## 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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

*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. \*\*\*\*\*\**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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]  |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Referral Result:

 **[ ]**  Successful referral: client accepted

  **[ ]**  Unsuccessful referral: client rejected

 [ ]  Unsuccessful referral: provider rejected

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