



Continuum of Care Grantees and Homeless Housing Providers CoC Coordinated Assessment Form

Head of Household Name: _____ ServicePoint #: _____

Part I: Homelessness Determination (Meets 1 of 4 Categories Below)

- If you are an HMIS User, Basic Information and HUD UDEs should be entered into ServicePoint prior to this form being completed.
- Place a check in the oval next to any of the descriptions below that match the current living situation of the individual/family applying for assistance.
- If none of the situations in Part I match the individual/family living situation, move on to Part II and determine if the individual/family is At-Risk of Homelessness. NOTE: Imminent Risk of Homelessness is considered Homeless under HUD definitions (see conditions below).

<p>Category 1:</p> <p>Literally Homeless</p> <p><i>If any <u>one</u> of the items to the right is checked, move on to Part III.</i></p>	<p><input type="radio"/> Has a primary nighttime residence that is a public or private place not meant for human habitation (unsheltered: on streets, in car, living in place not meant for human habitation, etc.)</p> <p><input type="radio"/> Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)</p> <p><input type="radio"/> Is exiting an institution (prison, hospital, mental health facility, foster care, etc.) where residing for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</p>
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<p>Category 2:</p> <p>Imminent Risk of Homelessness</p> <p><i>If <u>ALL THREE</u> of the items to the right are checked, move on to Part II.</i></p>	<p><input type="radio"/> Residence will be lost within 14 days of the date of application for homeless assistance</p> <p><input type="radio"/> No subsequent residence has been identified</p> <p><input type="radio"/> Lacks the resources or support networks needed to obtain other permanent housing</p>
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<p>Category 3:</p> <p>Homeless Under Other Federal Statutes</p> <p><i>If <u>ALL FIVE</u> of the items to the right are checked, move on to Part II.</i></p>	<p><input type="radio"/> Unaccompanied youth under 25 years of age, or families with children and youth</p> <p><input type="radio"/> Are defined as homeless under the other listed federal statutes (documented by third-party per statute)</p> <p><input type="radio"/> Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application</p> <p><input type="radio"/> Have experienced persistent instability as measured by two moves or more during in the preceding 60 days</p> <p><input type="radio"/> Can be expected to continue in such status for an extended period of time due to special needs or barriers.</p>
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<p>Category 4:</p> <p>Fleeing Domestic Violence</p> <p><i>If <u>ALL THREE</u> of the items to the right are checked, move on to Part II.</i></p>	<p><input type="radio"/> Is fleeing, or is attempting to flee, domestic violence</p> <p><input type="radio"/> Has no other residence</p> <p><input type="radio"/> Lacks the resources or support networks needed to obtain other permanent housing</p>
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Part II: At Risk of Homelessness Determination

(Meets all 3 Criteria Below)

- Has all of their documented income* for the last 30 days and it meets the income limitations in the following chart (please circle applicable income level):

FY '13 ESG Gross Annual Income Limit by Household Size								
Household Size:	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
30% of Area Median Income:	\$15,500	\$17,700	\$19,900	\$22,100	\$23,900	\$25,650	\$27,450	\$29,200

*Annual Income is calculated based on multiplying amount of GROSS income received within the last 30 days by the frequency of the income received during a calendar year and adding all sources of income together. For example, if someone receives a monthly SSDI payment, the gross amount of payment will be multiplied by 12. If someone receives a bi-weekly unemployment payment, the gross amount will be multiplied by 26. The gross pay from a weekly paycheck will be multiplied by 52.

- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition
- Meets one of the following conditions:
- Has moved because of economic reasons two (2) or more times during the 60 days immediately preceding the application for assistance
 - Is living in the home of another because of economic hardship
 - Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance
 - Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals
 - Lives in an SRO or efficiency apartment unit in which there reside more than two (2) persons or lives in a larger housing unit in which there reside more than one and a half (1.5) persons per room
 - Is exiting a publicly funded institution or system of care

- *If all three (3) of the above conditions are met, individual/family is at-risk of becoming homeless. Please conclude the assessment and refer to Homeless Prevention Resources (see below). Please inform applicant that all of the conditions in Part I/Part II will need to be documented according to Documentation Standards. Referral does not necessarily automatically indicate eligibility or that services will be rendered.*
- *If Category 4 is determined in Part I, but not all three (3) of the above conditions are met, move on to Part III.*
- *If the individual does not meet the conditions for Homelessness in Part I or At-Risk of Homelessness in Part II, please move on to Part XX and refer individual/family to other Mainstream Resources.*

Homeless Prevention Resources:

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Part III: Homeless Housing Prioritization

(Match to Appropriate Intervention)

