SMAC MN
SUBURBAN METRO AREA CONTINUUM OF CARE

# SMAC Coordinated Entry Step 2

**Client Name:**_____ **HMIS ID:**_____

ASSESSOR INSTRUCTIONS: Please read or paraphrase the following to the client.

I work for (name of your agency) and we are going to complete a Step 2 assessment. This will give me a better idea of what your housing and service needs are. If you say it is ok to continue, I will ask you questions about your health and housing. If you do not understand a question, please say so. I can help explain what is being asked. Some of the questions may be personal, but you will only need to answer yes/no. I don't need specific details.

The questions are not meant to judge you, but to assess your needs at this time. If you feel uncomfortable you can take a break or skip a question. If you do not answer a question, no one will be upset with you. But, this information is important to help decide if you are eligible for service, so skipped or inaccurate answers may affect your eligibility. This information will help determine your eligibility and connect you to housing/services.

At any time, you can ask that the information you are giving me not be shared. If at any time you are unhappy with the assessment process and/or resulting score or you feel you were treated unfairly, you have the right to let us know.

You can submit a grievance to SMAC or Ramsey, and the grievance will be looked at by a team working with the Coordinated Entry process. Do you want to continue?

## COVID-19 Survey - MN

| **Date of Survey:** | |
|---|---|
| In the last 2 weeks, have you been in close contact with anyone experiencing fever, new/worsening cough, & shortness of breath (symptomatic/likely have COVID-19)? | ☐ Yes ☐ No |
| Have you been asked or chosen to keep yourself away from others (quarantine) because you've been in contact with others who likely have COVID-19? ☐ Yes ☐ No | If yes, have you kept yourself away from others (quarantined) since that time? ☐ Yes ☐ No |
| Staff use: Was the client screened for COVID-19 symptoms? | ☐ Yes ☐ No |
| Are you currently experiencing any symptoms consistent with COVID-19 (fever, new or worsening cough, shortness of breath)? ☐ Yes ☐ No | If yes, date symptoms began:<br>If yes, were you tested for COVID-19? ☐ Yes ☐ No |
| If yes, outcome of COVID-19 test results once received? ☐ Confirmed COVID-19 ☐ Negative | Date symptoms ended: |
| Have you been asked or chosen to stay away from others (isolate) because you have or likely have COVID-19? ☐ Yes ☐ No | If yes, have you kept yourself away from others (isolate) since that time? ☐ Yes ☐ No<br>Date isolation ended: _____ |

## Current Living Situation

| **Information Date** | **Current Living Situation** (Shelter, PNMFHH, Staying with family, friends, etc.) |
|---|---|
| | |

**Coordinated Entry Assessment** (In-person, phone, etc.)

Updated 10/1/2021

## SMAC Coordinated Entry Step 2

Client Name:_____

| Date of Assessment | Assessment Location | Assessment Type |
|---|---|---|
| | | |

**Current Living Situation**

| Information Date | **Current Living Situation** (Shelter, PNMFHH, Staying with family, friends, etc.) |
|---|---|
| | |

**SECTION 1: Assessor Information**

| Assessor's Name | Assessor's Organization | Assessor's Phone | Assessor's Email |
|---|---|---|---|
| | | | |

**SECTION 2: Client Contact Information**

| | |
|---|---|
| Phone number where you can be reached or a message can be left: | |
| Email where you can be reached or where a message can be sent: | |
| Can we leave a confidential voicemail or text for you at the phone number provided? | ☐ Yes ☐ No |

**Secondary Contact Information**

| | |
|---|---|
| Name: | Name: |
| Phone: | Phone: |
| Email: | Email: |
| Relationship: | Relationship: |
| Can we speak with the contacts you listed to leave information for you? | ☐ Yes ☐ No |

**SECTION 3: Background Information**

| |
|---|
| HMIS ROI Signed? ☐Yes ☐ No – Agency ROI Needed |
| Client Relationship to Head of Household: |
| Social Security Number: |
| Client Date of Birth: |
| **Gender Identity:**<br>☐ Female ☐ Male ☐ A gender that is not singularly "Female or "Male" ☐ Transgender<br>☐ Questioning ☐ Client doesn't know ☐ Client Refused<br>Gender Pronouns:_____ |

