

Coordinated Entry System

Kansas Balance
of State CoC

Kansas Balance of State Continuum of Care Coordinated Entry System (CES) Assessment

CES Assessment Packet

Version 3.1

Approved da

Instructions for the Assessor

*****Please do not read aloud*****

THE CONSENT MUST BE COMPLETED AND SIGNED (FOR EVERY ADULT MEMBER)

In the case that respondent refuses consent, or answering affirmatively in the domestic violence section, you may still proceed, however note these special instructions: Do not enter Personal Identifiable Information (PII) into HMIS. HMIS will automatically generate an anonymous ID. Please retain at least the first page of CES Assessment Part I (with HMIS ID & Client Name) for your records and future matches will become the responsibility of the agency that completed the assessment as no other entity will be able to connect the participant to the assessment.

RESERVE JUDGEMENT

Regardless of the outcome of the assessment responses, please remain neutral in your response and reserve judgment and unsolicited advice.

DO NOT BE DISAPPOINTED IF THE PARTICIPANT DOESN'T WANT TO BE ASSESSED.

Negative experiences with past services may cause the respondent to be distrustful. Reversing course on that is a process, and your positive interaction and respect of their boundaries will help future engagements.

DO NOT PROMISE HOUSING OR SERVICES.

Though you may be trying to be helpful, housing and services are primarily dependent on eligibility and availability which may vary.

DO NOT MANIPULATE RESPONSES.

Major eligibility criteria are officially verified later so it does not benefit the participant to be dishonest.

YES AND NO ANSWERS ARE FINE, IDEAL EVEN. AVOID FOLLOW UP QUESTIONS.

Respondents do not need to explain themselves. Explain questions if further clarification is needed but try to keep the conversation short and clear to respect their time. Make note of items you may want to come back to but allow engagement/case management to happen separate from the assessment itself.

READ THE GENERAL SCRIPT TO THE PARTICIPANTS

“We are here today to talk to you about your housing and service needs. I have a 15-minute assessment tool that I would like to complete with you. Participation in this tool is voluntary and if you refuse you can still access services at our organization. This assessment helps us determine how we can best support you with available resources. There are no wrong or preferred answers, just what is true for you. The more accurate and upfront you are in your responses the better we can connect you to the right program. Most questions only require a Yes or No answer and some questions require a one-word answer. You have the right to skip or refuse any question that you don't feel comfortable answering. If you do not understand a question, let me know and I would be happy to clarify. Before we begin, we need to review the below consent and release of information.”

Release of Information Authorization to Disclose Client Information

The U.S. Department of Housing and Urban Development (HUD) requires agencies that receive certain types of HUD funding to use a Homeless Management Information System (HMIS) and the Coordinated Entry System (CES). Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing HMIS and CES have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the continuums' website (<http://www.kshomeless.com>). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency completing this form with me to collect and enter information into HMIS and CES about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies.

I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs to improve assistance and better their current or future situations.
- Improving the quality of care and services for people in need.
- Tracking the effectiveness of community efforts to meet the needs of people receiving assistance.
- Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that CES is shared to improve access and service alignment by assessing various needs, and then to match those assessed with the most appropriate housing interventions available by:

- Allowing for voluntary participation in a VI-SPDAT assessment for admittance to CES which is a critical component of our community's ability to provide the most effective services and housing available.
- Allowing my information to be shared during case conferencing to assist in finding suitable housing programs, services, and other resources.
- Not requiring disclosure of specific disabilities or diagnosis and that specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

I understand that:

- I have the right to review my HMIS and CES record with an authorized user and receive a copy of this consent form once I have signed it.
- I, or my case manager/outreach worker, can be contacted about the information entered into HMIS and CES.
- All agencies that use HMIS and CES will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- I agree and understand that my data may be transferred from one HMIS system to another for data collection, reporting, or analytics.

