

**CENTRAL OREGON COORDINATED ENTRY SYSTEM (CES)
HMIS & Eligibility MATCH Form**

Date: ____/____/____

Assessor Name: _____

Assessor Contact Information: _____

Who were you referred by? (optional) _____

Head of Household (HoH)/Participant Name: _____

Where were you born? (City, State) _____

How long have you lived in Central Oregon? _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT (Name, Contact info, Relationship):

List at least one agency client is working with along with contact information. This agency will be contacted only if contact information above becomes invalid:

SSN: ____-____-____ DOB: ____/____/____ Age: _____

Race: _____ Ethnicity: _____ Gender: _____

Veteran (Circle One): **Yes** **No** **Discharge Status:** _____

Does Client have DD-214? **Yes** **No** *(Note to Screener: COVO can assist with obtaining this document, refer clients if needed)*

Does Client have VA Medical? **Yes** **No** *(Note to Screener: COVO can assist with obtaining this document, refer clients if needed)*

How did you hear about CES? _____

Income Amount: \$ _____ **Income Frequency:** _____

Income Source: _____

Type of Health Insurance: _____

Household Type: Circle ONE (Note to Assessor – household type should be asked in regards to what the family composition would look like in housing. For example, if a female participant isn't currently living with her children but needs housing to accommodate their children, then circle the Single Parent Female with Children.)

Single Adult

Multiple Adults

Household with Children

Single Parent Female with Children

Single Parent Male with Children

Criminal History (for any HH Member): Please list Name, approximate date of conviction, type of crime (i.e. misdemeanor or felony), and any other pertinent details (violent, drug related, etc.)

Interested in Substance Abuse services? Yes No

Rental & Credit History

Head of Household Name:		
Rental History		
Number of evictions:	Poor reference from current/prior landlords: (Y/N/NA)	Lack of Rental History: (Y/N/NA)
Credit History		
Unpaid rent or utility bills: (Y/N/NA)		Lack of or poor credit history: (Y/N/NA)
Program Participant Name:		
Rental History		
Number of evictions:	Poor reference from current/prior landlords: (Y/N/NA)	Lack of Rental History: (Y/N/NA)
Credit History		
Unpaid rent or utility bills: (Y/N/NA)		Lack of or poor credit history: (Y/N/NA)
Program Participant Name:		
Rental History		
Number of evictions:	Poor reference from current/prior landlords: (Y/N/NA)	Lack of Rental History: (Y/N/NA)
Credit History		
Unpaid rent or utility bills: (Y/N/NA)		Lack of or poor credit history: (Y/N/NA)