**SMAC CE Client Profile for: HOUSEHOLDS** *(Collect information about all household members)*

Demographics and Household Set-up (in HMIS: use Client Search, Profile Tab, Household Tab)

**Data Quality (DQ) Options** (not required for DV providers**):**

Full- Full

Approx- Partial/Approximate

DK- Client doesn’t know

X- Client prefers not to answer

DNC- Data not collected

**Gender Options (select as many as apply):**

1. Woman (Girl, if child)

2. Man (Boy, if child)

3. Culturally Specific Identity (e.g., Two-Spirit)

4. Transgender

5. Non-Binary

6. Questioning

7. Different Identity

DK- Client doesn’t know

X- Client prefers not to answer

DNC- Data not collected

**Race Options (select as many as apply):**

1. American Indian, Alaska Native, or Indigenous

2. Asian or Asian American

3. Black, African American, or African

4. Hispanic/Latina/e/o

5. Middle Eastern or North African

6. Native Hawaiian or Pacific Islander

7. White

DK- Client doesn’t know

X- Client prefers not to answer

DNC- Data not collected

**Veteran Status:**

(Has the client served in the U.S. Armed Forces?) Answer Choices:

**Yes, No, DK, X, DNC**

Complete table below. Enter head of household (HoH) in first line.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **First Name** | **Middle Name** | **Last Name** | **Suffix** | **Name DQ** | **HMIS ID#** |
| **1** | HoH:  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
|  |
|  | **Relationship to HoH** (daughter, husband, significant other etc.) | **Social Security Number (SSN)** | **SSN DQ** | **Veteran Status (18+only)** | **Date of Birth\*** | **DOB DQ** | **Gender****(from list)** | **Race and Ethnicity (from list)** |
| **1** | HoH: Self |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| *\*DOB required for ALL clients. If client doesn’t know or prefers not to provide DOB, use 01/01/(estimated year of birth) as the DOB. Record quality as* ***“full” or “approx.”*** |

**Household Type:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Couple with no children
* Two parent family
 | * Female single parent
* Male single parent
 | * Foster parent(s)
* Non-custodial caregiver(s)
 | * Grandparent(s) and child
* Other
 |

Joined Household Date *(project start date)*: \_\_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_ (Month/Day/Year)

*(Required for All Clients. If information is not the same for all household members, note in margins or use Entry form for Singles.)*

**If Native American, of which tribe are you an enrolled member?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of ROI Consent: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (only enter ifclient consents to statewide data sharing - *never override a previously entered date*)

**SMAC Coordinated Entry Supportive Housing Assessment**

**Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ASSESSOR INSTRUCTIONS: Please read or paraphrase the following to the client.

I work for (name of your agency) and we are going to complete a Supportive Housing Assessment. This will give me a better idea of what your housing and service needs are. If you say it is ok to continue, I will ask you questions about your health and housing. If you do not understand a question, please say so. I can help explain what is being asked. Some of the questions may be personal, but you will only need to answer yes/no. I don't need specific details.

The questions are not meant to judge you, but to assess your needs at this time. If you feel uncomfortable you can take a break or skip a question. If you do not answer a question, no one will be upset with you. But, this information is important to help decide if you are eligible for service, so skipped or inaccurate answers may affect your eligibility. This information will help determine your eligibility and connect you to housing/services.

At any time, you can ask that the information you are giving me not be shared. If at any time you are unhappy with the assessment process and/or result or you feel you were treated unfairly, you have the right to let us know.

You can submit a grievance to SMAC and the grievance will be looked at by a team working with the Coordinated Entry process. Do you want to continue?

**Coordinated Entry Assessment** (In-person, phone, etc.)

|  |  |  |
| --- | --- | --- |
| **Date of Assessment** | **Assessment Location** | **Assessment Type** |
|  |  |  |

**SECTION 1: Assessor Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor’s Name** | **Assessor’s Organization** | **Assessor’s Phone** | **Assessor’s Email** |
|  |  |  |  |

**SECTION 2: Client Contact Information**

|  |  |
| --- | --- |
| Phone number where you can be reached or a message can be left: |  |
| Email where you can be reached or where a message can be sent: |  |
| Can we leave a confidential voicemail or text for you at the phone number provided? | [ ]  Yes [ ]  No |

**Secondary Contact Information**

|  |  |
| --- | --- |
| Name: | Name: |
| Phone: | Phone: |
| Email: | Email: |
| Relationship: | Relationship: |
| Can we speak with the contacts you listed to leave information for you? | [ ]  Yes [ ]  No |