**Release of Information
Authorization to Disclose Client Information**

I acknowledge that auditors or funders who have legal rights to review the work of HMIS and CES may see my information.

- Signing this release form does not guarantee that I will receive the requested services and it does not guarantee that I will be called for a housing program.
- I understand that some information provided may need further verification if I am referred to an agency for services.
- I understand that if I do not sign this form, it will not change whether I can receive services from the agency assisting me and any other participating agencies. However, I would need to contact each agency directly to apply for assistance and for a determination of eligibility.
- I understand that this authorization shall remain in effect from the date of my signature below.
- I understand that I may revoke this authorization at any time by notifying the agency in writing. I also understand that the written revocation must be signed and dated later than the date of this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.

For safety reasons, I understand that I may refuse to sign this release form which will allow for my HMIS information and CES assessment to be stored in HMIS without identifying information (first name, last name, date of birth, and ss number) and instead I will be issued an anonymous ID number. I understand that by refusing to store this information in the system that should I be matched to a housing program or supportive services, the agency assisting me must serve as my point of contact for the KS BoS CoC and assist in the coordination of services.

Further, if I am unable to participate in a determination of those services or my permission is needed in the future to authorize additional services for a program, my signature below authorizes the agency assisting me with this release to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the agency is hereby authorized to represent me.

My signature below indicates that I have read (or been read) the information provided above, have received answers to my questions, and agree to participate in the Coordinated Entry System and the Homeless Management Information System.

Client Signature

Date

Client Signature

Date

Client has refused to sign disclosure. Client may be entered into HMIS without any personal identifying information and will be issued an anonymous ID number.

Witness Signature

Agency Name

Date

**Head of Household
HMIS Information & CES Enrollment**

HMIS Number for HoH: _____

If the household is not in HMIS or agency cannot determine if client is in HMIS complete all section. If members of the household already exist in Clarity, you must add their HMIS numbers to each page then continue to page 7.

HMIS Profile – Head of Household

This information is used to create HMIS Client Profile if the individual is not in Clarity.

Head of Household Information

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Date of Birth: _____ **SS Number:** _____

Phone Number: _____ **Email:** _____

Primary Language: _____

Gender: *(Choose all that apply)*

- Woman Man Culturally Specific Identity (e.g., Two-Spirit)
 Transgender Non-Binary Questioning Different Identity
 Prefer Not to Answer

Sexuality: *(Choose all that apply)*

- Heterosexual Gay Bisexual Questioning/Unsure
 Other Prefer Not to Answer

Race and Ethnicity: *(Choose all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Hispanic/Latina/e/o
 Middle Eastern or North African Native Hawaiian or Pacific Islander
 White Prefer Not to Answer

Veteran Status: Yes No Prefer Not to Answer

If yes, Year Entered Military Service: _____ *Separated Year:* _____

If yes, answer the following:

| | |
|----------------------------|--|
| Branch of Military: | <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Prefer Not to Answer |
| Discharge Status: | <input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Prefer Not to Answer |

**Head of Household
HMIS Information & CES Enrollment**

Formerly or currently a ward of the Juvenile Justice System?

Yes No Prefer Not to Answer

Formerly or currently a ward of the child welfare system/foster care agency?

Yes No Prefer Not to Answer

CES Enrollment – Head of Household

Head of Household - CES Enrollment

Program Start Date:

Prior Living Situation:

| | |
|---|--|
| Type of Residence: | |
| Length of Stay in Prior Living Situation: | |
| Approximate Date Homelessness Started: | |
| Number of times on the streets, in ES, or SH in the past three years: | |
| Total # of months homeless on the streets, in ES, or SH in the past three years: | |
| | |

Disabling Conditions and Barriers:

| | |
|--|--|
| Disabling Condition: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Victim of Domestic Violence: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Last Occurrence of Domestic Violence: | |
| Are you currently fleeing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Is it safe to call you? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Is it safe to identify as provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Is it safe to leave a message? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| | |

Second Adult
HMIS Information & CES Enrollment

HMIS Number for 2nd Adult: _____

If the 2nd adult already exists in Clarity, their HMIS number above and continue to page 9.

