



Burlington County CoC

COORDINATED ASSESSMENT TOOL SET

Adapted from the National Alliance to End Homelessness assessment

A trained assessment specialist should ask the questions below. *Instructions for the person administering the tool are in italics.* Decisions will have to be made about the degree to which information on the form should be verified by third parties or other data sources.

I. PRE-SCREENING QUESTIONS

1. Are you homeless or do you believe you will become homeless within the next 72 hours?

Yes No

Consult HUD definition: People who are living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or are exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution. If no to these questions, ask

Are you currently residing in, or trying to leave, an intimate partner who threatens you or makes you fearful? Yes No

If NO to both questions, refer to other prevention-oriented resources and cease administering assessment. If YES to either question, continue with tool. Explain the assessment process – what types of questions you will ask, how long you expect it will take, what the assessment hopes to accomplish (connecting them with resources to help them with their housing crisis). Explain that the tool also helps determine who is most in need of different services.

2. Do you live in [insert the name of your community] right now?

Yes No

If NO, attempt to refer to 2-1-1 or any known resources in their community before continuing. If YES, continue with assessment.

Zip Code of Last Permanent Address: _____

Should be entered into HMIS.

3. Do you want services that are specifically geared to domestic violence survivors OR do you need a confidential location to stay?

Yes No

If YES, follow protocols addressed to people seeking domestic violence services throughout this tool. These protocols include questions to help staff members identify individuals who are in danger, but

may not immediately self-identify as domestic violence survivors. No information about the consumer should be recorded in HMIS. If NO, do not follow DV-specific guidelines. At this point, introduce data confidentiality forms; explain what the documents say and the utility of having information shared through this system. Let consumer sign – if they do, continue data entry into HMIS if possible; if they do not sign, continue filling out paper form (if this is okay with them).

4. Family Size- How many dependents do you have?

- 0 1-3 4+

5. Are you a veteran?

- Yes No

6. Do you require special accessibility accommodations? (ex: for a physical disability)

- Yes No

If yes, please describe: _____

IV. HOUSING PRIORITIZATION TOOL

For each answer, circle the color code or write the number in the score line.

Question(s)	Color Code	Numerical Score
<p>1. Is this the first time you've been homeless in the past five years?</p> <p><input type="checkbox"/> Yes - Go to question 2 <input type="checkbox"/> No - Go to question 3</p> <p><i>Explain definition of homelessness again – use definition from Part I, Question 1.</i></p>		
<p>2. Have you been homeless for more than 90 days?</p> <p><input type="checkbox"/> Yes - Go to question 3 <input type="checkbox"/> No - Circle "Green" & skip to question 4</p>	GREEN	
<p>3. When you were homeless before, did you ever receive temporary assistance to help you move back into housing such as temporary rental assistance, deposits, help with moving costs, etc.?</p> <p><i>This question is intended to identify if the individual or family has received rapid re-housing assistance in the past. This question may also be asked by asking if the person has been served by a rapid re-housing program and then naming the rapid re-housing programs in the county. If YES, ask if they received that kind of assistance once, or if it happened more than once. Check HMIS for a record of the person also and ask "Is it okay if I check our system to see if you've been served before?"</i></p> <p><input type="checkbox"/> Yes, more than once - Circle color code "Red" & skip to question 13. <input type="checkbox"/> Yes, once - Circle color code "Orange" and go to question 4. <input type="checkbox"/> No - Circle color code "Yellow" and go to question 4.</p>	YELLOW ORANGE RED	
<p>4. How many dependents do you have with you in your care? <i>If you already know the answer, don't ask again.</i></p> <p><input type="checkbox"/> 0-3 - Go to question 5. <input type="checkbox"/> 4 or more - Assign a numerical score of "1" and go to question 5.</p>		
<p>5. Are you under 25 years of age with at least one child under the age of 5? <i>If you already know the answer, don't ask again.</i></p> <p><input type="checkbox"/> Yes - Assign a numerical score of "1" and go to question 6. <input type="checkbox"/> No - Go to question 6.</p>		

