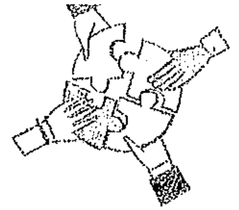

SCHENECTADY COUNTY COORDINATED ENTRY

Application Confirmation

Client Name:____

Staff Member/Agency Completing Application:______________________________

Date Application Completed:____

An application for Coordinated Entry was completed for you on the above referenced date.

The following agencies will receive your application in order to consider you for housing opportunities:

____

____

____

____

If you meet the criteria for a particular program and there is an agency opening, you will receive a call to complete an intake for that housing opportunity. Wait times vary greatly for different housing opportunities. If any of your contact information changes, please contact me IMMEDIATELY so I may update your application.

You may decline any housing opportunity if you do not feel it is the right fit. This will not affect any other pending or future referrals.

You have the right to request a reasonable accommodation if you are a person with a disability. This means you may ask for a change in rules, policy, or procedure in order to allow you to use and enjoy a housing opportunity. Requests that fundamentally change the nature of the program or create an undue financial/administrative burden on the agency will not be granted.

If you have not received a call from any agencies within 14 days, please contact Melissa Zampino at Bethesda House (518) 374-7873.

____________________________________ ____________

Staff Member Signature Date

Schenectady County Coordinated Entry Application

DOES THE CLIENT LACK A FIXED, REGULAR, AND ADEQUATE NIGHTIME RESIDENCE, MEANING:

(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;	(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);	(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

DO NOT CONTINUE WITH THIS APPLICATION IF CLIENT DOES NOT MEET THE HUD DEFINTION OF HOMELESS

INTAKE DATE	AGENCY	PRIMARY WORKER
/ /		

FIRST NAME	MIDDLE NAME	LAST NAME (and Suffix)

NAME DATA QUALITY

❑ Full Name Reported ❑ Partial Name, Street Name or Code Name Reported
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

ALIAS

SOCIAL SECURITY NUMBER

(enter "9" for any missing numbers in an Approximate or Partial SSN)

________-________-________

SSN DATA QUALITY

❑ Full SSN Reported ❑ Approximate or Partial SSN Reported
❑ Client Doesn't Know ❑ Client Refused
❑ Data Not Collected

GENDER

❑ Male ❑ Female ❑ Other (explain)
❑ Transgender Female to Male ❑ Transgender Male to Female
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

BIRTHDATE

/ /

BIRTHDATE DATA QUALITY

❑ Full DOB Reported ❑ Approximate or Partial DOB Reported
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

ETHNICITY

❑ Hispanic ❑ Non-Hispanic
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

RACE (choose all that apply)

❑ American Indian/Native Alaskan ❑ Black ❑ White
❑ Asian ❑ Native Hawaiian or Other Pacific Islander
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

CLIENT LOCATION (STREET ADDRESS)

CITY	STATE	ZIP
COUNTY	**PHONE**	**HOW LONG AT THIS ADDRESS?**

MILITARY STATUS (At least one ACTIVE day)

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

If YES: Discharge Status____________ Branch of Military____________ Documentation Available: ❑ No ❑ Yes

RESIDENCE PRIOR TO PROGRAM ENTRY

- ❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ❑ Foster care home or foster care group home
- ❑ Hospital or other residential non-psychiatric medical facility
- ❑ Hotel or Motel paid for without emergency voucher
- ❑ Jail, prison or juvenile detention facility
- ❑ Long-term care facility or nursing home
- ❑ Owned by client, no ongoing subsidy
- ❑ Owned by client WITH ongoing subsidy
- ❑ Perm. Supportive housing for formerly homeless persons (CoC project, HUD legacy program, HOPWA)
- ❑ Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc)
- ❑ Psychiatric hospital or other psychiatric facility
- ❑ Rental by client, no ongoing subsidy
- ❑ Rental by client with GPD TIP subsidy
- ❑ Rental by client with VASH subsidy
- ❑ Rental by client with other ongoing housing subsidy
- ❑ Residential project or halfway house with no homeless criteria
- ❑ Safe Haven
- ❑ Staying or in a family member's room, apartment or house
- ❑ Staying or in a friend's room, apartment or house
- ❑ Substance abuse treatment facility or detox center
- ❑ Transitional housing for homeless persons (incl. homeless youth)
- ❑ Other (describe) ____________________
- ❑ Client doesn't know
- ❑ Client refused
- ❑ Data not collected

