

Rensselaer County Homeless Services Collaborative v15 FINAL
COORDINATED ENTRY APPLICATION – Permanent Supported Housing (PSH)

This application is used for assessment and referral to participating Permanent Supported Housing (PSH) projects in Rensselaer County. In general, individuals and families who are currently homeless and have a disability are eligible for PSH. Please complete this application as completely and accurately as possible. If you have questions, or are unsure how to answer for your particular situation, please visit or call any of the participating Coordinated Entry providers listed on Page 5 for information and assistance.

Staff Member Completing Assessment		Agency Name							
Staff Member's Email:		Phone #:		Fax #		Date:			
Applicant Identifying and Contact Information									
1. First Name <i>Other Household Members may be listed on Page 3</i>				Last Name				Please indicate if; <input type="checkbox"/> Head of household or <input type="checkbox"/> Single Individual	
2. Address <i>Please indicate if this is a</i> <input type="checkbox"/> <i>Current</i> <input type="checkbox"/> <i>previous address</i> <input type="checkbox"/> <i>No address</i>				City		State	Zip		
Contact Number(s) <i>please list 2 if possible</i> :		Email:		3. Date of Birth MM/DD/YYYY					
() -		<input type="checkbox"/> None <input type="checkbox"/> Declined		/ /		<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined			
() -									
4. Social Security Number			5. Ethnicity						
/ /			<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined						
6. Gender:			7. Race: (check as many as applicable)			8. Can you easily provide personal identification, if required? <input type="checkbox"/> Yes			
<input type="checkbox"/> Male <input type="checkbox"/> Trans Male (FTM)			<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian			<input type="checkbox"/> No			
<input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF)			<input type="checkbox"/> Black or African American <input type="checkbox"/> White			If yes, please describe type(s) of identification:			
<input type="checkbox"/> Gender Non-Conforming (not exclusively male or female)			<input type="checkbox"/> Native Hawaiian or Pacific Islander			_____			
<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined			<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined			_____			
Veteran Status									
9. Have you served at least one day of active military duty ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer									
History of Homelessness									
10. Please select the option that best describes your current living situation . <i>Note: a choice of "other" may impact your eligibility for Permanent Supported Housing.</i>									
<input type="checkbox"/> Emergency shelter or DSS-funded motel		<input type="checkbox"/> Place not meant for habitation, such as an abandoned building or anywhere outside							
<input type="checkbox"/> Exiting an institution after < 90 day stay & was literally homeless		<input type="checkbox"/> Rapid Re-housing, and was homeless the night prior to entry		<input type="checkbox"/> Transitional Housing, and was homeless the night prior to entry					
<input type="checkbox"/> the night prior to entry (ex. hospital, jail, inpatient treatment)									
<input type="checkbox"/> Other, please describe: _____									
11. Do you have documentation of current housing/homeless/shelter status?									
<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type: _____							
12. Have you (and/or your household) been homeless for 12 months or more continuously ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer									
13. On what date did you first become homeless ?: _____ (MM/DD/YYYY) <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer									
<i>If more than once, please answer for the most recent episode of homelessness. Use approximate, if actual date is unknown.</i>									

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<p>14. In the past three years, how many times have you (and/or those within your household) been housed and then homeless again?</p> <p><i>If current situation is Rapid Re-Housing, please give answers for three years prior to entering that project</i></p> <p><input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4+ times <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined</p>	<p>15. In the past three years, what is the total length of time you (and/or your household) have lived on the streets or in shelters?</p> <p><i>If current situation is Rapid Re-Housing, please give answers for three years prior to entering that project</i></p> <p><input type="checkbox"/> 1 month - This is the first month <input type="checkbox"/> 2-5 months <input type="checkbox"/> 6-11 months <input type="checkbox"/> Don't Know <input type="checkbox"/> 12-17 months <input type="checkbox"/> 18- 23 months <input type="checkbox"/> 24 months or longer <input type="checkbox"/> Declined</p>
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16. From the following choices below, please select factors **contributing to your homelessness** (select all that apply)

