



OneHome Coordinated Entry (CE) Standard Assessment Families

Interviewer's Full Name _____ Assessor's Agency _____

Interviewer's Email Address _____ Interviewer's Phone _____

Assessment Date (mm/dd/yyyy) _____

Assessment Location Agency Office Outdoors

Assessment Type Phone Virtual In-Person

Assessment Level: Housing Needs Assessment

County where survey was conducted:

Adams Arapahoe Boulder Broomfield Denver Douglas Jefferson
 Aurora Tri-Cities (Littleton, Englewood, Lakewood)

Interviewer: If you would like to be contacted in regard to this household's potential housing opportunities, please add your contact information under the Contact Tab in HMIS.

Opening Speaking Script

"My name is _____ and I work for _____. I have a short survey that I would like to complete with you. The answers will help us to determine how we can go about supporting and housing you. Most questions only require a "yes" or "no". Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but you can skip or refuse any questions. If you are unclear about what I am asking, just let me know, and I will try to clarify. Also, if I'm unsure about any of your answers, I will ask for clarifications. The information collected in this survey will be stored in a secure database, the Homeless Management Information System (HMIS), with your consent, so that you will only have to fill out this paperwork one time. Many of the agencies in the Metro Denver region are part of this system. If you choose to not give consent, you will still be eligible for Coordinated Entry.

One last thing before we begin. I've been doing this long enough to know that some people will tell me what they want me to hear, rather than telling me or even themselves, the truth. It is up to you, but the more honest you are the better we can figure out how to support you. So please answer as honestly as you are able and feel comfortable.

You should still work with a case manager to help you apply for housing once you have finished this survey, as completing this is not a guarantee of housing."

Basic Information

Client Name: _____

Family Makeup

1. Household Size: Number of Adults (18+) _____
2. How many children under the age of 18 are currently living with you? _____
3. How many children under the age of 18 are not currently with your family, but you have reason to believe that they will be joining you when you get housed? _____

If "0" to questions 2 and 3, please conduct *OneHome CE Standard Assessment: Single Adults* or *OneHome CE Standard Assessment: TAY (18-24y/o)* instead

Is any member of the household currently pregnant?	
<input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

Please provide a list of your children's information:

First Name	Last Name	Date of Birth	Gender Identity

How many children do you have at least 50% custody of in your household? _____	
Do you have any open child protective services cases?	
<input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
Do you have a reunification plan to regain custody of your children already in place or are you working on one with Child Protective Services or a Guardian Ad Litem?	
<input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

Besides the Head of Household, are there any other adults (18+) in the household with a disability?

<input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

If YES*: Are there any dependent adults in the household with a disability?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

Where does your family sleep most frequently? (check all that apply)

<input type="checkbox"/> Outdoors (street, park, camping, or any other place not meant for human habitation)	<input type="checkbox"/> Motel paid by agency
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Motel paid by client
<input type="checkbox"/> Couch-surfing/staying with family or friends	<input type="checkbox"/> In a resident, but at risk of losing housing in the next 14 days
<input type="checkbox"/> Institution (jail, prison, detox, or hospital: but do not expect stay to be longer than 90 days)	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Vehicle Residence	<input type="checkbox"/> Data not collected

How long has it been since your family lived in permanent, stable housing?

<input type="checkbox"/> Less than a week	<input type="checkbox"/> 6 months to a year	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 1 week to 3 months	<input type="checkbox"/> 1 to 3 years	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 3 years or more	<input type="checkbox"/> Data not collected

In the past six months, have you or anyone in your family received health care at an emergency department/room?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 3 times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 1 time	<input type="checkbox"/> 4 times	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 2 times	<input type="checkbox"/> 5 or more times	

In the past six months, how many times have you or anyone in your family taken an ambulance to the hospital?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 3 times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 1 time	<input type="checkbox"/> 4 times	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 2 times	<input type="checkbox"/> 5 or more times	

In the past six months, how many times have you or anyone in your family been hospitalized as an inpatient?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 3 times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 1 time	<input type="checkbox"/> 4 times	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 2 times	<input type="checkbox"/> 5 or more times	

When in housing, do you or anyone in your family have any challenges with bathing or dressing yourself, getting your own food, cleaning your own space, managing money, or making decisions?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer

Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

- Yes Client doesn't know
 No Client prefers not to answer

Do you or anyone in your family have any health conditions that are ongoing, recurring, require medication, or should have consistent medical care?

- Yes Client doesn't know
 No Client prefers not to answer
 Data not collected

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 Client doesn't know
 No Client prefers not to answer

Has your drinking or drug use by you or anyone in your family impacted your ability to attain/maintain housing or a program where you were staying in the past?

- Yes Client doesn't know
 No Client prefers not to answer

Has your family ever had trouble maintaining your housing, or lost an apartment, shelter program or other place you were staying because of:

A MENTAL HEALTH ISSUE OR CONCERN?

- Yes
 No
 Client doesn't know
 Client prefers not to answer

A PAST HEAD INJURY?

- Yes
 No
 Client doesn't know
 Client prefers not to answer

A LEARNING DISABILITY, DEVELOPMENTAL DISABILITY, OR OTHER IMPAIRMENT?

- Yes
 No
 Client doesn't know
 Client prefers not to answer

In the last 180 days have any children in your family lived with other family members or friends because of your homelessness or housing situation?

- Yes Client doesn't know
 No Client prefers not to answer

People living with HIV/AIDS may be eligible for specific housing opportunities. Would this be something of interest to you?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer |

Have you ever been in foster care?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

Have you had any interaction(s) with the criminal justice system resulting in criminal charges?

- | | |
|-------------------------------|---|
| <input type="checkbox"/> Yes* | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

If YES*: Are you currently on parole or probation?

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Yes** | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

If YES: Are you restricted to a certain county and if so, which one? _____**

Do you believe you have experience discrimination, for example, in housing, employment, education, healthcare, the criminal justice legal system, financial services, or social services?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

Provider: Please enter information on the best contact method for the client to discuss housing resources and opportunities under the Contact Tab in HMIS. Please provide specific locations, phone numbers, time, email address, text numbers, an alternate person to contact, etc. [**\(Please visit Zendesk for additional support materials if needed.\)**](#)

Please tell us how we can contact you to discuss housing resources and opportunities. Please provide specific locations, phone numbers, time, email address, text numbers, an alternate person to contact, etc.

Is there anybody else on your behalf if you're phone is temporarily off that we can leave a message with about housing opportunities? (i.e. case manager, friend, family, employer, etc.)

Locations where you spend time regularly & when (i.e., shelter, park, area of town, friend/family's home, etc.)