LENGTH OF STAY IN PREVIOUS PLACE

❑ 1 day or less ❑ 2 days to 1 week ❑ More than 1 week but less than 1 month
❑ 1 to 3 months ❑ More than 3 months, less than 1 year ❑ 1 year or longer
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

CLIENT ENTERING FROM THE STREETS, EMERGENCY SHELTER OR SAFE HAVEN

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

If YES, **Approximate Start Date:** ________/________/________

NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN ES OR SH IN THE PAST THREE YEARS (INCLUDING TODAY)

❑ 1 ❑ 2 ❑ 3 ❑ 4+ ❑ Never ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

TOTAL NUMBER OF MONTHS HOMELESS IN THE PAST 3 YEARS (only include time on streets, ES, OR SH)

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11 ❑ 12
❑ More than 12 ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

HOUSING STATUS

- ❑ Category 1 - Homeless
- ❑ Category 2 - At imminent risk of losing housing
- ❑ Category 3 - Homeless only under other federal statutes
- ❑ Category 4 - Fleeing domestic violence
- ❑ At-risk of homelessness
- ❑ Stably housed
- ❑ Client doesn't know
- ❑ Client refused
- ❑ Data not collected

INCOME FROM ANY SOURCE (GROSS MONTHLY)

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

- ❑Earned Income..$________
- ❑SSI..$________
- ❑VA Service-Connected Disability Compensation.....$________
- ❑Private Disability Insurance..........................$________
- ❑TANF..$________
- ❑Retirement from SSA.................................. $________
- ❑Child Support .... $________
- ❑Other...$________
- ❑Unemployment Insurance.............................. $________
- ❑SSDI .... $________
- ❑VA Non-Service Connected Disability Pension.....$________
- ❑Worker's Compensation................................ $________
- ❑General Public Assistance.............................. $________
- ❑Pension or Retirement from former job .... $________
- ❑Alimony or Other Spousal Support.................... $________

IS THE CLIENT EMPLOYED

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF NO:

❑ LOOKING FOR WORK ❑ UNABLE TO WORK ❑ NOT LOOKING FOR WORK

FELONY CONVICTIONS (Anyone in the Household)

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES

Who has convictions?____________________ ❑ Currently on Parole/Probation ❑ Required to register address ❑ N/A

COVERED BY HEALTH INSURANCE

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

MEDICAID .... ❑ No ❑ Yes
State Children's Health Insurance Program........ ❑ No ❑ Yes
Employer provided Health insurance........ ❑ No ❑ Yes
Private Pay Health Insurance........ ❑ No ❑ Yes
MEDICARE .... ❑ No ❑ Yes
VA Medical Services .... ❑ No ❑ Yes
Health ins. via COBRA........ ❑ No ❑ Yes
State Health Ins. Adults........ ❑ No ❑ Yes

PHYSICAL DISABILITY

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

Expected to substantially impair ability to live independently:
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

Documentation of the disability and severity on file:........ ❑ No ❑ Yes
Currently receiving services or treatment for this condition: .... ❑ No ❑ Yes

DEVELOPMENTAL DISABILITY

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

Documentation of the disability and severity on file:........ ❑ No ❑ Yes
Currently receiving services or treatment for this condition: .... ❑ No ❑ Yes

CHRONIC HEALTH CONDITION

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

Documentation of the disability and severity on file:........ ❑ No ❑ Yes
Currently receiving services or treatment for this condition: .... ❑ No ❑ Yes

