Client Name: _____

Coordinated Entry Assessment

1. Getting Started		
Date		
Case Worker– NAME		
Case Worker – PHONE		
Case Worker – EMAIL		
Case Worker – AGENCY		
2. Personal Information		
Client Name (first, middle, last)		
Social Security Number		
Date of Birth		
Gender Identity	☐ Female	☐ Male
	☐ Transgender Female	☐ Transgender Male
	☐ Gender Non-Conforming	☐ Client Refused to Answer
Race	☐ American Indian or Alaska Native	☐ Asian
	☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander
	☐ White	☐ Client Refused to Answer
Ethnicity	☐ Hispanic/Latinx	☐ Non-Hispanic/Non-Latinx

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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	☐ Nevada ☐ Placer	
Length of time in County of Residence	Check appropriate box below	
	☐ Less than 1 week	☐ Between 1 week and 1 month
	☐ 1-3 months	☐ 3 months-1 year
	☐ 1-5 years	☐ 5 years or longer
City of Roseville resident?	☐ Yes ☐ No	
Is this person looking for housing EXCLUSIVELY in Truckee/Tahoe?	☐ Yes ☐ No	
5. Current Living Situation		
Current Living Situation	Check appropriate box below	
	☐ Place not meant for human habitation	☐ Emergency shelter
	☐ Foster care or group home	☐ Hospital or other non-psychiatric medical facility
	☐ Jail, prison, or juvenile detention	☐ Long-term care facility or nursing home

Client Name: _____

Current Living Situation (continued)	☐ Motel WITH voucher	☐ Motel WITHOUT voucher
	☐ Psychiatric hospital or facility	☐ Staying with family
	☐ Staying with friends	☐ Substance abuse treatment facility/detox
	☐ Transitional housing for homeless persons	☐ If other, please list
Is this person going to have to leave their current living situation within 14 days?	☐ Yes ☐ No	
If yes, Answer the Following Questions		
Has a subsequent residence been identified?	☐ Yes ☐ No	
Does the individual or family have resources or support networks to obtain permanent housing?	☐ Yes ☐ No	
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 Days?	☐ Yes ☐ No	
Has the client moved 2 or more times in the last 60 days?	☐ Yes ☐ No	
6. Household Composition & Eligibility		
Relationship to Head of Household	☐ Self ☐ Other (specify)	
Number of Adults in Household		
Number of Children in Household		
Unaccompanied Minor?		
Self or other household member served in the military?	☐ Yes ☐ No	
If yes, for household member military service, complete the following	Name of household member who served in military	

Client Name: _____

	Date of birth of household member who served in military	
Does the Client have a housing voucher/rental subsidy?	☐ Yes ☐ No	
If yes, complete the following	Type of Voucher:	
	Voucher Expiration Date:	
Does the Client have income from any source?	☐ Yes ☐ No	
If yes, complete the following	Is the Income for Disability?	☐ Yes ☐ No
	What is the Current Monthly Income Amount?	
Is the Client a CalWORKs participant?	☐ Yes ☐ No ☐ Pending	
Does the Client have a disabling condition?	☐ Yes ☐ No	
If yes, complete the following. Check all that apply.	Type(s) of Disability	Date Disability Started
	☐ Alcohol abuse	
	☐ Both Alcohol and Drug Abuse	
	☐ Chronic Health Condition	
	☐ Developmental	
	☐ Drug Abuse	
	☐ HIV/AIDS	
	☐ Mental Health Problem	
	☐ Physical	
Is the Client enrolled in FSP (Full Service Partnership)?	☐ Yes ☐ No	
Is the Client a Domestic Violence Victim/Survivor?	☐ Yes ☐ No	

Client Name: _____

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

Please be sure Client name is on all pages of this form.

Thank you for completing this CE Assessment. A complete Coordinated Entry packet consists of three forms:

- This Coordinated Entry Assessment (CEA)
- Client Release of Information (ROI)
- Nevada-Placer County Vulnerability Assessment Tool (VI)

Please submit all three forms to Connecting Point promptly so your Client can be entered into the Homeless Management Information System (HMIS). Call 2-1-1 if you have any questions.

NOTES – Anything you want the Coordinated Entry HMIS data entry team at Connecting Point to know