<input type="checkbox"/> Released from medical in-patient	<input type="checkbox"/> Evicted from own residence	<input type="checkbox"/> Disaster/Code closed residence
<input type="checkbox"/> Released from behavioral health in-patient/ behavioral health facility	<input type="checkbox"/> Asked to leave a shared residence (e.g. living in a home of a friend or family member)	<input type="checkbox"/> Stranded traveler
<input type="checkbox"/> Released from prison/jail	<input type="checkbox"/> Fleeing domestic violence	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Relocated from another area	<input type="checkbox"/> Working in sex industry	<input type="checkbox"/> Don't know
		<input type="checkbox"/> Declined

17. Can you provide the zip code of your last residence / **place you lived long enough to receive mail** (other than the emergency shelter)? **If same as page 1 check here**

Zip Code: _____ Don't Know Declined **County:** _____ Don't Know Declined

Previous Address: _____ **How long ago?** _____

18. How many times if any, in the past have you had to move due to **eviction**? # of times _____ None Don't Know Declined

19. Household Composition

<i>Names of individuals who will live with the applicant & relationship to applicant</i>	<i>Cash Income Source, Amount, and Frequency (Salary/Wages, SSI/SSDI, Retirement, TANF/Public Assistance, Worker's Comp, Private Disability Insurance, Unemployment, Child Support, Alimony, etc.)</i>	<i>Age</i>	<i>Does household member have a long-term disabling condition? Examples include: chronic physical illness/disability, developmental disability, serious mental illness, substance abuse disorder, HIV/AIDS, post-traumatic stress disorder, and/or cognitive impairments resulting from brain injury</i>
1. <i>(self/head of household)</i>			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
2.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
3.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
4.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
5.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
6.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
7.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
8.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined
9.			<input type="checkbox"/> Yes - 1 condition <input type="checkbox"/> Yes - more than 1 condition <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined

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20. Do you and/or anyone in your household receive any of the following **non-cash benefits or health insurance**? None

<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
<input type="checkbox"/> TANF child care services	<input type="checkbox"/> TANF transportation service
<input type="checkbox"/> Other TANF funded services	<input type="checkbox"/> Other source: _____
<input type="checkbox"/> MEDICAID health insurance program	<input type="checkbox"/> MEDICARE
<input type="checkbox"/> State Children’s Health Insurance Program	<input type="checkbox"/> Veteran’s Administration Medical Services
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Other Health Insurance

CRIMINAL JUSTICE & PROTECTIVE SERVICES

21. Have you or a member of your household been **convicted** of any of the following?: None

Arson Assault Sales of illegal drugs Weapons possession Sexual offense Don’t Know Declined to answer

22. Are you, or a member of your household, currently on **Probation or Parole**? Yes No Don’t Know Declined to answer

If yes, are there any restrictions? (briefly explain here): _____

23. Do you, or does a member of your household, currently have an active case with **Child Protective Services**? Yes No Don’t Know Declined to answer

HEALTH INFORMATION

24. Are you **pregnant**? Yes No Declined **If yes, due date:** ____ / ____ / ____

25. Do you know your HIV/AIDS status? Yes No Don’t Know Declined

26. Special accommodations needed in a housing placement:

Mobility Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe</i> _____
Medication Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe</i> _____
Wheelchair Accessibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe</i> _____
Personal Care Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe</i> _____
Deaf/Hard of Hearing Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe</i> _____
Blind/Visual Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe</i> _____
Limited / No English Proficiency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don’t Know	<input type="checkbox"/> Declined	<i>Briefly describe</i> _____
Other:	_____				

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Housing Assessment for PSH Eligible Clients		
Eligibility Factors for Permanent Supported Housing (PSH)		
<i>In order to be eligible for CoC funded Programs clients must answer YES to the following to questions:</i>		
Is the individual or family is currently homeless? (See Question 10) For PSH, homeless situations may be any of the following: sleeping in a place not meant for human habitation (e.g. living on the streets, abandoned buildings); living in an emergency shelter or safe haven; in Transitional or Rapid Rehousing project and was literally homeless at entry; or exiting an institutional setting after 90 days or less and was literally homeless at entry <i>Please attach documentation to the end of this application</i>	<input type="checkbox"/> No - Client does not meet eligibility based on current homelessness	<input type="checkbox"/> Yes - Client meets eligibility based on current homelessness, and has attached documentation
Does the head of household have a current disabling condition? (See Question 18) For PSH, the definition of a disabling condition can be found in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) <i>Please attach documentation to the end of this application</i>	<input type="checkbox"/> No - Client does not meet eligibility based on current disabling condition.	<input type="checkbox"/> Yes - Client meets eligibility based on disabling condition, and has attached documentation