HIV/AIDS

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

Expected to substantially impair ability to live independently:
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

Documentation of the disability and severity on file:........ ❑ No ❑ Yes
Currently receiving services or treatment for this condition: .... ❑ No ❑ Yes

MENTAL HEALTH

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

Documentation of the disability and severity on file:........ ❑ No ❑ Yes
Currently receiving services or treatment for this condition: .... ❑ No ❑ Yes

SUBSTANCE ABUSE

❑ Alcohol Abuse ❑ Drug Abuse ❑ Both Alcohol and Drug Abuse
❑ No ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

Documentation of the disability and severity on file:........ ❑ No ❑ Yes
Currently receiving services or treatment for this condition: .... ❑ No ❑ Yes

DISABLING CONDITIONS (Other than HOH)

❑ DOES ANY MEMBER OF THE HOUSEHOLD, OTHER THAN THE HEAD OF HOUSEHOLD, HAVE A DISABLING CONDITION?
❑ Yes
❑ No
❑ If Yes, relationship to HOH______________________________

INVOLVEMENT WITH CPS, ADULT PROTECTIVE, JUVENILE JUSTICE, OR FAMILY COURT IN THE LAST 30 DAYS

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

CURRENTLY PREGNANT (Anyone in the Household)

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

Who is pregnant?______________________ Due Date:______/______/______

DOMESTIC ABUSE VICTIM/SURVIVOR

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF YES:

When Experience Occurred:

❑ Within the past 3 months ❑ Three to six months ago ❑ From six to twelve months ago ❑ More than a year ago
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

Are you currently fleeing?

❑ No ❑ Yes
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

LAST GRADE COMPLETED

❑ Less than Grade 5 ❑ Grades 5-6 ❑ Grades 7-8
❑ Grades 9-11 ❑ Grade 12 ❑ School did not have grade levels
❑ GED ❑ Some College ❑ Client Doesn't Know
❑ Client Refused ❑ Data Not Collected

INDIVIDUAL/FAMILY TYPE

❑ Individual Male ❑ Individual Female ❑ Individual Male Youth (<18)
❑ Individual Female Youth (<18) ❑ Single Parent Family, Male Head ❑ Single Parent Family, Female Head
❑ Single Parent Family, Youth Head (<18) ❑ Two Parent Family, Adult ❑ Two Parent Family, Youth
❑ Adult Couple without Children ❑ N/A

HOUSEHOLD SIZE	NUMBER OF CHILDREN	AGE/GENDER OF CHILDREN		
		AGE / GENDER	AGE / GENDER	AGE / GENDER

AGE/SEX OF CHILDREN

AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER

ZIP CODE OF LAST PERMANENT ADDRESS	ZIP CODE DATA QUALITY	DATE LEFT LAST PERMANENT ADDRESS
	❑ Full or Partial Zip Code ❑ Don't Know ❑ Refused	

POST SECONDARY DEGREE

❑ None ❑ Associates Degree ❑ Bachelor's Degree
❑ Master's Degree ❑ Doctorate ❑ Other Graduate/Professional Degree

I understand that the information on this form may be shared with agencies funded through the Schenectady County Continuum of Care (CoC) and agency recipients of the Emergency Solutions Grant (ESG).

Signature of Head of Household______________________________

Date__________________

Vulnerability Index Scoring
INDIVIDUALS

Chronic Homelessness Determination

1. **Does the client have a disabling condition?**
   If Y, continue to #2.
   If N, client cannot be defined as chronically homeless. Go to next section.
2. **Has the client been continually homeless for a year* or more?**
   If Y, client is defined as CHRONICALLY HOMELESS, enter "C" in box below and continue to next section.
   If N, go to #3.
3. **Has the client had at least 4 episodes of homelessness in the last 3 years?**
   If Y, go to #4.
   If N, client cannot be defined as chronically homeless, go to next section.
4. **Is the combined total of these periods one year or more?**
   If Y, client is defined as CHRONICALLY HOMELSS, enter "C" in box below and continue to next section.
   If N, client cannot be defined as chronically homeless, go to next section.

