiving assistance.*

- Yes – Go to question 8.                     
 No – Skip to question 9.

**8.) How many times?**

- One or two                                     
 Three or more

**9.) Do you owe any money to a landlord from the past 7 years?**

- No           
 Yes, less than \$1,000           
 Yes, \$1,000-\$3,000           
 Yes, more than \$3,000

**10.) Have you ever been convicted of a crime?**

*Explain that the presence of a criminal history will not reduce the person's likelihood of receiving assistance.*

- Yes – Go to question 11.                     
 No – Skip to bottom of form and fill out names, date, etc.

**11.) Does your criminal history include any of the following? (Check all that apply.)**

- Arson, Placement on Lifetime Sex Offender Registry, Production of Crystal Meth  
 Drug offenses or crimes against persons or property  
 Just a few minor offenses such as moving violations, a DUI, or a misdemeanor

Client Name (or code# for DV/SV clients): \_\_\_\_\_

Interviewer Name: \_\_\_\_\_  Staff     Volunteer

Organization: \_\_\_\_\_ Date: \_\_\_\_\_



COORDINATED ENTRY HMIS DATA ENTRY FORM - ADULTS

Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Client Record**

Client Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name Quality:  Full  Partial  Don't Know  Refused

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN Quality:  Full  Partial  Doesn't Know  Refused

U.S. Military/Veteran:  Yes  No

**Client Demographics**

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ DOB Type:  Full DOB Reported  Partial  Doesn't Know  Refused

**Gender:**

- Female  Questioning
- Male  Doesn't Know
- A Gender Other Than Singularly Female or Male  Refused
- Transgender

**Race:**

- American Indian, Alaskan Native, or Indigenous  White
- Asian or Asian American  Doesn't Know
- Black, African American, or African  Refused
- Native Hawaiian or Pacific Islander

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino  Doesn't Know  Refused

**Relationship to Head of Household:**

- Self  Child  Spouse  Partner  Other Relation  Other: Non-relation

Client Location: VT-501 Burlington/Chittenden County CoC

**Client Contact Information**

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_



## Prior Living Situation

**\*\*If client is not becoming homeless following having long-term stable housing, please fill out Mapping Housing History on page 3 in addition to this page. The client's answers in Mapping Housing History will help to inform the answers to the questions on the bottom of this page.\*\***

### Type of Residence:

<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Emergency Shelter including Hotel with voucher	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Permanent housing (non-RRH) for formerly homeless persons (such as SHP, S+C, or SRO)
<input type="checkbox"/> Hospital/medical facility (non-psychiatric)	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, with HCV voucher (also NED/FUV)
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Rental by client in a public housing unit
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Residential or halfway house w/o homeless criteria	<input type="checkbox"/> Owned by client, no housing subsidy
<input type="checkbox"/> Hotel without voucher	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Do not know <input type="checkbox"/> Refused
<input type="checkbox"/> Host home	
<input type="checkbox"/> Staying or living in a friend's room, apartment or house	

### Length of Stay in Prior Living Situation:

- |  |  |
|--|--|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two or to six nights                      | <input type="checkbox"/> One Year or longer                      |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Doesn't Know                            |
| <input type="checkbox"/> One month or more, but less than 90 days  | <input type="checkbox"/> Refused                                 |

**Approximate Date Homelessness Started:** \_\_\_/\_\_\_/\_\_\_

**\*\*Note:** The above date is the start of **current** episode of literal homelessness (place not meant for habitation, emergency shelter, or Safe Haven only). If client is not entering from literal homelessness, please leave blank. \*\*

### Number of times the client has been on the streets, in Emergency Shelter, or Safe Haven in the past three years:

- One Time     Two Times     Three Times     Four or more times     Doesn't Know     Refused

**Total number of months homeless on the street or in Emergency Shelter in the past three years:** \_\_\_\_\_

**Length of Time Homeless - Status Documented?**     Yes     No     Doesn't Know     Refused





## Disabling Conditions

<b>Physical Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<b>If yes, is it a long-term condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<b>Developmental Disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	
<b>Chronic Health Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<b>If yes, is it a long-term condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<b>HIV - AIDS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	
<b>Mental Health Disorder</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<b>If yes, is it a long-term condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<b>Substance Use Disorder</b>	<input type="checkbox"/> Yes, Alcohol Use Disorder <input type="checkbox"/> Yes, Drug Use Disorder <input type="checkbox"/> Yes, Both Alcohol and Drug Use Disorders	<input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

## Domestic Violence

Has the client experienced domestic violence?  Yes     No     Doesn't Know     Refused

If yes, when did the experience occur (in months/years): \_\_\_\_\_

If yes, are they currently fleeing:             Yes     No     Doesn't Know     Refused



## Income

Is there income received from any source in the past 30 days?  Yes  No  Doesn't Know  Refused

If yes, continue below and if not, skip this section.