For Informational Purposes Only - Will be Completed by the Coordinated Entry Review Team				
VULNERABILITY INDEX SCORING FOR PERMANENT SUPPORTED HOUSING		Relevant Question	Points assigned	Explanation
<i>In case of a tie score, the applicant with the earlier date for Question 13 will be referred to a housing opportunity</i>				
Applicant meets the definition of chronically homeless in effect at the time of application, and has been homeless for:				
24 months or longer in total over the last three years	Score 15 points	10, 11, 12, 14, 15, 19		
18-23 months in total over the last three years	Score 12 points			
12-17 months in total over the last three years	Score 10 points			
Applicant does not meet the definition of chronic homelessness in effect at the time of application, but has been homeless for 12 months or longer in total over the last three years		10, 11, 14, 15, 19		
Applicant has indicated they are currently living:				
In a place not meant for habitation, such as an abandoned building or anywhere outside	Score 3 points	10		
In an emergency shelter, DSS-funded motel, or institutional placement	Score 2 points			
In a transitional housing or rapid re-housing project	Score 1 point			
Applicant indicated currently diagnosed with two or more disabling conditions, OR, More than one member of the household is currently diagnosed with a disabling condition		19		
Applicant is 24 years old or younger		19		
Applicant has served at least one day of active military service		9		
Applicant has 3 or more children in the household aged five years or less		19		
Applicant has indicated they are currently homeless due to sex trafficking or work in sex industry		16		
Applicant has indicated having active Parole, Probation or CPS involvement in the household		22, 23		
Applicant has indicated a current pregnancy		24		
Other comments:				
TOTAL SCORE:				

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Applicant's Housing Preference(s):

- Catholic Charities – St Peter’s SRO Residence (single adults)
- Unity House CHAP scattered-site apartments (single adults or families)
- Joseph’s House Lansing Inn or Hill Street Inn studio apartments (chronically homeless single adults)
- Joseph’s House Bethune Family Apartment Program (scattered-site for families)
- YWCA – Family scattered-site and site-based program (female households)
- St. Paul's Center - Lee Dyer Family Housing Program (scattered-site for families)
- Other:* _____
- No housing preference given*

Check List

- Completed each question of this ‘*Coordinated Entry Application*’ form?
- Completed and signed the attached ‘*Consent to Release Personal Information*’ Form?
- Attached documentation of disabling condition(s) and homelessness?
- Attached documentation of chronic homelessness (If applicable)?

Additional Comments (if any)

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CONSENT TO RELEASE PERSONAL INFORMATION

Signing this consent allows Coordinated Entry-participating programs in Rensselaer County to review some personal information related to your application, and to determine eligibility for housing. Regardless which housing program you may prefer, all applications are reviewed by a *Coordinated Entry Review Team* comprised of representatives from participating provider agencies in the County. The purpose for this *Coordinated Entry Review* process is to ensure each applicant has information and fair access to the range of housing options in the county:

“I acknowledge signing this consent allows my release of personal information related to my housing eligibility to representatives the Coordinated Entry Review Team. A complete and current list of participating members can be found by visiting rebrand.ly/RenssCE or by calling Joseph's House at [\(518\) 272-2544](tel:5182722544).

“**The content of information to be released includes:** My identifying information, household composition, housing & homelessness history, income & benefit status, veteran status, health information, disabilities (if any), certain criminal justice information (if any), and accommodations required (if any).”

“**This consent expires in one year**, or when I communicate my request to withdraw this consent at any time before the one year expiration.”

Applicant Name: _____ Date: _____

Applicant Signature: _____

Witnessed By (Name): _____

Witnessed By (Signature): _____

(rev. 9/21/2018)