## SMAC Coordinated Entry Step 2

Client Name:_____

| | | | |
|---|---|---|---|
| **Race:** | ☐American Indian, Alaska Native, or Indigenous ☐Asian or Asian American ☐Black, African American, or African ☐Native Hawaiian or Pacific Islander ☐White ☐Client doesn't know ☐Client Refused | | |
| **Ethnicity:** | ☐ Non-Hispanic/Non-Latin(a)(o)(x) ☐ Hispanic/Latin(a)(o)(x) ☐Client doesn't know ☐Client Refused | | |
| **Are you Native American?** | ☐ Yes ☐No | If yes, of which tribe are you an enrolled member? | |

**County of Primary (Current) Residence: _____ Client Location (CoC):_____**
**County where client resides: _____**

**Did you serve on Active Duty, or in the National Guard or Reserves?** ☐ **Yes** ☐ **No** If yes, answer the Veteran Status questions below. If no, you may skip them.

| | |
|---|---|
| For approximately how many months did you serve? | |
| Did you enter Active Duty before 9/7/1980? | ☐ Yes ☐ No |
| If Guard or Reserve: Were you ever called into active duty as a member of the National Guard or as a Reservist? | ☐ Yes ☐ No |
| What kind of discharge did you have? | |
| Has Client been referred to the **Homeless Veteran Registry**? | ☐ Yes ☐ No |
| Has this client record been checked against the VA Squares database? | ☐ Yes ☐ No |

| | |
|---|---|
| SQUARES: | ☐No, could not confirm veteran status ☐Yes, confirmed veteran ☐Did not check SQUARES |

| | |
|---|---|
| Currently in school or working on any degree? | ☐ Yes, full-time ☐ Yes, part-time ☐ No |
| Are you willing and able to work? | ☐ Yes ☐ No |

**SECTION 4: Household Composition**

| | |
|---|---|
| Household Type | ☐ Single ☐ Family<br>☐ Youth – Single ☐ Youth – Family |
| Household Size: Total # of Persons | |
| Household Size: Total # of Children (17 and under): | |
| Household Size: Total # of Adults (18+) | |
| Are you pregnant? | |
| If yes, Projected Due Date | |

Additional Household Members – Additional space in Notes if needed.

| Relationship to HoH | Race | Hispanic/Latin(a)(o)(x)? | Gender | Date of Birth | School/Daycare (Ramsey Co. Only) |
|---|---|---|---|---|---|
| | | ☐ Yes ☐ No | | | |
| | | ☐ Yes ☐ No | | | |
| | | ☐ Yes ☐ No | | | |

Is there anyone else you plan to live with? ☐ Yes ☐ No

If yes, please explain:_____

**SECTION 5: Income**

| | |
|---|---|
| Income from Any Source? | ☐ Yes ☐ No |
| If yes, Total **Household** Monthly Income: | |
| If $0 income, will you have income in the next month? | ☐ Yes ☐ No |
| What is the expected amount of that income? | |

**HoH** Income Chart

| Source of Income – HoH | Monthly Amount |
|---|---|
| | |
| | |
| | |

Other Household Members Income Chart

| Source of Income | Monthly Amount |
|---|---|
| | |
| | |
| | |

Non-Cash benefit from any source? ☐ Yes ☐ No If yes, from which county are you receiving non-cash benefits?_____

HoH Non-Cash Benefit Chart

| **Source of Non-Cash Benefit – HoH Only** |
|---|
| |
| |
| |

**SECTION 6: Domestic Violence/Trafficking** Script: Some housing resources are targeted for people who have experienced domestic or sexual violence – past or present. These next questions are about that. They are mostly yes/no questions and don't need details.

| | |
|---|---|
| Is anyone CURRENTLY trying to harm you, control your daily activities, resources, and/or documents, or force you to do things you don't want to do? | ☐Yes ☐ No |
| In the past, has anyone ever tried to harm you, control you, or force you in those ways? | ☐Yes ☐ No |
| Have you ever been involved in dancing, stripping, prostitution, massage, porn, survival sex, or trafficking? | ☐Yes ☐ No |
| (If applicable) How long have you been thinking about leaving? (To establish length of time homeless – Please enter the date they started thinking about leaving) | ___/___/____ _ |