<b>Earned Income</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>Unemployment Insurance</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>SSI</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>SSDI</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>VA Service-Connected Disability</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>VA Non-Service Disability Pension</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>Workers Compensation</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>TANF/ReachUP</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>General Assistance (GA)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>Retirement Income from SS</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>Former Job Pension/Retirement</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>Child Support</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>Alimony and Other Spousal Support</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>Other</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused	\$
<b>Total</b>					\$

## Non-Cash Benefits

Does the client receive any non-cash benefits?  Yes  No  Doesn't Know  Refused

If yes, continue below and if not, skip this section.

<b>SNAP/3 Squares</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
<b>WIC</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
<b>TANF Childcare Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
<b>TANF Transportation Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
<b>Other TANF-Funded Services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
<b>Other Source</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused



## Health Insurance Information

Health insurance received from any source in the last 30 days?  Yes  No  Doesn't Know  Refused

If yes, continue below and if not, skip this section.

Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
Medicare	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
State Children Health Insurance Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
VA Medical Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
Employer – Provided Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
COBRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
Private Pay Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
State Health Insurance for Adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
Indian Health Services Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
Other Health Insurance: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused

## Questions for Family Supportive Housing

Do you currently have an open case with DCF Services?  Yes  No

If yes, are any children placed outside of the home?  Yes  No

If yes, what is the date of birth of the youngest child placed outside of the home?

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_



**CLIENT INFORMED CONSENT AND RELEASE OF INFORMATION**

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE HELP WITH HOUSING

**Please read the following notice and authorization (or ask to have it read to you) before signing. A staff member will review this form with you. Signing is voluntary.**

\_\_\_\_\_ has agreed to participate in the Chittenden County Homeless Alliance Coordinated Entry Process. The Chittenden County Homeless Alliance Coordinated Entry Process includes organizations that provide homeless and housing assistance. As part of the Coordinated Entry, agencies agree to share information about individuals and families with other agencies in order to help a household to find or keep housing as quickly as possible.

This agency, \_\_\_\_\_, also participates in Vermont’s Homeless Management Information System (VT HMIS), Clarity. Agencies that participate in VTHMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances. Your identity and information collected in VT HMIS will be shared, with your written consent, with the agencies listed in the VT Agencies Using HMIS document. VT HMIS includes your demographic information and other essential personal information needed to best determine your housing and service needs. If your information was previously entered into the system and not shared, the historical data will now be shared between the agencies listed.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the agencies listed in the sharing agreement, and limited staff of the Institute for Community Alliances. No personally identifying information will be shared by our network with any department in the State of Vermont or the Federal Government that is not engaged in the provision of direct client services. Information collected is housed in a secure server located at Bitfocus Clarity in Nevada. Limited Bitfocus staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

<b>BENEFITS TO DATA SHARING FOR THE CONSUMER</b>	
Eliminates duplicate intake paperwork.	Faster access to services and housing help.
Reduces the amount of time spent answering basic questions regarding your situation.	Allows agencies to focus on meeting your unique service needs.
Reduces the amount of times you have to tell your story to service providers.	Multiple services can be easily coordinated and streamlined.

\* Vermont HMIS ensures the security of its system. Please see below for detailed information on security measures. \*



**A list of agencies currently participating in VT HMIS (this list is subject to change):**

CCHA agencies participating in VT HMIS are in **bold**.

