



connecting point
community services central

Coordinated Entry – Before You Begin

- **Coordinated Entry intake forms MUST BE SECURELY SUBMITTED.** If you are not able to securely submit forms (i.e. you cannot encrypt email or fax to Connecting Point) please have your clients call 211 (or 833-342-5211) to do the intake so their personal information is secure. This is a HUD requirement.
- **NO DATA ENTRY WILL BE DONE UNLESS FORMS ARE SECURELY SUBMITTED.**
- **Please consider having all your clients call 211 for their intake. This is the preferred method.** Calling 211 gets clients into HMIS faster because call agents get all needed information at the same time. They can also offer additional resources to clients. You may be with the client during the intake, or they can verbally authorize you or someone else to do it on their behalf. You can fill out the CEA and VI forms with the client, then call 211 when able with the forms in hand. Client can verbally authorize in two ways:
 - by calling 211 when they are with you and telling the call agent that they authorize you to do the intake on their behalf.
 - by calling 211 on their own ahead of time and telling the call agent that they authorize you, or someone else, to do the intake on their behalf. The call agent will note the name of who is authorized by the client.
- **A Release of Information form is no longer required for HMIS**, but your organization may require ROIs for some or all services. See info at end of FAQ document about how personal information is used in HMIS.
- **There is now one email address** for the HMIS data entry team at 211 Connecting Point: ceintake@connectingpoint.org.

Contacts

- If you have questions or comments, please contact anyone on the Connecting Point CE/HMIS data entry team:
 - Tiffany Lombardi, tiffanyl@connectingpoint.org, 530-277-0033
 - Susan Sanford, susans@connectingpoint.org, 530-446-0552
 - Nic Schmeck, nics@connectingpoint.org
 - Lindsay Gordon, lindsayg@connectingpoint.org
 - Ulysses Palencia, ulyssesp@connectingpoint.org

Thank you!

Client Name: _____

Coordinated Entry Assessment

1. Getting Started		
Date		
Case Worker- NAME		
Case Worker - PHONE		
Case Worker - EMAIL		
Case Worker - AGENCY		
How is/was this CEA intake completed with the client?	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In person	
2. Personal Information		
Client Name (first, middle, last)		
Social Security Number		
Date of Birth		
Gender Identity	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	<input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="checkbox"/> Transgender
	<input type="checkbox"/> Questioning	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Client Refused to Answer	
Race	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Asian or Asian American
	<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Native Hawaiian or Pacific Islander

Client Name: _____

	<input type="checkbox"/> White	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Client Refused to Answer	
Ethnicity	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)	<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)
3. Client Contact Information		
Phone Number		
Email Address		
Current Address or Location (be specific)		
Emergency Contact Name		
Emergency Contact Phone		
4. General Residency Information		
County of Residence	<input type="checkbox"/> Nevada	<input type="checkbox"/> Placer
Length of time in County of Residence	Check appropriate box below	
	<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> Between 1 week and 1 month
	<input type="checkbox"/> 1-3 months	<input type="checkbox"/> 3 months-1 year
	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 5 years or longer
City of Roseville resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this person looking for housing EXCLUSIVELY in Truckee/Tahoe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Current Living Situation		
Current Living Situation	Check ONE appropriate box below	

Client Name: _____

Current Living Situation (continued)	<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> Emergency shelter
	<input type="checkbox"/> Foster care or group home	<input type="checkbox"/> Hospital or other non-psychiatric medical facility
	<input type="checkbox"/> Jail, prison, or juvenile detention	<input type="checkbox"/> Long-term care facility or nursing home
	<input type="checkbox"/> Motel WITH voucher	<input type="checkbox"/> Motel WITHOUT voucher
	<input type="checkbox"/> Psychiatric hospital or facility	<input type="checkbox"/> Staying with family
	<input type="checkbox"/> Staying with friends	<input type="checkbox"/> Substance abuse treatment facility/detox
	<input type="checkbox"/> Transitional housing for homeless persons	<input type="checkbox"/> If other, please list
Is this person going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, complete the following. If NO, proceed to section 6.		
Has a subsequent residence been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the individual or family have resources or support networks to obtain permanent housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 Days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the client moved 2 or more times in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Household Composition & Eligibility		
Relationship to Head of Household	<input type="checkbox"/> Self <input type="checkbox"/> Other (specify)	
Number of Adults in Household		
Number of Children in Household		