HMIS Profile – 2nd Adult

This information is used to create HMIS Client Profile if the individual is not in Clarity.

2nd Information.

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Date of Birth: _____ **SS Number:** _____

Phone Number: _____ **Email:** _____

Primary Language: _____

Gender: *(Choose all that apply)*

- Woman Man Culturally Specific Identity (e.g., Two-Spirit)
 Transgender Non-Binary Questioning Different Identity
 Prefer Not to Answer

Sexuality: *(Choose all that apply)*

- Heterosexual Gay Bisexual Questioning/Unsure Other
 Prefer Not to Answer

Race and Ethnicity: *(Choose all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Hispanic/Latina/e/o
 Middle Eastern or North African Native Hawaiian or Pacific Islander
 White Prefer Not to Answer

Veteran Status: Yes No Prefer Not to Answer

If yes, Year Entered Military Service: _____ *Separated Year:* _____

If yes, answer the following:

| | |
|---------------------|--|
| Branch of Military: | <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Prefer Not to Answer |
| Discharge Status: | <input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Prefer Not to Answer |

**Second Adult
HMIS Information & CES Enrollment**

Formerly or currently a ward of the Juvenile Justice System?

- Yes No Prefer Not to Answer

Formerly or currently a ward of the child welfare system/foster care agency?

- Yes No Prefer Not to Answer

CES Enrollment – Second Adult

Second Adult Information.

Program Start Date:

Prior Living Situation:

| | |
|---|--|
| Type of Residence: | |
| Length of Stay in Prior Living Situation: | |
| Approximate Date Homelessness Started: | |
| Number of times on the streets, in ES, or SH in the past three years: | |
| Total # of months homeless on the streets, in ES, or SH in the past three years: | |

Disabling Conditions and Barriers:

| | |
|--|--|
| Disabling Condition: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Victim of Domestic Violence: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Last Occurrence of Domestic Violence: | |
| Are you currently fleeing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Is it safe to call you? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Is it safe to identify as provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Is it safe to leave a message? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |

Child(ren)
HMIS Information & CES Enrollment

HMIS Profile – Child(ren)

HMIS Number for Child: _____

If the child already exists in Clarity, you must add their HMIS number above and continue to page 12.

Child Information

This information is used to create HMIS Client Profile if the individual is not in Clarity.

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Date of Birth: _____ **SS Number:** _____

Gender: *(Choose all that apply)*

- Girl Boy Culturally Specific Identity (e.g., Two-Spirit)
 Transgender Non-Binary Questioning Different Identity
 Doesn't Know Prefer Not to Answer

Race and Ethnicity: *(Choose all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Hispanic/Latina/e/o
 Middle Eastern or North African Native Hawaiian or Pacific Islander
 White Prefer Not to Answer

Formerly or currently a ward of the Juvenile Justice System?

- Yes No Prefer Not to Answer

Formerly or currently a ward of the child welfare system/foster care agency?

- Yes No Prefer Not to Answer

CES Enrollment Child(ren)

Program Start Date:

Relationship to Head of Household:

Prior Living Situation:

| | |
|--|--|
| Type of Residence: | |
| Length of Stay in Prior Living Situation: | |
| Approximate Date Homelessness Started: | |
| Number of times on the streets, in ES, or SH in the past three years: | |

**Child(ren)
HMIS Information & CES Enrollment**

| | |
|---|--|
| Total # of months homeless on the streets, in ES, or SH in the past three years: | |
|---|--|

Disabling Conditions and Barriers:

| | | | |
|--|------------------------------|-----------------------------|---|
| Disabling Condition: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
| Victim of Domestic Violence: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
| Last Occurrence of Domestic Violence: | | | |
| Are you currently fleeing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

HMIS Profile – Child(ren)

HMIS Number for Child: _____

If the child already exists in Clarity, you must add their HMIS number above and continue to page 12.

