

**Central Oregon (OR-503)**  
**Coordinated Entry System Assessment**

Please complete in addition to the VI-SPDAT

**Date of Assessment:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Demographics**

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_

**Race (check all that apply):**  American Indian, Alaskan Native, Indigenous  Asian or Asian American  
 Native Hawaiian or Pacific Islander  White  Client Doesn't Know  Client Refused

**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)

**Coordinated Entry Assessment:**

**Assessment Location:**  Phone/Main call-in line  Outreach (Non-Youth)  Walk-in/ Service Provider  
 Online fillable form  Text-in  Youth Outreach

**Assessment Level:**  Housing Needs Assessment  Crisis Needs Assessment

**Prioritization Status:**  Placed on Prioritization List  Not Placed on Prioritization List

**Current Living Situation:**  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter  Safe Haven  
 Other (please Specify): \_\_\_\_\_

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Is client going to have to leave their current living situation within 14 days? Y | N

**If 'Yes' answer the following questions:**

Has a subsequent residence been identified? Y | N

Does individual or family have resources or support networks to obtain other permanent housing? Y | N

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? Y | N

Has the client moved 2 or more times in the last 60 days? Y | N

Location details: \_\_\_\_\_

**Client Contact Info:**

Alternative name or alias: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Best method of contact? (circle): Phone | Email | In-Person

Client Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Is it safe to text this number? Y | N      Is it safe to leave a voicemail? Y | N

Client Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relation to Emergency Contact \_\_\_\_\_

Are you currently working with any Community Agencies/Partners/Case Workers? Y | N

Agency/Community Partner/Case Worker \_\_\_\_\_

Can we contact this agency/community partner/ case worker? Y | N

When and where can client be found at: \_\_\_\_\_

How long have you lived in Central Oregon? \_\_\_\_\_

Domestic violence victim/survivor? Y | N

If yes for Domestic violence victim/survivor, when experience occurred? \_\_\_\_\_

If yes for Domestic Violence Victim/Survivor, are you currently fleeing? Y | N

**Client Location: OR-503 Central Oregon CoC**

Current County of Residence: \_\_\_\_\_ City: \_\_\_\_\_

Relationship to Head of Household: Head of Household | HoH's Child | HoH spouse or partner | Hoh's other relation member | Hoh's other relation member

# of Children in Household: \_\_\_\_\_

What is the household type? Household with Children | Multiple Adults | Single Adult |

Single Parent Female with Children | Single Parent Male with Children

**Veteran Information:**

Year entered military service: \_\_\_/\_\_\_/\_\_\_ Year separated from military service: \_\_\_/\_\_\_/\_\_\_

World War II? Y | N Korean War? Y | N Vietnam War? Y | N Persian Gulf War? Y | N

Afghanistan? Y | N Iraq Freedom? Iraq Dawn? Y | N Other Peace-keeping Operations or Military Interventions? Y | N

Branch of the Military: \_\_\_\_\_

Discharge Status? Honorable | General Under Honorable Conditions | Under other than Honorable Conditions | Bad Conduct | Dishonorable | Uncharacterized

If you have served in the military, have you served at least one day of federal active duty (title 10)? Y | N

If veteran- does client have copy of DD214? (COVO can assist with requesting a copy from the VA) Y | N

Are you connected to VA Services? Y | N

**Prior Living Situation:**  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter  Safe Haven

Other (please Specify): \_\_\_\_\_

**Approximate date homelessness started:** \_\_\_/\_\_\_/\_\_\_

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today? \_\_\_\_\_

Total number of months homeless on the street, in ES or SH in the past three years? \_\_\_\_\_

**Disability Information:**

Does the client have a disabling condition? Y | N

Disability Type: (circle any that apply): Physical | Alcohol Use Disorder | Drug Use Disorder | Both Alcohol and Drug Use Disorder | HIV/AIDS | Chronic Health Condition | Mental Health Disorder | Developmental

Above condition is going to be long term? Y | N

If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? Y | N

**Health Insurance? Y | N**

Insurance Type: Medicaid (OHP) | Medicare | VA | Employer | Indian Health Services Program

Other: \_\_\_\_\_

**Income from any source? Y | N**

Income Type: Earned | SSI | SSDI | Unemployment | Child Support | TANF | Workers Comp  
VA Non-Service Conn. | VA Service Conn. Disability | Pension/Retirement | Alimony

Other source: \_\_\_\_\_

Type 1: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Type 1: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Are you currently doing anything to increase your income? Employment | SSI/SSDI | TANF | Other

If you selected "other" above, please describe: \_\_\_\_\_

**Barrier Information:**

Number of evictions: \_\_\_\_\_ Poor reference from prior landlords: Y | N | Unknown

Lack of Rental History: Y | N | Unknown Unpaid rent or utility bills? Y | N | Unknown

Lack of - or - poor credit history? Y | N | Unknown

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

**Housing Project Selection:**

There are some housing options that require you to be sober. Would you be interested in anything like that? Y | N

Would you be interested in a 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 sustain their housing after the 1 yr of assistance. Y | N

There are some housing options that are shared, like with a roommate. Would you be interest in anything like that? Y | N

If there were shelter options in hotel/motel like rooms, would that be of interest to you? Y | N

Would you be interested in a Transitional Program? Y | N

**Document Readiness:**

Do you currently have an ID? Y | N

Do you currently have an official copy of your birth certificate? Y | N

Do you have access to an official copy of your Social Security Card? Y | N

If you have a disability, do you have documents that verify your disability? Y | N

Do you currently have access to income verification documents? Y | N

Do you have a mailing address? Y | N

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

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**Assessor Contact Information:**

Assessor Name: \_\_\_\_\_ Assessor Agency: \_\_\_\_\_

Assessor Contact Information: \_\_\_\_\_