**SECTION 3: Background Information**

|  |
| --- |
| HMIS ROI Signed?[ ] Yes [ ]  No – Agency ROI Needed |

|  |
| --- |
| Pronouns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Are you Native American? [ ] Yes Tribe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No |

|  |  |
| --- | --- |
| **Translation Assistance Needed:**  | [ ] Yes [ ] No [ ] Client doesn’t know [ ] Client prefers not to answerIf yes, preferred language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**County of Primary (Current) Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment CoC:\_\_\_**SMAC**\_\_\_**

**County where client resides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veteran Status**

|  |  |
| --- | --- |
| Are you a former service member, regardless of discharge? | [ ]  Yes [ ]  No |
| If yes, have you been referred to the **Homeless Veteran Registry**?  | [ ]  Yes [ ]  No |
| SQUARES: | [ ] No, could not confirm veteran status [ ] Yes, confirmed veteran [ ] Did not check SQUARES |

**SECTION 4: Household Composition**

|  |  |
| --- | --- |
| Household Type | [ ]  Single [ ]  Family[ ]  Youth – Single [ ]  Youth – Family  |
| Household Size: Total # of Persons |  |
| Household Size: Total # of Children (17 and under): |  |
| Household Size: Total # of Adults (18+) |  |
| Are you pregnant? |  |
|  If yes, Projected Due Date |  |

Additional Household Members – Additional space in Notes if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship to HoH | Gender | Date of Birth | School District (if in school) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Is there anyone else you plan to live with? [ ]  Yes [ ]  No

Are you working on reunification with any family members? [ ]  Yes [ ]  No

If yes to either, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: Income**

|  |  |
| --- | --- |
| Income from any source?  | [ ]  Yes [ ]  No |
| Total Household Monthly Income:  |  |
| Are you willing and able to work?  | [ ]  Yes [ ]  No |

Income Chart

|  |  |  |
| --- | --- | --- |
| Relationship to HoH | Source of Income | Monthly Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 6: Domestic Violence/Trafficking**

 Script: There are some resources available for people who have experienced domestic or sexual violence – past or present. These next questions are about that. They are only yes/no questions and don’t need details.

|  |  |
| --- | --- |
| There are resources available for people who have experienced or are experiencing violence or control. Are you interested in exploring those resources? If yes, ask the following questions: | [ ] Yes [ ]  No |
| Is anyone CURRENTLY trying to harm you, control your daily activities, resources, and/or documents, or force you to do things you don’t want to do? | [ ] Yes [ ]  No |
| Do you know what sexual exploitation is?*give Breaking Free information:* [*https://breakingfree.net/home*](https://breakingfree.net/home)*,* (651) 645-6557Are you interested in a referral to this program? | [ ] Yes [ ]  No[ ] Yes [ ]  No |
| Youth only: there is a housing program for people aged 16-24 who have experienced any kind of violence, would you be interested in this program?  | [ ] Yes [ ]  No |

Script: Thank you for sharing with me. There are advocacy resources available for both people who are currently experiencing violence as well as those who experienced it in the past. You deserve to be safe and have support around you. I can provide you with contact information for an advocate or we can call them right now. (Day 1 number is 866-223-1111)

**SECTION 7: Health Information**

NOTE: Please include the names of any relevant service providers in Section 11 of this CES Assessment.

|  |  |
| --- | --- |
| Does client have a disability of long duration?  | ☐Yes ☐ No |
| Have you been told by a medical professional that you have a serious mental health condition? | ☐Yes ☐ No |

What accommodation do you require due to health or disability?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SECTION 8: Homeless/Housing History

**Current Living Situation**

|  |  |
| --- | --- |
| **Information Date** | **Current Living Situation** (Shelter, PNMFHH, Staying with family, friends, etc.) |
|  |  |

Directions: Please include housing and homeless history for the last 3 years. Having this much time documented included allows us to determine if the individual meets the LTH and/or HUD chronic homeless definitions.

|  |  |  |  |
| --- | --- | --- | --- |
| Move-In Date | Move-Out Date | Residence Type | County/City |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**Assessing MN Long Term Homelessness**

|  |  |
| --- | --- |
| Extent of Homelessness by MN’s definition:  | ☐ 1st time homeless and less than 1 year without a home☐ Multiple times homeless, but NOT meeting LTH definition ☐ Long Term Homeless  |
| Approx. Start Date of MOST RECENT Episode of Homelessness (MN): \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |
| Total number of months homeless on the street, in ES, in SH, or doubled up/couch-hopping in the **past 3 years**. Note: Do not factor in months spent staying somewhere that is considered a neutral event (e.g. TH). |  |