Child Information

This information is used to create HMIS Client Profile if the individual is not in Clarity.

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Date of Birth: _____ **SS Number:** _____

Gender: *(Choose all that apply)*

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Girl | <input type="checkbox"/> Boy | <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Prefer Not to Answer | | <input type="checkbox"/> Different Identity |

Race and Ethnicity: *(Choose all that apply)*

- | | |
|--|--|
| <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"/> Hispanic/Latina/e/o |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Prefer Not to Answer |

Formerly or currently a ward of the Juvenile Justice System?

- Yes No Prefer Not to Answer

Formerly or currently a ward of the child welfare system/foster care agency?

- Yes No Prefer Not to Answer

Child(ren)
HMIS Information & CES Enrollment

CES Enrollment Child(ren)

Program Start Date:

Relationship to Head of Household:

Prior Living Situation:

| | |
|---|--|
| Type of Residence: | |
| Length of Stay in Prior Living Situation: | |
| Approximate Date Homelessness Started: | |
| Number of times on the streets, in ES, or SH in the past three years: | |
| Total # of months homeless on the streets, in ES, or SH in the past three years: | |

Disabling Conditions and Barriers:

| | |
|--|--|
| Disabling Condition: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Victim of Domestic Violence: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |
| Last Occurrence of Domestic Violence: | |
| Are you currently fleeing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer |

Coordinated Entry Event

Coordinated Entry Event (REQUIRED)

The Events within a participant's program enrollment provides a history of Coordinated Entry Events (CE Events) for that enrollment and allows users to record Manual Coordinated Entry Events for the client.

Access Event

- Referral to Scheduled Coordinated Entry Housing Needs Assessment (REQUIRED)**

Event date: _____

- Problem Solving/Diversity/Rapid Resolution intervention or service

Event date: _____

- Referral to scheduled Coordinated Entry Crisis Needs Assessment

Event date: _____

Referral Events

- Referral to Emergency Shelter bed opening

Event date: _____

- Referral to Transitional Housing bed/unit opening

Event date: _____

- Referral to Joint TH-RRH project/unit/resource opening

Event date: _____

- Referral to RRH project resource opening

Event date: _____

- Referral to PSH project resource opening

Event date: _____

- Referral to other PH project/unit/resource opening

Event date: _____

- Referral to Emergency Housing Voucher (EHV)

Event date: _____

Current Living Situation

Current Living Situation – All Household Members

Assessment – Current Living Situation

Date of Contact: _____

Current Living Situation:

- Place not meant for habitation (e.g. a vehicle, abandoned building, anywhere outside, etc.)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home Shelter
- Safe Haven
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Other
- Worker unable to determine
- Client refused

Verified By (Organization Name): _____

Location Details: _____

KS BoS CoC CES Assessment

Is the household willing to conduct a CES Assessment? Yes No

ADMINISTRATION

Assessment Date: _____

Assessment Location: Shelter Outreach Drop In Other

Name of Location: _____

Assessment Type: Phone Virtual In Person

Primary Language: _____

Phone Number: _____ Email: _____

Current City: _____ County: _____

If you are matched to a housing program that is located somewhere else in the state, would you consider moving? Yes No

- What is your first choice for preferred county? _____
- What is your second choice for preferred county? _____
- What is your third choice for preferred county? _____

SECTION 1: HOUSING STATUS

/26

1. Where did your household sleep last night?

- Unsheltered Shelter setting Institution
 Unsafe Housing Safe and Adequate Housing Prefer not to answer

2. Where will your household most likely sleep tonight?

- Unsheltered Shelter setting Institution
 Unsafe Housing Safe and Adequate Housing Prefer not to answer

3. Where does your household sleep most frequently?

- Unsheltered Shelter setting Institution
 Unsafe Housing Safe and Adequate Housing Prefer not to answer

4. Has your household received housing assistance for rent and utilities in the last 6 months?

- Yes No Prefer Not to Answer

5. In the last 3 years, how many times has your household experienced homelessness in a shelter, in a park, on the streets, camping, in a vehicle, or an abandoned building?

