



OneHome Coordinated Entry (CE) Standard Assessment

Single Adults

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 want to be contacted about this household's potential housing opportunities, please add your contact information under the Contact Tab in HMIS.

Opening Speaking Script

Cover the following in the opening explanation of the OneHome CE Standard Assessment each time:

- The purpose of doing the triage
- Approximately how long it will take
- How to answer the questions (yes, no, or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

Basic Information

Client Name: _____

Family Makeup

1. Do you currently have any children under the age of 18 in your household?
 Yes No Client doesn't know Client prefers not to answer Data not collected
2. Do you currently have at least 50% custody of any of the children in your household?
 Yes No Client doesn't know Client prefers not to answer Data not collected
3. Are you currently pregnant or is your significant other pregnant?
 Yes No Client doesn't know Client prefers not to answer Data not collected
4. Are you expecting to have custody of a child or minor(s)?
 Yes No Client doesn't know Client prefers not to answer Data not collected

IF "YES" to Family Makeup questions, please conduct *OneHome CE Standard Assessment: FAMILY* instead

Where do you 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"/> Transitional Housing	<input type="checkbox"/> Other: Please Specify _____	
<input type="checkbox"/> Institution (jail, prison, detox, or hospital: but do not expect stay to be longer than 90 days)	<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 collect	
How long has it been since you 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 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 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 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 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 |
| | <input type="checkbox"/> Data not collected |

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

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

Do you have any health conditions that are ongoing, recurring, require medication, or should have consistent medical 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 |

Do you 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?

- | | |
|------------------------------|---|
| <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 drinking or drug use impacted your ability to attain/maintain housing or a program where you were staying in the past?

- | | |
|------------------------------|---|
| <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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	A PAST HEAD INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	A LEARNING DISABILITY, DEVELOPMENTAL DISABILITY, OR OTHER IMPAIRMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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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.)
