## HMIS Additional Data Elements for Coordinated Entry Systems (CES)

Case manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.19** **Coordinated Entry Assessment** (Applies to Head of Household):

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment Type:  Phone  Virtual  In Person

Assessment Level:  Crisis Needs Assessment  Housing needs Assessment

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*Questions and answers for the assessment determined by the local community.*

*Assessment result type and result for each type determined by local community. Pending to determine. \*\*\*\*\*\**

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Prioritization Status:  Placed in Prioritization  Not placed in prioritization

4.20 Coordinated Entry Event (Applies to Head of Household)

Date of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Access Events*:

Referral to Prevention Assistance project

Problem Solving/Diversion/Rapid Resolution intervention or service

Referral to scheduled Coordinated Entry Crisis Needs Assessment

Referral to scheduled Coordinated Entry Housing Needs Assessment

*Referral Events:*

Referral to post-placement/follow-up case management

Referral to Street Outreach project or services

Referral to Housing Navigation project or services

Referral to Non-continuum services: Ineligible for continuum services

Referral to Non continuum services: No availability in continuum services

Referral to Emergency Shelter bed opening

Referral to Transitional Housing bed/unit opening

Referral to Joint TH-RRH project/unit/resource opening

Referral to RRH project resource opening

Referral to PSH project resource opening

Referral to Other PH project/unit/resource opening

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative

Sí  No

Referral to post-placement/follow-up case management result - Enrolled in Aftercare project

Sí  No

|  |  |
| --- | --- |
| Location of Crisis Housing or Permanent Housing Referral [Project Housing name/HMIS ID] |  |

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Referral Result:

Successful referral: client accepted

Unsuccessful referral: client rejected

Unsuccessful referral: provider rejected

Date of result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_