- 4 or more times 3 times 2 times 1 time
 0 times Prefer Not to Answer

6. How many months has your household been homeless in the last 3 years?

- 12 months or more 9 to 12 months 6 to 9 months
 3 to 6 months 1 to 3 months Less than 1 month

KS BoS CoC CES Assessment

Prefer Not to Answer

7. Has your household ever been evicted by a landlord, by a court order, or any other means?

Yes No Prefer Not to Answer

If yes, when were you last evicted?

One night or less Two to six nights
 One week to less than one month One month to less than 90 days
 90 days to less than 1 year One year or longer
 Prefer Not to Answer

8. Would your household benefit from a handicap accessible housing unit?

Yes No Prefer Not to Answer

SECTION 2: CHILDREN WITHIN THE HOUSEHOLD

/12

9. Is any member of the household currently pregnant (if applicable)?

Yes No Prefer Not to Answer

10. Are there any children in the household?

Yes No Prefer Not to Answer

IF YES, continue IF NO, skip to question 17

11. How many children under the age of 18 are with you?

0 1 or 2 3 or 4 5 or more
 Prefer Not to Answer

12. How many children under the age of 18 are not currently with your household, but you have reason to believe they will be joining you when you get housed?

0 1 or 2 3 or 4 5 or more
 Prefer Not to Answer

13. At any point in the last six months, have an of your children been separated from you to live with another household member or friend?

Yes No Prefer Not to Answer

14. Is your household currently working with any child protection services?

Yes No Prefer Not to Answer

15. Are all school aged children enrolled in school?

Assessors note: If school is not in session, were they enrolled during last year?

Yes No Prefer Not to Answer

16. Has anyone from the school reached out about a problem with a child's attendance at school?

Yes No Prefer Not to Answer

SECTION 3: PRESENTING NEEDS

/10 POINTS

- 17. Most days can your household...**
- a. Find a safe place to sleep?**
 Yes No Prefer Not to Answer
- b. Get food?**
 Yes No Prefer Not to Answer
- c. Get water or other non-alcoholic beverages to stay hydrated?**
 Yes No Prefer Not to Answer
- 18. Does your household have access to reliable transportation when you need it?**
 Yes No Prefer Not to Answer
- 19. Will it help you or any adult in your household to have assistance with activities such as reading, writing, and remembering?**
 Yes No Prefer Not to Answer
- 20. Do you or any member of your household have difficulty with activities such as eating, bathing, dressing, walking, or using the bathroom?**
 Yes No Prefer Not to Answer

SECTION 4: SAFETY

/14 POINTS

- 21. Do you or any member of your household feel unsafe in your current living situation?**
 Yes No Prefer Not to Answer
- 22. In the past year, have you or anyone in your household been beaten up or assaulted, threatened with violence, or felt unsafe because of someone else?**
 Yes No Prefer Not to Answer
- 23. In the past year, has anyone tried to control you or anyone in your household through violence or threats of violence whether that be a stranger, friend, partner, relative, or someone in your household?**
 Yes No Prefer Not to Answer
- 24. Does anyone trick, manipulate, or force anyone in your household to do anything they do not want to do?**
 Yes No Prefer Not to Answer
- 25. Has anyone in your household threatened to harm themselves or have harmed themselves?**
 Yes No Prefer Not to Answer
- 26. Has anyone in your household used a crisis service, hotline, or helpline?**
 Yes No Prefer Not to Answer