Addison County Parent Child Center

**Anew Place**

Barre Community Justice Center

Bennington Coalition for the Homeless

BROC – Community Action in Southwestern Vermont

**Burlington Housing Authority**

Capstone Community Action

**Champlain Housing Trust**

**Champlain Valley Office of Economic Opportunity**

Charter House Coalition

**City of Burlington Police Department Community Support Liaisons**

Clara Martin Center/Safe Haven Orange County

**Committee on Temporary Shelter**

**Community Health Center, Burlington/Safe Harbor**

Counseling Service of Addison County

Family Center of Washington County

Franklin Grand Isle Restorative Justice Center

Good Samaritan Haven

Greater Falls Warming Shelter

Groundworks Collaborative

Health Care Rehabilitation Services

Helping Overcome Poverty’s Effects (HOPE)

Homeless Prevention Center

**Howard Center**

John Graham Housing & Services

Lamoille County Mental Health Services

Lamoille Community House

Lamoille Family Center

Northeast Kingdom Community Action

Northeast Kingdom Human Services

Northeast Kingdom Youth Services

Northwestern Counseling & Support Services

**Pathways Vermont**

Rutland Parent Child Center

Rutland Mental Health Services

Samaritan House, Inc.

Southeastern Vermont Community Action

**Spectrum Youth and Family Services**

Springfield Area Community Parent Child Center

Springfield Supported Housing Program

Sunrise Family Resource Center

**Supportive Services for Veteran Families at The University of Vermont**

The Community Restorative Justice Center

The Veteran’s Place

The Winston L. Prouty Center

United Counseling Services of Bennington County

**United States Department of Veterans Affairs**

Upper Valley Haven

**Vermont Agency of Human Services**

**Vermont Cares**

**Vermont Coalition of Runaway & Homeless Youth Programs**

**Veterans Inc.**

Washington County Mental Health

Washington County Youth Services Bureau

Windsor County Youth Services

Youth Services Inc

**A list of agencies participating in the Chittenden County Coordinated Entry System:**

CCHA agencies not participating in VT HMIS are marked below with \*.

Anew Place

Burlington Housing Authority

Cathedral Square Corporation

Champlain Housing Trust

Champlain Valley Office of Economic Opportunity

City of Burlington Police Department Community Support Liaisons

Burlington Community Economic Development Office\*

Committee on Temporary Shelter

Community Health Centers of Burlington

Howard Center

Hopeworks\*

Pathways Vermont

Spectrum Youth & Family Services

Supportive Services for Veteran Families at The University of Vermont

Steps to End Domestic Violence\*

United States Department of Veterans Affairs

The University of Vermont Medical Center\*

Vermont Agency of Human Services

Vermont Cares

Vermont Coalition for Runaway and Homeless Youth Programs

Vermont Housing Finance Agency\*

Veterans’ Inc.



Please note that if you grant permission for your information to be shared, it will be in effect for 3 years from the date you sign this form. However, you can contact \_\_\_\_\_ (agency) at \_\_\_\_\_ (phone number) to revoke your permission to share data. You may end your agreement verbally, or in writing, and your personal and service information will no longer be shared from that date going forward. If you revoke this consent, you give permission to the agency to inform the agencies on the VT Agencies Using HMIS document, to ensure there is no further re-disclosure of your information. If you do not give permission for this agency to release your information, no other agency in the network will have access to the file that this agency creates.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. Each adult in the household can give permission to share only their own personal information. Any guardian may give permission to share a child’s information

**Type of Information to be Shared:**

- Personal Identifying Information: Name (First, Middle, and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status, Contact Information
- Housing/Program Specific: Entry/Exits, Housing-related Assessments, Service Transactions related to Housing, Coordinated Entry, Referrals, including if you have disclosed a substance use disorder. No information regarding a child’s substance use disorder will be shared.
- Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence, Health Insurance

**Please indicate your choice regarding data sharing** (complete both HMIS section and CCHA section, which is on the next page):

**HMIS Client Consent Section:**

**OPTION 1:** \_\_\_\_\_ By initialing here, I agree to **share** my and my child/children’s above specified information and coordination of services **with all agencies that have agreed to share HMIS data in accordance with the VT HMIS Policy and Procedure Manual** (see list of agencies on page 2). [Statewide Sharing Option]

**OPTION 2:** \_\_\_\_\_ By initialing here, I do **NOT** agree to **share** my and my child/children’s above specified information and coordination of services **with all agencies that have agreed to share HMIS data in accordance with the VT HMIS Policy and Procedure Manual** (see list of agencies on page 2).