Time incarcerated/institutionalized can only count towards this total if it was less than 90 days.

If client meets the criteria above for chronically homeless, place a "C" in this box.	
If client meets the definition of HUD homeless (see 1st page) then score 5.	
If client acknowledges experiencing domestic violence in the last 30 days, then score 1.	
If client is 18 – 24 years, then score 1.	
If client is 60 or older, then score 1.	
If client has served one active day in the military, then score 1.	
If client is pregnant, then score 1.	
If client has a documented disability, score 1.	
If client has 2 or more documented disabilities, score 1.	
If client has been convicted of a felony, score 1.	
If client has no income or only cash assistance from DSS, score 1.	
If client has had recent involvement with Adult Protective, score 1.	
TOTAL NUMBER OF POINTS **If documented chronic homelessness status, add "C" to score. Example: "4C"**	

Vulnerability Index Scoring
FAMILIES

Chronic Homelessness Determination

1. **Does the client have a disabling condition?**
   If Y, continue to #2.
   If N, client cannot be defined as chronically homeless. Go to next section.
2. **Has the client been continually homeless for a year* or more**?
   If Y, client is defined as CHRONICALLY HOMELESS, enter "C" in box below and continue to next section.
   If N, go to #3.
3. **Has the client had at least 4 episodes of homelessness in the last 3 years?**
   If Y, go to #4.
   If N, client cannot be defined as chronically homeless, go to next section.
4. **Is the combined total of these periods one year or more?**
   If Y, client is defined as CHRONICALLY HOMELSS, enter "C" in box below and continue to next section.
   If N, client cannot be defined as chronically homeless, go to next section.

Time incarcerated/institutionalized can only count towards this total if it was less than 90 days.

If client meets the criteria above for chronically homeless, place a "C" in this box.	
If client meets the definition of HUD homeless (see 1st page) then score 5.	
If household acknowledges experiencing domestic violence in the last 30 days, then score 1.	
If head of household is/are 18 – 24 years, then score 1.	
If head of household is/are 60 or older, then score 1.	
If any household member indicates they have served one active day in the military, then score 1.	
If head of household indicates self or any member of household is pregnant, then score 1.	
If head of household has a documented disability, score 1.	
If head of household has 2 or more documented disabilities, score 1.	
If other members of the household (not head) have a documented disability, then score 1.	
If head of household has no income or receives only cash assistance from DSS, then score 1.	
If any member of the household has been convicted of a felony, then score 1.	
If recent involvement with Child Protective, Adult Protective, Juvenile Justice, Family Court, Foster Care, then score 1.	
TOTAL NUMBER OF POINTS **If documented chronic homelessness status, add "C" to score. Example: "4C"**	

Referral Page

Agency	Program	Notes

Instructions

1. Scan the application along with any supporting documentation and save as a PDF.
2. Save the PDF as "client first initial" "client last name" + CE (e.g. John Smith = jsmithCE.pdf).
3. Email the scanned application to the agencies you wish to refer the client to and CC: cafacilitator@bethesdahouse.org and econnor@lasnny.org.

Agency	Contact person
Bethesda House	Melissa Zampino mzampino@bethesdahouse.org
SCAP	Courtney Schanthal cschanthal@scapny.org
New Choices	Tricia Le tle@newchoicesrecovery.org
Mohawk Opportunities	Renee Williams-Bond rwilliamsbond@MohawkOpportunities.org
Veterans and Community Housing Coalition	Kelly Spoonogle KSpoonogle@vchcny.org
Soldier On	Katrina Middleton kmiddleton@wesoldieron.org
YMCA	Ed Kowalczyk ekowalczyk@cdymca.org
YWCA	Tamara Flanders tflanders@ywca-neny.org
Alliance for Positive Health	Alicia Tanks Atanks@alliancefph.org
SAFE	Michelle Bergeron safeincsm@nycap.rr.com