KS BoS CoC CES Assessment

27. Would you say that your homelessness is...
- a. Because of an unhealthy or abusive relationship whether that be a relative, friend, or partner?
 Yes No Prefer Not to Answer
 - b. Because family, friends, or partner caused your household to lose your housing?
 Yes No Prefer Not to Answer
 - c. Because of any recent or past trauma or abuse?
 Yes No Prefer Not to Answer

| | |
|----------------------------|-------------------|
| SECTION 5: WELLNESS | /11 POINTS |
|----------------------------|-------------------|

28. Does anyone in your household have any physical or mental health issues or cognitive issues, including a brain injury, which might require assistance to access or keep your housing?
 Yes No Prefer Not to Answer
29. Has anyone in your household had to leave their housing due to their health?
 Yes No Prefer Not to Answer
30. Does anyone in your household have any chronic health issues where they are unable to access appropriate care or making it difficult to stay housed?
 Yes No Prefer Not to Answer
31. If anyone in your household becomes sick, do they have difficulty obtaining medical help?
 Yes No Prefer Not to Answer
32. Have you or anyone in your household gone to the emergency room or been hospitalized in the last 3 months?
 Yes No Prefer Not to Answer
33. Does anyone in your household use alcohol or drugs regularly that affects their life most days?
 Yes No Prefer Not to Answer
34. Are there any prescribed medications that you should be taking but you are unable to take for any reason?
Assessor's note: For any reason at all, can't afford it, sell it, unable to get a prescription, etc.
 Yes No Prefer Not to Answer

| | |
|---|-------------------|
| SECTION 6: VULNERABILITIES & STRENGTHS | /15 POINTS |
|---|-------------------|

35. Do you feel that your race, ethnicity, or national origin has prevented you from obtaining or retaining housing?
 Yes No Prefer Not to Answer
36. Do you feel that your age has prevented you from obtaining or retaining housing?
 Yes No Prefer Not to Answer

KS BoS CoC CES Assessment

37. Do you feel that your gender identity or sexual orientation has prevented you from obtaining or retaining housing?
 Yes No Prefer Not to Answer
38. Do you feel that your marital status or presence of children has prevented you from obtaining or retaining housing?
 Yes No Prefer Not to Answer
39. Do you feel that your rental history or lack thereof has prevented you from obtaining or retaining housing?
 Yes No Prefer Not to Answer
40. Is there anybody in the household that has outstanding bills they cannot cover to a landlord and/or utility company?
 Yes No Prefer Not to Answer
41. Do you feel that a previous or current experience of domestic violence, sexual violence, or stalking has prevented you from obtaining or retaining housing?
 Yes No Prefer Not to Answer
42. If you have a criminal history, do you feel that it has prevented you from obtaining or retaining housing?
 Yes No Prefer Not to Answer
43. Has anyone in your household stayed one or more nights in a holding cell, jail, or prison in the last 3 months?
 Yes No Prefer Not to Answer
44. Have you had an interaction with law enforcement for any reason in the last 3 months?
 Yes No Prefer Not to Answer
45. Does anyone in your household have any legal issues going on right now that may affect your household's ability to get housing or maintain housing?
 Yes No Prefer Not to Answer
46. Do you or anyone in your household have a cash income (employment, SSI, SSDI, etc.)
 Yes No Prefer Not to Answer
47. Does your household have SNAP, TANF, and/or WIC?
 Yes No, but I need it No Prefer Not to Answer

SECTION 7: PROGRAM SPECIFIC ELIGIBILITY

/2 POINTS

48. Are you currently receiving Housing Assistance (rent or utility assistance), or have you received it in the last three years?

- Yes No Prefer Not to Answer

If yes, what agency? _____

If yes, what city and county? _____ , _____

49. Do you have any diagnosed, documented, disabling conditions?

- Yes No Prefer Not to Answer

50. Have you been diagnosed or told that you may have a Mental Health concern and/or a Traumatic Brain Injury?

- Yes No Prefer Not to Answer

Assessor's Notes