Script: Thank you for sharing with me. There are advocacy resources available for both people who are currently experiencing violence as well as those who experienced it in the past. You deserve to be safe and have support around you. I can provide you with contact information for an advocate or we can call them right now. (Day 1 number is 866-223-1111)

**SECTION 7: Health Information**

NOTE: Please include the names of any relevant service providers in Section 11 of this CES Assessment.

| | |
|---|---|
| Does client have a disability of long duration? | ☐Yes ☐ No |
| If yes, have you been told by a medical professional that you have a severe mental illness? | ☐Yes ☐ No |

**HoH Disability Chart**

| **Disability Type** (Mental Health, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug Abuse, Physical, Developmental, HIV/AIDS, Chronic Health Condition) | Is it documented? | Expected to be of long-continued and infinite duration and substantially impairs ability to live independently? |
|---|---|---|
| | | |
| | | |
| | | |

**Other Household Members Disability Chart**

| Relationship to HoH | Disability Type | Date of Diagnosis | Does your disability limit your ability to live independently? | Is the disability documented? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

What accommodation do you require due to health or disability?_____

## SMAC Coordinated Entry Step 2

Client Name:_____

### SECTION 8: Homeless/Housing History

Directions: Please include housing and homeless history for the last 5 years. Having this much time documented included allows us to determine if the individual meets the LTH and/or HUD chronic homeless definitions.

| Move-In Date | Move-Out Date | Residence Type | County/City |
|---|---|---|---|
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### Assessing MN Long Term Homelessness

| | |
|---|---|
| Extent of Homelessness by MN's definition: | ☐ 1st time homeless and less than 1 year without a home<br>☐ Multiple times homeless, but NOT meeting LTH definition<br>☐ Long Term Homeless |
| Approx. Start Date of MOST RECENT Episode of Homelessness (MN): _____/_____/_____ | |
| Total number of months homeless on the street, in ES, in SH, or doubled up/couch-hopping in the **past 3 years**. Note: Do not factor in months spent staying somewhere that is considered a neutral event (e.g. TH). | |

## SMAC Coordinated Entry Step 2

Client Name:_____

**Assessing Chronic Homelessness (HUD) * HUD does NOT include couch hopping. ***

| | |
|---|---|
| Prior Living Situation: | |
| Length of Stay in Previous Place: | |
| Approx. Start Date of **MOST RECENT Episode** of Homelessness **(HUD)**: | _____/_____/_____ |
| Regardless of where they stayed last night - Number of times client has been on the streets or in shelters in **the past 3 years** including today: | |
| Total number of months homeless on the street or in shelters in the **past 3 years:** | |

| | |
|---|---|
| **Housing Status:** | ☐ Category 1: HUD Homeless<br>☐ Category 2: At imminent risk of losing housing<br>☐ Category 4: Fleeing Domestic Violence CoC Note: Category 3 is not used and was omitted intentionally<br>☐ At-risk of homelessness<br>☐ Stably housed<br>☐ Client doesn't know<br>☐ Client refused |

| | |
|---|---|
| **Clients ages 16 - 22 only:** Is there another safe place you could stay, including staying with someone else (friend, neighbor, family)? | ☐ Yes ☐ No |

**Barriers to Housing**

| | |
|---|---|
| Do you owe money to any past landlords? | ☐ Yes ☐ No |
| Do you owe any money to PHA? | ☐ Yes ☐ No |
| Do you have any past due utilities payments? | ☐ Yes ☐ No |
| If yes to any of these, please include details here: | |

**SECTION 9: Legal History**

Note: Please add any current case worker information to Section 11: Provider Involvement.