<p>1. Is this your first episode of literal homelessness in the past five (5) years? <i>Explain the definition of literal homelessness (Category 1) if necessary.</i> If yes, enter the letter B in the box to the right. If no, leave blank.</p>	
<p>2. Does household meet the HUD definition of chronic homelessness? <i>This means that the individual or the head of household has a disability; AND Has been homeless for longer than a year; OR Has been homeless four (4) times in the past three (3) years.</i> If yes, enter both the letters C and D in the box to the right. If no, leave blank.</p>	
<p>3. How many episodes of homelessness have you experienced? If two, enter the letter C in the box to the right. If three or more, enter both the letters A and D.</p>	
<p>4. How long was the longest of your previous episodes of homelessness? If less than six months, do not enter a letter in the box to the right. If six months to just under a year, enter both the letters A and C. If one year or longer, enter the letter D.</p>	
<p>5. Have you ever become homeless after being served by a Rapid Re-Housing Program? If yes and only once, enter the letter C in the box to the right. If more than once, enter the letter D.</p>	
<p>6. If under 24, can youth be safely reunited with their family or other guardian? If no, enter the letter A in the box to the right.</p>	
<p>7. If under 24, is the youth too young to legally sign their own lease? If yes, enter the letter A in the box to the right.</p>	
<p>8. If a family, are you currently working with Child and Family Services (DCFS)? If yes, enter the letter A in the box to the right.</p>	
<p>9. Are you currently recovering from substance abuse issues and seeking a sober environment to recover in? If yes, enter the letter A in the box to the right.</p>	
<p>10. Are you re-entering society from prison or jail? If yes, enter the letter A in the box to the right.</p>	

Count the number of letters entered on the right side of the table above and enter them below. The letter that occurs most frequency represents the most appropriate intervention for the applicant. Please do not discount the weight of how each question above was answered depending on the applicants circumstances. Please also do not discount self-determination and the free choice of the applicant. Use the Program Eligibility Chart (p. 4) to determine which programs of which housing intervention types applicant is eligible for.

Number of (A)s: _____

Transitional Housing

Number of (B)s: _____

Rapid Re-Housing – Light Services

Number of (C)s: _____

Rapid Re-Housing – Intensive Services

Number of (D)s: _____

Permanent Supportive Housing

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Program Eligibility Chart

= Ineligible
R = Required
P = Preference/Priority
L = Limited

Homeless/At-Risk Category	Homeless Prevention	Rapid Re-Housing	Emergency Shelters			Transitional Housing						Permanent Supportive Housing										
			Shelter 1	DV Shelter	Men's Shelter	Women and Children 1	Single Male Veterans 1	DV Program	Men's Program	Men's Substance Abuse	Single Male Veterans 2	Women and Children 2	HIV/AIDS	Single Men	PSH Program 1	Women and Children 1	Single Women	PSH Program 2	Veterans	HOPWA	Families	
Homeless/At-Risk Category																						
Category 1: Literally Homeless																						
Category 2: Imminent Risk																						
Category 3: Other Statutes																						
Category 4: Fleeing DV																						
At-Risk of Homelessness																						
Household Type																						
Single Male																						
Single Female																						
Male w/ Child(ren)																						
Female w/ Child(ren)																						
Couple w/ NO Child(ren)																						
Couple w/ Child(ren)																						
Unaccompanied Youth (under 18)																						
Other																						
Unmarried Couples																						
Chronically Homeless (Individual or Family)													R	R	P	R	P	P				
Non-Resident of Will County	L	L	L																			
Medical																						
Medically Stable (no physical care required)			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Documented Disabling Condition													R	R	R	R	R	R	R	R		
Receiving SSI/SSDI																						
Receiving Medicaid																		R	R	R		
HIV/AIDS Diagnosis												R									R	
Care of Primary Physician												R										
Mental Health/Illness																						
Severe/Chronic Diagnosis																		R	R	R		
Currently Stable/Receiving Treatment					R						R											
Willing to Accept Treatment																	R	R	R			
Alcohol/Substance Abuse			L	L	L		L					L					L	L	L	L		
Assessment/Evaluation																	R	R	R			
Alcohol Abuse - Sober, 0-4 months			0	0	0		1					4					3	3	3	0		
Substance Abuse - Clean, 0-4 months			0	0	0		1					4					3	3	3	0		
Veteran						R				R				P					R			
Has DD-214						R				R									R			
Non-Dishonorable Discharge Type						R				R									R			
180 Day Active Duty Minimum						R																
Hines VA Homeless Program Enrollment						R																
Domestic Violence Victim				R				R														
Legal																						
Pending Legal (Criminal) Charges																		L	L	L		
Violent Criminal Background																						
Sex Offender																						

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