



OneHome Coordinated Entry (CE) Standard Assessment

Transition Aged Youth (Ages 18-24)

Interviewer's Full Name _____ Assessor's Agency _____

Interviewer's Email Address _____ Interviewer's Phone _____

Assessment Date (mm/dd/yyyy) _____

Assessment Location Agency Office Outdoors Other _____

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. 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 ANY QUESTIONS ABOVE, YOU HAVE THE OPTION TO EITHER CONTINUE WITH THE CURRENT TAY ASSESSMENT OR CONDUCT ONEHOME CE STANDARD ASSESSMENT: FAMILIES 

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

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	

Is your current lack of stable housing:

<p>Because you ran away from your family home, a group home, or foster care?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<p>Because of a difference in religious or cultural beliefs from your parent, guardians, or caregivers?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<p>Because your family or friends caused you to become homeless?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>Because of conflicts around gender identity or sexual orientation?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<p>Because of violence at home between family members?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<p>Because of an unhealthy or abusive relationship, either at home or elsewhere?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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?

- 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

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 |

Were you ever incarcerated when younger than 18?	
<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 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.)