**CCHA Client Consent Section:**

**OPTION 1:** \_\_\_\_ By initialing here, I agree to **share** my and my child/children’s above specified information and coordination of services **with all participating agencies in the Chittenden County Homeless Alliance Coordinated Entry Process** (see list of agencies on page 2). [Local Sharing Option]

**OPTION 2:** \_\_\_\_ By initialing here, I agree to share my and my child/children’s above specified information and coordination of services **with some participating agencies in the Chittenden County Homeless Alliance Coordinated Entry System (list below)**. [Limited Sharing Option]

**OPTION 3:** \_\_\_\_ By initialing here, I do **NOT** agree to share my and my child/children’s above specified information and coordination of services **with participating agencies in the Chittenden County Homeless Alliance Coordinated Entry System**. [No Sharing]

**List of Agencies I agree to Share with** (for CCHA Option 2 above):

_____	_____
_____	_____
_____	_____
_____	_____

**Please indicate name and date of birth of each child, below.**

Name	Date of Birth



**HIV and Substance Use Treatment Records:**

Substance use disorder treatment records are protected by Federal confidentiality rules (42 CFR Part 2) and cannot be disclosed or re-disclosed without a patient's express written consent or as allowed by the regulation.

If applicable,  I am  I am not authorizing \_\_\_\_\_  
to share information about my substance use disorder, treatment, or referral for treatment, and HIV status.

By signing this form,  I am  I am not authorizing subsequent or re-disclosure of this information.

-----  
I understand that signing below relates only to sharing information and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

**Client/Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Client/Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Staff  Volunteer

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

Date: \_\_\_\_\_



## APPENDIX 11: COORDINATED ENTRY POLICIES AND PROCEDURES

### Coordinated Entry Mainstream Resources Prioritization

Below are the standard mainstream prioritizations for different types of mainstream resources. These prioritizations take into account vulnerability score, household being a propriety population, eligibility for the resource, document readiness, and length of time enrolled in Coordinated Entry. The mainstream prioritization process is broken into two processes: the Housing Navigation Phase process for subsidized resources and the Unit Queue for tax credit and market rate apartments.

#### Priority Population:

Priority population households are defined by as households that are either a family (defined as households with minor children), households experiencing chronic homelessness, and/or households fleeing domestic/sexual violence as screened for by a victim service agency. All households belonging to one or more of these populations are considered as having the priority population preference.

#### Homeless Unit Queue

The Unit Queue is a prioritization list of households who are ready to move into housing. Households on the Unit Queue must have sufficient income or subsidy to afford an unsubsidized apartment of the size unit the households need. The Unit Queue is only used for tax credit and market rate housing opportunities that come through Coordinated Entry. Prioritization for the Unit Queue follows the Procedure for Tax Credit and Market Rate Units.

In order to be eligible to be referred to the Unit Queue, a household must:

- Be enrolled in CE in HMIS and be on the Community Queue/Master List, and
- Be experiencing literal homeless, and
- Be able to afford the unit size they need, either with their income or with a subsidy, and
- Have submitted the CHT preliminary rental application.
  - The application does not need to have been approved at the time a household is being referred to the Unit Queue, it only needs to have been submitted.

Case Mangers may submit referrals of households to the Unit Queue via the Google Form found here:

<https://docs.google.com/forms/d/e/1FAIpQLScbtgNsSjygKwVsXnQFHf8nX28Lr8MskL4S8t979of4UaMpQQ/viewform?usp=sharing>

#### Prioritization Procedure for Tax Credit & Market Rate Units

- All households under consideration for referral through CCHA CE must meet CCHA Coordinated Entry eligibility as defined in the CCHA CE Policies and Procedures.
- All households under consideration for referral through CCHA CE must be on the CCHA CE master list and have a completed CCHA CE vulnerability assessment.
- All households under consideration for referral to tax credit or market rate units must either have sufficient income or subsidy, according to the CCHA CE Sustainability Assessment.



- All households that wish to be considered for tax credit and market rate units through CCHA CE must be submitted to the CCHA CE Unit Queue for consideration.
- Of the households submitted for consideration to the Unit Queue:
  - Household size is considered first.
    - Priority population households (families, chronic households, and households fleeing domestic violence) will be considered from highest to lowest vulnerability.
    - Then non-priority population households are considered from highest to lowest vulnerability.
    - All prioritization ties are broken by length of time a household is enrolled in CCHA CE.

### **Housing Navigation Phases**

To ensure that each household progresses through the service system in a consistent manner, cases will be placed in one of four phases (detailed below) and will be ranked according to individual vulnerability assessment scores. Housing Navigators will process through the phases with the aid of the Housing Navigation Phase Checklist (included following this explanation of the phases). During the CHRC meetings, the group will focus on updates and case conferencing on the most vulnerable in each phase.

