



connecting point
community services central

Coordinated Entry Assessment – 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. (Preferred method.)** Calling 211 gets clients into HMIS/CE faster. Call agents can also offer additional resources to clients. You may be with the client during the intake, or clients can verbally authorize you or someone else to do it on their behalf. You can fill out CEA and VI forms with the client, then call 211 when able with forms in hand. Client can verbally authorize in two ways:
 - by calling 211 while they are with you and telling the call agent that they authorize you or someone else 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	
Assessment Location	<input type="checkbox"/> Nevada County <input type="checkbox"/> Placer County
How is/was this CEA 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	
Are you a U.S. Military Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	
What are your pronouns?	<input type="checkbox"/> She/her/hers/herself <input type="checkbox"/> He/him/his/himself
	<input type="checkbox"/> They/them/theirs/themself
What is your main family language?	
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)

Client Name: _____

	<input type="checkbox"/> Transgender	<input type="checkbox"/> Questioning
	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused to Answer
Do you or someone in your household identify as LGBTQ+?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race	Check appropriate box below	
	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Asian or Asian American
	<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White	<input type="checkbox"/> Client Does not 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. 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	
Are you looking for housing EXCLUSIVELY in Truckee/Tahoe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Client Contact Information		
Phone Number		
Email Address		

Client Name: _____

Current Address or Location (Please be specific)		
Emergency Contact Name		
Emergency Contact Phone		
5. Current Living Situation		
Current Living Situation	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
Are you going to need to leave your 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	
Do you have resources or support networks to obtain permanent housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Client Name: _____

Have you had a lease or ownership interest in a permanent housing unit in the last 60 Days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you 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		
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:	
Do you currently 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 format: MM/DD/YYYY)	
Do you 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 your Current Monthly Income Amount? (Must be a number. No words.)	
Are you a CalWORKs participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Pending
Do you 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	

Client Name: _____

	<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	
If YES for Mental Health Disorder, are you enrolled in FSP (Full Service Partnership)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Domestic Violence Victim/Survivor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, complete the following		
Are you 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 you 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

Client Name: _____

	<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
	<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
What is an approximate start date for your most recent experience of being homeless?		
How many times have you been homeless over the past three years including today?		
Total number of months homeless over the past three years		

FOR THE SEPARATE VULNERABILITY ASSESSMENT TOOL FORM

Guidance for Case Workers' 3 additional discretionary points at the end of the Vulnerability Assessment Tool 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.”

Client Name: _____

VI SCORE & OTHER NOTES – Case workers, please include reasons for any discretionary points added to the VI. You may also note any information you want the Coordinated Entry HMIS data entry team at Connecting Point to know.

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

- CEA – completed** (this paper form OR online at <https://211connectingpoint.org/cetool/>)
- VI – Total VI score noted at end of form (page 2)**
- 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, once complete, can be securely emailed to ceintake@connectingpoint.org OR securely submitted online at <https://211connectingpoint.org/cetool/>.
- The VI (separate document) must also be submitted 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 to Connecting Point at 530-274-5602 (please inform Tiffany and Susan if you are faxing. You may email ceintake@connectingpoint.org). If you have fax questions call Connecting Point at 530-274-5601.
- Email CEA and VI forms securely via Barracuda, Virtru, etc.