Client Name: _____

Unaccompanied Minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self or other household member served in the US Military, National Guard, or Reserve?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, complete the following	Name of person who served:	
	Date of birth of person who served:	
Does the Client have a housing voucher/rental subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, complete the following	Type of Voucher:	
	Voucher Expiration Date- HMIS needs MM/DD/YYYY:	
Does the Client have income from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, complete the following	Is the Income for Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the Current Monthly Income Amount? Must be a number (no words).	
Is the Client a CalWORKs participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Does the Client have a disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, complete the following. Check all that apply.	Type(s) of Disability	Date Disability Started (if known)
	<input type="checkbox"/> Alcohol Use	
	<input type="checkbox"/> Both Alcohol and Drug Use	
	<input type="checkbox"/> Chronic Health Condition	
	<input type="checkbox"/> Developmental	
	<input type="checkbox"/> Drug Use	
	<input type="checkbox"/> HIV/AIDS	
	<input type="checkbox"/> Mental Health Disorder	
	<input type="checkbox"/> Physical	

Client Name: _____

Is the Client enrolled in FSP (Full Service Partnership)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Client a Domestic Violence Victim/Survivor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, complete the following		
Is the Client currently fleeing or attempting to flee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When did the experience occur?	<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 3 to 6 months ago
	<input type="checkbox"/> 6-12 months ago	<input type="checkbox"/> More than a year ago
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused to Answer
7. Prior Living Situation		
Where did client spend last night?	Check ONE appropriate box below	
	<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> Emergency shelter
	<input type="checkbox"/> Foster care or group home	<input type="checkbox"/> Hospital or other non-psychiatric medical facility
	<input type="checkbox"/> Jail, prison, or juvenile detention	<input type="checkbox"/> Long-term care facility or nursing home
	<input type="checkbox"/> Motel WITH voucher	<input type="checkbox"/> Motel WITHOUT voucher
	<input type="checkbox"/> Psychiatric hospital or facility	<input type="checkbox"/> Staying with family
	<input type="checkbox"/> Staying with friends	<input type="checkbox"/> Substance abuse treatment facility/detox
	<input type="checkbox"/> Transitional housing for homeless persons	<input type="checkbox"/> If other, please list
Length of Stay	Check appropriate box below	
	<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2-6 nights
	<input type="checkbox"/> 1 week-1 month	<input type="checkbox"/> 1-3 months

Client Name: _____

	<input type="checkbox"/> 3 months-1 year	<input type="checkbox"/> 1 year or longer
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Approximate date most recent episode of homelessness started		
Number of times the client has been homeless in the past three years including today		
Total number of months homeless in the past three years		

FOR THE SEPARATE VULNERABILITY ASSESSMENT TOOL FORM

Guidance for Provider discretionary points at the end of the Vulnerability Assessment Tool

(aka Vulnerability Index or VI), from the Homeless Resource Council of the Sierras (HRCS):

“The Nevada-Placer County Vulnerability Assessment Tool is used to rank individuals experiencing homelessness by vulnerability. Through answering the assessment questions, each person is assigned a VI, or vulnerability index, score. The assessment covers many issues but cannot address everything. In the event that a person is experiencing something that increases their vulnerability and is not covered in the assessment, you have the ability to add up to three case management points to their VI score. When adding points, you must consider if the issue is already addressed in the assessment questions and the severity of the issue. While you can add up to three points, one or two points is often more appropriate for the situation. The reason for adding points must be compelling and specific and noted in the person’s HMIS profile.”

NOTES – Providers, please put below the reasons for any discretionary points added to the VI so they can be entered into HMIS. You may also note anything else you want the Coordinated Entry HMIS data entry team at Connecting Point to know.

Client Name: _____

How to submit forms to Connecting Point for entry into HMIS

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A complete Coordinated Entry packet consists of two forms:

- Coordinated Entry Assessment (CEA)
- Nevada-Placer County Vulnerability Assessment Tool (VI)

BEFORE SUBMITTING – please complete this short checklist

- Client name or initials on all pages of all forms
- CEA – completed (this paper form or online at <https://211connectingpoint.org/cetool/>)
- VI – Total VI score noted at end of form
- VI – Reason/s for any additional points in Notes box above

Please **securely submit** ALL PAGES of BOTH forms to Connecting Point promptly so your Client can be entered into the Homeless Management Information System (HMIS).

- The Coordinated Entry Assessment paper form can be filled out and securely emailed, OR it can be filled out and securely submitted online at <https://211connectingpoint.org/cetool/>. The paper VI will need to be submitted separately via encrypted email or fax.
- Both forms can be scanned into one PDF.
- Please keep clients separate (i.e., do not scan more than one client's info into the same PDF).
- Fax forms to Connecting Point at 530-274-5602 (please tell Tiffany, Susan, and Nic if you are faxing). If you have fax questions call Connecting Point at 530-274-5601.
- Email forms encrypted via Barracuda, Virtru, etc.

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