#### **Phase One: Documentation**

Work will focus on gathering necessary documentation from clients including length of homelessness (chronic vs. not chronic), identification for all members of the household (social security cards, birth certificates, and photo IDs), income information, obtaining disability certification and completion of a Burlington Housing Authority preliminary application.

#### **Phase Two: Assessment of Barriers**

Work will focus on completing all applications and identifying household's barriers to obtaining and maintaining housing. Apply to Champlain Housing Trust and Cathedral Square if applicable. If the household's application for BHA, CHT, or Cathedral Square is denied, work will focus on attending hearings, and/or resolving reason for rejection. Work will also focus on determining appropriate supports in the community. This could include:

- Employment referrals
- Benefits assistance
- Mental health counseling & substance use support
- Other supportive service options as necessary.

The goal should be that each household is housed with a complete service plan for retention, even if the plan does not include the housing navigator. Once a household's barriers to obtaining and maintaining housing have been addressed, work will focus on determining the best type of housing for the household considering the above information. Options for permanent housing placement may include the following:

- BHA Subsidized Housing
- BHA Section 8 Tenant-based Voucher and placement with private landlord in the community
- BHA Family Unification Voucher (must have DCF sign-off) and placement with private landlord in the community
- CHT Tax Credit Housing (pursued with or without Tenant-based Section 8 Voucher)



- Cathedral Square Tax Credit Housing (pursued with or without Tenant-based Section 8 Voucher).

Add household to the unit queue once the above parts of Phase 2 have been completed. *Remember if an application doesn't make sense for a household's needs they do not need to complete it (ie BHA application when they are over income).*

### **Phase Three: Identifying Ideal Housing Placement, Referral Ready**

Based on information from the housing navigator, the Committee will make a recommendation for housing placement from one of the above placement options while considering the needs of the household which can

include:

- Support services offered
- Timeframe for move-in
- Eligibility for housing option(s)
- Order of priority
- Availability of a particular housing resource.

**Note: If a client becomes income or subsidy eligible, the household should be added to the unit queue.**

### **Phase Four: Waiting for Move-In**

Household has obtained an apartment and is just waiting on a move-in date.



## HOUSING NAVIGATION PHASE CHECKLIST

### Phase 1:

- All members of the household have a copy of their social security cards.
  - Photocopy the social security cards of everyone in the household.
- Household has a copy of the birth certificate of each member (if available/needed).
- Photo IDs for all adult members of the household.
- If a client is disabled and does not receive SSI/SSDI**, confirm that they are connected to a primary care provider. If they are not connected to a primary care provider, assist them in connecting to one. *They will need a provider to confirm disability to be eligible for non-elderly disabled vouchers and mainstream subsidies through the Burlington Housing Authority (BHA).*
- Complete and submit BHA preliminary application.
  - Send in BHA preliminary application with photocopy of the social security cards for each household member.
  - If client or other adult in the household is disabled but does not receive SSI/SSDI**, please submit a disability certification form with the first page filled out and signed.

### Phase 2:

- Confirm with BHA staff that client has been added to the BHA waitlist.
- Determine need for supportive services.
  - If supportive services are needed, design service plan. *Depending on the household this can be as quick as planning to set up direct deposit options for client when a housing opportunity arises to spending months finding the appropriate services.*
- Determine ideal housing placements for the household in conjunction with the client and their needs and preferences.
- Complete Coordinated Entry Rental History document.
- If client is eligible**, complete Cathedral Square application.
  - Submit Cathedral Square application.
- If client is income eligible**, complete the Champlain Housing Trust (CHT) preliminary application, and submit a unit queue referral form.
  - Additionally, fill out the CHT Final Application and keep on file unsigned and undated.

### Phase 3:

- If client receives subsidy and becomes income eligible**, complete CHT preliminary application.
  - Additionally, fill out the CHT Final Application and keep on file unsigned and undated.
- Client has been referred and accepted for appropriate housing option (this refers to both having appropriate subsidy and an appropriate unit).

### Phase 4:

- Client has moved into permanent housing, can be exited from CE.