Question(s)	Color Code	Numerical Score
<p>6. Have you ever been in jail, arrested, or accused of a crime or criminal activity (even if it wasn't true)? <i>If necessary, explain that the presence of a criminal history will not reduce the person's likelihood of receiving assistance.</i> <input type="checkbox"/> Yes - Go to question 7. <input type="checkbox"/> No - Go to question 8.</p>		
<p>7. Does your criminal history include:</p> <p><input type="checkbox"/> Offenses that make it exceedingly difficult to find housing: Arson, Placement on Sex Offender Registry, Production of Crystal Meth - Assign a numerical score of "3" and go to question 8.</p> <p><input type="checkbox"/> Drug offenses or crimes against persons or property? - Assign a numerical score of "2" and go to question 8.</p> <p><input type="checkbox"/> Just a few minor offenses such as moving violations, a DUI, or a misdemeanor? - Assign a numerical score of "1" and go to question 8.</p>		
<p>8. Do you have any evictions? Have you been asked to leave your rental apartment or did the landlord use legal papers to ask you to leave? <i>Explain that the presence of eviction(s) will not reduce the person's likelihood of receiving assistance.</i> <input type="checkbox"/> Yes - Go to question 9. <input type="checkbox"/> No - Skip to question 10.</p>		
<p>9. How many evictions do you have?</p> <p><input type="checkbox"/> One or two? - Assign a numerical score of "1" and go to question 10. <input type="checkbox"/> Three or more? - Assign a numerical score of "2" and go to question 10.</p>		
<p>10. Do you have friends or family members who you can stay with for a short period of time, or who can lend you money?</p> <p><input type="checkbox"/> Yes - Assign a numerical score of "-1" and go to question 11. <input type="checkbox"/> No - Go to question 11.</p>		
<p>11. Do you have any income from any source right now? Ask targeted questions - refer to earlier answers during Part II well.</p> <p><input type="checkbox"/> Earned income <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> VA-Service Connected Disability Compensation <input type="checkbox"/> VA non-service-connected disability pension <input type="checkbox"/> Private disability insurance <input type="checkbox"/> Worker's compensation</p>		

Question(s)	Color Code	Numerical Score
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Veteran's pension <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Child support <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other source <input type="checkbox"/> Yes - Go to question 12. <input type="checkbox"/> No - Assign a numerical score of "2" and skip to question 13 <input type="checkbox"/> Don't know or refused Skip to question 13.		
12. What is your monthly income right now? <i>Do not ask out loud - refer to matrix of local area median income (AMI) thresholds.</i> <input type="checkbox"/> Above 30% AMI - Go to question 13. <input type="checkbox"/> Between 16% and 30% AMI - Assign a numerical score of "1" and go to question 13. <input type="checkbox"/> Less than 15% AMI - Assign a numerical score of "2" and go to question 13.		
13. Does your credit history include a judgment for debt to a landlord? <input type="checkbox"/> Yes - Assign a numerical score of "1" and go to question 14. <input type="checkbox"/> No - Go to question 14.		
Do you know your credit score? If so, what is your score? _____ <i>If not, we will provide you with information on how to obtain your score</i>		
14. TOTAL - Enter Circled Color Code (from Questions 2-3) and total ALL numerical scores (from Questions 3-13) and go to Part V.		

FY 2014 HUD Income Limits Summary
[Insert your community's income limits]

Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI								
15% AMI								

V. HOUSING PRIORITIZATION TOOL SCORING

Using the numerical scores and color designation tabulated in question 14 above and find the priority level for each intervention with the charts below. If the box says "None" there is no priority level for this intervention.

Rapid Re-Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 - 4	5 or more
Green	G	F	D
Yellow	E	C	B
Orange	A	A	A
Red	None	None	None

Rapid Re-Housing Priority Level:

Transitional Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 - 4	5 or more
Green	H	G	E
Yellow	F	D	C
Orange	B	B	B
Red	A	A	A

Transitional Housing Priority Level:

Permanent Supportive Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 - 4	5 or more
Green	None	None	None
Yellow	None	None	A
Orange	None	None	A
Red	A	A	A

Note: When an individual's score results in a Permanent Supportive Housing Priority Level recommendation, a person's disability status will be determined and a vulnerability assessment will be completed.

Permanent Supportive Housing Priority Level: