

CENTRAL OREGON COORDINATED ENTRY SYSTEM (CES)

HMIS & Eligibility MATCH Form

Date of Assessment : _____/_____/_____

Assessor Name: _____

Assessor Contact Information: _____

Client Contact Info

Name: _____

Preferred Name (Alias or Street Name): _____

Preferred Pronouns: _____

Client Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

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: _____

Location client can be found at:

ASSESSOR ONLY: I have explained to the client the importance of leaving contact information. Should a housing opportunity arise, the contact information entered above will be used to notify client. INITIAL HERE: _____

Assessment HUB (Agency location or Hotline): _____

Who were you referred by/ How did you hear of this hub? (optional): _____

Where were you born? (City, State) _____

How long have you lived in Central Oregon? _____

Client Demographics

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

Race: _____

Ethnicity (Select): Hispanic/Latin(a)(o)(x) Non-Hispanic/ Non- Latin(a)(o)(x)
 Client doesn't know Client Refused

Gender (select all that apply): Male Female Transgender Questioning
 Don't Know Refused A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

Is there a veteran in the household? (Circle One): Yes / No

If yes, does Client have DD-214? Yes/ No

(Note to Screener: COVO can assist with obtaining this document, refer clients if needed)

Discharge Status: _____

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

Health Insurance:

Type of Health Insurance: _____

Monthly Income: Income Monthly Amount: _____

Income Source(s): _____

Household Type: Select 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

Barrier Information:

Number of evictions: _____

Poor reference from current/prior landlords: Yes No Unknown

Lack of Rental History: Yes No Unknown

Unpaid rent or utility bills? Yes No Unknown

Lack of - or - poor credit history? Yes No Unknown

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult in household) _____

Housing Project Selection (check all that apply)

Would you be interested in:

- A sober living program?
- Rapid Re-Housing Program? (RRHP is a one year, rental assistance program designed for housing people experiencing homelessness. Rapid Re-Housing aims for the client to self-sustain their housing after the 1 year of assistance.)
- Would you be interested in Low-Barrier, Congregate Shelter?
- Would you be interest in a High-Barrier, Congregate Shelter?
- Low-Barrier, Un-congregated Shelter
- High-Barrier, Un-congregated Shelter?
- Transitional Living Program?

FOR ASSESSOR ONLY: If you feel the final assessment score does not accurately reflect the client's vulnerability, please provide an explanation.