Do you have a legal/criminal history? ☐ Yes ☐ No If yes, please complete this chart.

| Relationship to HoH | Offense Type (Drug, Arson, Sex Offense, Violent Crime, NonViolent Crime) | Classification (Felony, Misdemeanor) | Number of Offenses | **Date of Most Recent Conviction** | Active warrant or any open criminal case? | If sex offense, registered sex offender? |
|---|---|---|---|---|---|---|
| | | | | ___/___/___ | | |
| | | | | ___/___/___ | | |
| | | | | ___/___/___ | | |

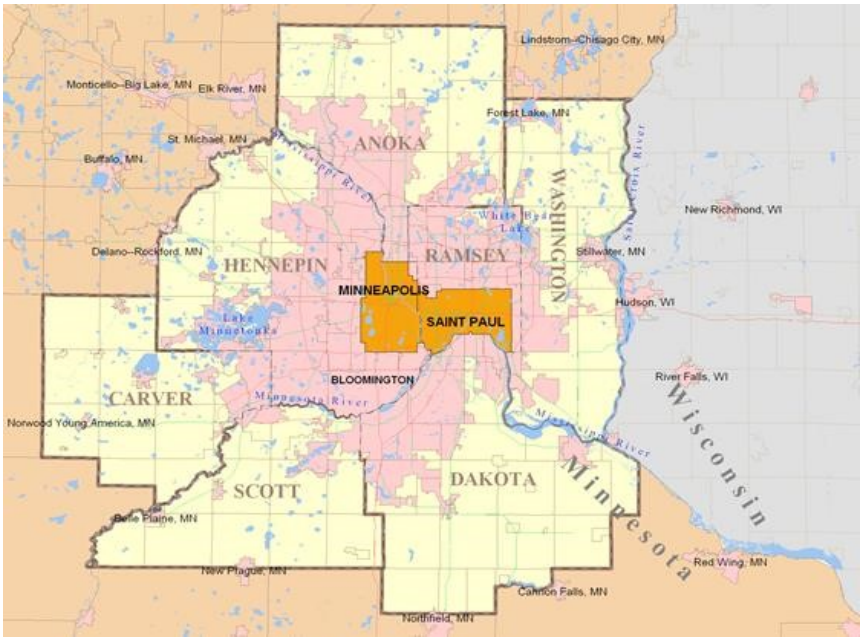
## SMAC Coordinated Entry Step 2

Client Name:_____

### SECTION 10: Housing Preferences

| | |
|---|---|
| Are you willing to live anywhere in the 7 county metro area? ☐ Yes ☐ No | |
| Please rank up to 5 counties that you would prefer to live in. | |
| Client choice 1: | |
| Client choice 2: | |
| Client choice 3: | |
| Client choice 4: | |
| Client choice 5: | |

Please indicate CoC based on client preferences. If the client identifies a CoC outside of their current residence, notify the priority list manager. ☐ SMAC ☐ Ramsey ☐ Hennepin ☐ Other: _____




| Specific Services: Are you willing to consider or are you interested in programs that… | |
|---|---|
| Utilize Housing Support (formerly GRH) funding to cover the cost of housing & services? | ☐ Yes ☐ No |
| Offer shared housing or SROs (ie you have your own bedroom but may share kitchen, living, bathroom) | ☐ Yes ☐ No |
| Have a front desk that helps monitor visitors? | ☐ Yes ☐ No |
| Provide a sober, recovery-oriented community (may require UA at intake and randomly once housed)? | ☐ Yes ☐ No |

### Target Populations

Directions: Let client know that some housing programs serve people from specific cultural backgrounds or with particular life experiences. Some of these are covered elsewhere in the assessment, but this section allows the client to indicate if they would be open to housing programs that serve that specific group.