**Assessing Chronic Homelessness (HUD) \* HUD does NOT include couch hopping. \***

|  |
| --- |
| Prior Living Situation: |
| Length of Stay in Previous Place: |
| Approx. Start Date of **MOST RECENT Episode** of Homelessness **(HUD)**: | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |
| Regardless of where they stayed last night - Number of times client has been on the streets or in shelters in **the past 3 years** including today: |  |
| Total number of months homeless on the street or in shelters in the **past 3 years:** |  |

**SECTION 9: Legal History**

Note: Please add any current case worker information to Section 11: Provider Involvement.

Does anyone in your household have any conviction record? [ ]  Yes [ ]  No

If yes, please complete this chart\*.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Relationship to HoH | Offense Type (Drug, Arson, Sex Offense, Violent Crime, Non-Violent Crime) | Classification (Felony, Misdemeanor) | Number of Offenses | **Date of Most Recent Conviction** | Active warrant or any open criminal case? | If sex offense, registered sex offender? |
|  |  |  |  | \_\_\_/\_\_\_/\_\_\_ |  |  |
|  |  |  |  | \_\_\_/\_\_\_/\_\_\_ |  |  |
|  |  |  |  | \_\_\_/\_\_\_/\_\_\_ |  |  |

**SECTION 10: Housing Preferences**

|  |
| --- |
| Are you willing to live anywhere in the 7 county metro area? [ ]  Yes [ ]  No |
| Please rank up to 3 counties that you would prefer to live in. |
| Client choice 1: |  |
| Client choice 2: |  |
| Client choice 3: |  |

|  |
| --- |
| Specific Services: Are you willing to consider or are you interested in programs that… |
| Utilize Housing Support (formerly known as GRH) funding to cover the cost of housing and services? | [ ]  Yes [ ]  No |
| Offer room rentals or SROs (ie you have your own bedroom but may share kitchen, living, bathroom) | [ ]  Yes [ ]  No |
| Have a front desk that helps monitor visitors for increased security? | [ ]  Yes [ ]  No |
| There are a couple of sober programs that work with coordinated entry. They do not allow drugs or alcohol on the premises, and enforcement is based on behavior (no random searches/UAs). Are you interested in a program like this? | [ ]  Yes [ ]  No |

**SECTION 11: Referrals info**

Script:This section is just to get an idea of services you may qualify right now and will not affect your referrals to housing.

|  |  |
| --- | --- |
| Do you owe money to any past landlords? | [ ]  Yes [ ]  No |
| Have you ever been evicted? | [ ]  Yes [ ]  No |
| Do you owe any money to PHA? | [ ]  Yes [ ]  No |
| Do you have any past due utilities payments? | [ ]  Yes [ ]  No |
| If yes to any of these, please include details here: |  |
| Are you working with a mental health worker? | [ ]  Yes [ ]  No |
| Do you receive Medical Assistance? | [ ]  Yes [ ]  No |
| Do you have a Housing Stabilization Services worker?  | [ ]  Yes [ ]  No |
| Non-Cash benefit from any source? If yes, from which county are you receiving benefits? | [ ]  Yes [ ]  No  County:  |
| Youth only: Were you ever in foster care? | [ ]  Yes [ ]  No |

**Service Coordination**

Directions: Please list all social service providers who client is currently working with. This could be HSS, targeted case management or other forms of social services, financial, mental health, vocation, veteran, child protection, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider Type | County | Worker Agency | Worker Name | Worker Contact |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Housing Stabilization Services Questions**

The following series is required to help determine eligibility for DHS Housing Stabilization Services.

Based on your experience with the person you have assessed for Coordinated Entry, review the following 5 questions and use your professional judgement when selecting your responses.

1. Housing Instability: Is this person experiencing housing instability? [ ] Yes [ ] No
2. Communication: Does this person need support communicating their needs to help with housing? [ ] Yes [ ] No
3. Mobility: Does this person need support getting around to help with housing? [ ] Yes [ ] No
4. Decision Making: Does this person need support in decision making related to their housing? [ ] Yes [ ] No
5. Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing? [ ] Yes [ ] No

If yes to the question regarding housing instability, and yes to any of the remaining questions, the individual meets the Assessed Need and Housing Instability observations for DHS Housing Stabilization Services.

## Additional Notes