### Procedure for Subsidized Units and Permanent Subsidy

- All households under consideration for referral through CCHA CE must meet CCHA Coordinated Entry eligibility as defined in the CCHA CE Policies and Procedures.
- All households under consideration for referral through CCHA CE must be on the CCHA CE master list and have a completed CCHA CE vulnerability assessment.
- Prioritization for referral to subsidized units:
  - Household is experiencing literal homelessness (in an emergency shelter, a place not meant for human habitation, or transitional housing for formerly homeless persons).
  - Then by household size for Subsidized Units (skip this for permanent subsidy as household size is not a factor).
  - Then by Phase 3:
    - Then by priority population from highest to lowest vulnerability.
    - If there are no households eligible in the priority populations, then non-priority population households are considered from highest to lowest vulnerability
  - The same prioritization process is then done for Phase 2 if there are no households in Phase 3 that meet the eligibility requirements of the referral.
  - The same prioritization process is then done for Phase 1 if there are no households in Phases 3 or 2 that meet the eligibility requirements of the referral.
  - All prioritization ties are broken by length of time a household is enrolled in CCHA CE.

NOTE: The Veteran Prioritization Policy was approved for six months in July 2022 and was then renewed in March 2023 for another six months.



## VETERAN PRIORITIZATION

### Purpose

Given the stated goal of the Chittenden County Homeless Alliance (CCHA) to reach Functional Zero for the homeless Veteran population in 2023, some modifications to the CCHA Coordinated Entry (CE) prioritization policy are necessary to reach this goal. The goal of this policy is to increase outflow to permanent housing for Veterans experiencing homelessness to support the CCHA's Aim to achieve Functional Zero for the Veteran population.

### Policy

For the tax credit and market rate units that go through the CCHA CE prioritization process, Veterans will be considered (for household-size appropriate units) before non-Veteran households in CCHA CE. For subsidized units that go through the CCHA CE prioritization process, some Veterans, as defined in the section "Procedure for Subsidized Units," may be considered (for household-size appropriate units) before non-Veteran households in CCHA CE. This policy will be reviewed by the CCHA CE Committee six months after the date of its most recent approval with the intent that the CCHA CE Committee will recommend to the CCHA that the policy be modified, extended, or ended. A methodological evaluation process, including assessments of current data, utilization, and effectiveness of the policies goals will be determinants of how to proceed. The CCHA will take a vote on the policy within one month (30 days) of being in receipt of the recommendation of the CCHA CE Committee.

### Procedure for Tax Credit & Market Rate Units

- All households under consideration for referral through CCHA CE must meet CCHA Coordinated Entry eligibility as defined in the CCHA CE Policies and Procedures.
- All households under consideration for referral through CCHA CE must be on the CCHA CE master list and have a completed CCHA CE vulnerability assessment.
- All households under consideration for referral to tax credit or market rate units must either have sufficient income or subsidy, according to the CCHA CE Sustainability Assessment.
- All households that wish to be considered for tax credit and market rate units through CCHA CE must be submitted to the CCHA CE Unit Queue for consideration.
- Of the households submitted for consideration to the Unit Queue:
  - Household size is considered first.
    - Then Veteran status from highest to lowest vulnerability.
  - If there are no Veteran households of the appropriate size:



- Priority population households (families, chronic households, and households fleeing domestic violence) will be considered from highest to lowest vulnerability.
- If there are no Veteran or priority population households of the appropriate size:
  - Then non-priority population households will be considered from highest to lowest vulnerability.

## Procedure for Subsidized Units

- All households under consideration for referral through CCHA CE must meet CCHA Coordinated Entry eligibility as defined in the CCHA CE Policies and Procedures.
- All households under consideration for referral through CCHA CE must be on the CCHA CE master list and have a completed CCHA CE vulnerability assessment.
- Prioritization for referral to subsidized units:
  - Appropriately sized households are prioritized first by Phase 3:
    - Veterans who do not have a permanent subsidy (and are not in the process of getting permanent subsidy) and do not have sufficient income to afford a unit without a subsidy (as determined by the sustainability assessment) will be referred to a subsidized unit ahead of those within the priority populations (family, households fleeing domestic violence, and chronic households), from highest to lowest vulnerability.
    - Then by priority population from highest to lowest vulnerability.
    - If there are no households eligible in the priority populations, then non-priority population households are considered from highest to lowest vulnerability
  - The same prioritization process is then done for Phase 2 if there are no households in Phase 3 that meet the eligibility requirements of the referral.
  - The same prioritization process is then done for Phase 1 if there are no households in Phases 3 or 2 that meet the eligibility requirements of the referral.

NOTE: Modified prioritization processes for particular housing opportunities may affect the prioritization processes as described above. The Veteran population will be subject to the same agreed upon parameters of those prioritization processes.