Tell client: I'm going to read through the list of populations that may be served by specialty programs. For each one, if you identify as being a part of that population, tell me if you would be open to housing within those targeted programs.

| | | | |
|---|---|---|---|
| African American/Black | ☐ Yes ☐ No | People living with chemical health diagnosis | ☐ Yes ☐ No |
| American Indian | ☐ Yes ☐ No | People living with HIV/AIDS | ☐ Yes ☐ No |
| Latinx | ☐ Yes ☐ No | People living with Severe & Persistent Mental Illness | ☐ Yes ☐ No |
| LGBTQ+ Youth | ☐ Yes ☐ No | Survivors of trafficking or sexual exploitation | ☐ Yes ☐ No |
| Multi-Racial Households | ☐ Yes ☐ No | Veterans | ☐ Yes ☐ No |

### SECTION 11: Provider Involvement

Directions: Please list all social service providers who client is currently working with. This could be targeted case management or other forms of social services, financial, mental health, vocation, veteran, child protection, etc.

| Provider Type | County | Worker Agency | Worker Name | Worker Contact |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| | |
|---|---|
| Are you working with ACT, CTI, TCM mental health worker? | ☐ Yes ☐ No |
| Were you ever in foster care? | ☐ Yes ☐ No |
| Are you currently in foster care or a ward of the state? | ☐ Yes ☐ No |
| If yes to either, did you **exit** foster care at or after the age of 16? | ☐ Yes ☐ No |

### Additional Notes:

**DHS Housing Stabilization Services Coordinated Entry Document**

**Client Name**: **Client HMIS ID**:

This document shows that a person has an assessed need and housing instability for Housing Stabilization Services, which represent part of the eligibility requirements for these services.

**Client Information**

Date of Birth:

Phone Number where you can be reached or where a message can be left:

Email where you can be reached or where a message can be sent:

**Eligibility Questions**

The following series is required to help determine eligibility for DHS Housing Stabilization Service. Based on your experience with the person you have assessed for Coordinated Entry, review the following 5 questions and use your professional judgement when selecting your responses.

| Question | Explanation | Answer |
|---|---|---|
| 1. **Housing Instability:** Is the person experiencing housing instability? | **Yes** indicates person has reported their current housing situation as one of the following:<br>• Homeless (the person lacks a fixed, adequate nighttime residence)<br>• At risk of homelessness (the person is faced with a situation that may cause them tobecome homeless)<br>• Transitioning or recently transitioned from an institution, licensed, or registered setting | Yes<br>No<br>Unsure/ Unable to answer |
| 2. **Communication:** Does this person need support communicating their needs to help with housing? | **Yes** indicates you observe at least one of the following:<br>• Person is difficult for most listeners to understand<br>• Person struggles to understand most speakers<br>• Person uses non-speech method (e.g., sign language, symbols, gestures) to communicate | Yes<br>No<br>Unsure/ Unable to answer |



| Question | Explanation | Answer |
|---|---|---|

| | | |
|---|---|---|
| 3.<br><br>**Mobility:**<br>Does this person need support getting around to help with housing? | **Yes** indicates you observe at least one of the following:<br>• Person needs assistance or supervision to use transportation<br>• Person walks with physical assistance from another person<br>• Person does not typically walk<br>• Person requires assistance from another person to complete tasks requiring fine motor skills such as reading, writing, or maintaining personal care<br>• Person cannot walk for long periods without taking breaks | Yes No<br>Unsure/<br>Unable to answer |
| 4.<br><br>**Decision Making:**<br>Does this person need support managing moods or behaviors to help with housing? | **Yes** indicates you observe at least one of the following:<br>• Person has reported significant short-term memory issues or confusion retaining or recalling recent events, experiences, skills, or information<br>• Person shows confusion or disorientation when asked about themselves<br>• Person cannot weigh positives and negatives of issue in order to make appropriate decision<br>• Person is easily coerced into decisions that may not benefit them | Yes No<br>Unsure/<br>Unable to answer |
| 5.<br><br>**Managing Challenging Behaviors:**<br>Does this person need support managing challenging behaviors to help with housing? | **Yes** indicates you observe at least one of the following:<br>• Person exhibits behaviors that may require supports to prevent/mitigate breaking the law<br>• Person would have difficulty to identify and problem-solve to take appropriate action without assistance in a potentially harmful situation<br>• Person requires the availability of an identified/dedicated person to safely direct own activities and manage personal responsibilities | Yes<br>No<br>Unsure/<br>Unable to answer |

If yes to the question regarding housing instability, and yes to any of the remaining questions, the individual meets the Assessed Need and Housing Instability observations for DHS Housing Stabilization Services.