

NorCal Coordinated Entry Assessment

Client Name: _____	Client ID#: _____	
Coordinated Assessment		Required
Date of Assessment: _____ Location (Name of Agency): _____		
Intake Person: _____ Phone Number: _____		
---Assessment Type--- <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In person	---Assessment Level--- <input type="checkbox"/> Crisis Needs Assessment <input type="checkbox"/> Housing Needs Assessment	---Prioritization Status--- <input type="checkbox"/> Placed on Prioritization List <input type="checkbox"/> Not Placed on Prioritization List

Coordinated Entry Event	Required
---Access Events--- <input type="checkbox"/> Referral to Prevention Assistance Project <input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service <input type="checkbox"/> Referral to Scheduled Coordinated Entry Housing Needs Assessment <input type="checkbox"/> Referral to Scheduled Coordinated Entry Housing Needs Assessment	
--Referral Events-- <input type="checkbox"/> Referral to post-placement/follow-up case management <input type="checkbox"/> Referral to Street Outreach project or services <input type="checkbox"/> Referral to Housing Navigation project or services <input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services <input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services <input type="checkbox"/> Referral to Emergency Shelter bed opening <input type="checkbox"/> Referral to Transitional Housing bed/unit opening <input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening <input type="checkbox"/> Referral to RRH project resource opening <input type="checkbox"/> Referral to PSH project resource opening <input type="checkbox"/> Referral to other PH project/unit/resource opening	
Problem Solving/Diversion/Rapid Resolution Intervention or service result – Client housed/re-housed in a safe alternative <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Referral was to post-placement/follow-up case management, was the client enrolled in Aftercare Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Crisis Housing or Permanent Housing Referral (Name of Agency and Program and HMIS ID#) <hr/>	
Referral result <input type="checkbox"/> Successful referral: client accepted <input type="checkbox"/> Unsuccessful referral: client rejected <input type="checkbox"/> Unsuccessful referral: provider rejected	
Date of Result: _____	

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Coordinated Entry Processing		Optional
Priority List Status <input type="checkbox"/> Inactive <input type="checkbox"/> Level 1 – Enters CES <input type="checkbox"/> Level 2 – Permanent Housing Path identified <input type="checkbox"/> Level 3 – Referred to Housing Provider <input type="checkbox"/> Level 4 – Housing Search <input type="checkbox"/> Housed through CES <input type="checkbox"/> Housed on own/out of CES		
Coordinated Entry Contact Notes Date of Contact: _____ Type of Contact: <input type="checkbox"/> In person <input type="checkbox"/> Email/Text <input type="checkbox"/> Phone –Spoke with Client <input type="checkbox"/> Phone - No Answer/No VM <input type="checkbox"/> Phone – Left VM Staff Name and Phone Number: _____ Agency: _____ Client’s Location/Contact Information: _____ Contact Notes: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>		
Housing Intervention Offers Date of Housing Offer: _____ Name of Agency and Program w/HMIS ID #: _____ Type of Housing Intervention Offered: <input type="checkbox"/> CoC – RRH <input type="checkbox"/> ESG – RRH <input type="checkbox"/> SSVF – RRH <input type="checkbox"/> CoC – PSH <input type="checkbox"/> VASH <input type="checkbox"/> TBRA <input type="checkbox"/> Section 8 (HCV) <input type="checkbox"/> Other PH Was the housing offer accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason if offer was declined: <input type="checkbox"/> Cannot Afford <input type="checkbox"/> Doesn’t Meet Needs <input type="checkbox"/> Excessive Utility Costs <input type="checkbox"/> Housing Already Found <input type="checkbox"/> Left the Area <input type="checkbox"/> Not Big Enough <input type="checkbox"/> Not in the Right Area <input type="checkbox"/> Services too Far Away <input type="checkbox"/> Timing Isn’t Right <input type="checkbox"/> Upstairs Unit		