



connecting point
community services central

Coordinated Entry Assessment – Before You Begin

- **A complete Coordinated Entry packet requires that two forms be filled in completely and securely submitted to Connecting Point by providers:**
 - Coordinated Entry Assessment (CEA)
 - Nevada-Placer County Vulnerability Assessment Tool (VI) (Vulnerability Index)
- **Please review the Coordinated Entry FAQs document for detailed information about submitting CE to Connecting Point for entry into HMIS.** FAQ document is near the bottom of this web page: <https://211connectingpoint.org/coordinated-entry/>
- **Coordinated Entry intake forms MUST BE SECURELY SUBMITTED.** If you are not able to securely submit forms (i.e. you cannot encrypt email or fill out the online CEA form) 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 REQUIRED INFORMATION IS COMPLETELY FILLED OUT AND 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. Call agents can also offer additional resources to clients. If your client calls 211 to do CE, you can be with them when they call. They can also authorize you to do the intake on their behalf while you are together on the phone with 211.
- **A Release of Information form is not required for HMIS,** but your organization may require ROIs for some or all services. See info at end of this FAQ document about how personal information is used in HMIS.
- **The email address** for the CE HMIS data entry team at 211 Connecting Point is ceintake@connectingpoint.org

Thank you!

Client Name: _____

Coordinated Entry Assessment

* Required

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 OR <input type="checkbox"/> Client Refused to Answer	
* Are you a U.S. Military Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth OR <input type="checkbox"/> Client Refused to Answer	
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 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
* 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	
4. Client Contact Information		
Phone Number		
Email Address		

Client Name: _____

<p>* Current Address or Location (Please be specific. Where is client staying? If outside, put street name.)</p>		
<p>Emergency Contact Name</p>		
<p>Emergency Contact Phone</p>		
<p>5. Current Living Situation</p>		
<p>* Current Living Situation</p>	<p>Check ONE appropriate box below</p>	
	<p><input type="checkbox"/> Place not meant for human habitation</p>	<p><input type="checkbox"/> Emergency shelter</p>
	<p><input type="checkbox"/> Foster care or group home</p>	<p><input type="checkbox"/> Hospital or other non-psychiatric medical facility</p>
	<p><input type="checkbox"/> Jail, prison, or juvenile detention</p>	<p><input type="checkbox"/> Long-term care facility or nursing home</p>
	<p><input type="checkbox"/> Motel WITH voucher</p>	<p><input type="checkbox"/> Motel WITHOUT voucher</p>
	<p><input type="checkbox"/> Psychiatric hospital or facility</p>	<p><input type="checkbox"/> Staying with family</p>
	<p><input type="checkbox"/> Staying with friends</p>	<p><input type="checkbox"/> Substance abuse treatment facility/detox</p>
	<p><input type="checkbox"/> Transitional housing for homeless persons</p>	<p><input type="checkbox"/> If other, please specify, INCLUDING if there is any kind of voucher or subsidy.</p>
<p>* Are you going to need to leave your current living situation within 14 days?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If YES, complete the following REQUIRED questions . If NO, proceed to section 6.</p>		
<p>* Has a subsequent residence been identified?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Client Name: _____

* Do you have resources or support networks to obtain permanent housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* 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
Current Status if housed		
* If you are temporarily or permanently housed, what is your current status (eviction notice, housing unstable, staying with someone but need to leave soon, seeking housing voucher, rental assistance, etc)?		
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

Client Name: _____

	What is your Current Monthly Income Amount? (Must be one number/ amount - cannot be a range; 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	
	<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Drug Use
	<input type="checkbox"/> Both Alcohol and Drug Use	<input type="checkbox"/> HIV/AIDS
	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Mental Health Disorder
	<input type="checkbox"/> Developmental	<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

Client Name: _____

	<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 specify, INCLUDING if there is any kind of voucher or subsidy.
* How long were you staying there?	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		

This is the end of the Coordinated Entry Assessment (CEA) form.

One more document is required. Please complete a Vulnerability Assessment Tool (aka Vulnerability Index or VI). Find the form near the bottom of this page: <https://211connectingpoint.org/coordinated-entry/>

HOW TO SECURELY SUBMIT BOTH FORMS TO CONNECTING POINT

When ALL PAGES of BOTH documents are COMPLETE, find detailed information about how to securely submit CE forms to Connecting Point for entry into HMIS in this document:

Coordinated Entry FAQs-101422 Find it near the bottom of this page: <https://211connectingpoint.org/coordinated-entry/>

Client Name: _____

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.”

VI SCORE NOTES – Case workers, please list reasons for any discretionary points added to the VI.

Please remember to submit ALL PAGES of BOTH forms to Connecting Point. Thank you!

Reminder ~ Find Coordinated Entry FAQs and Forms here:

<https://211connectingpoint.org/coordinated-entry>