

Intake Tool

Missouri Balance of State Continuum of Care Coordinated Entry System’s (MO BoS CoC CES) purpose is to assist individuals and families experiencing a housing crisis. Housing services are prioritized based upon severity of need and availability of services. We will ask you some questions to assess your housing needs. Some of the questions we ask might make you feel uncomfortable. If this happens during the interview, you may ask me to take a break or skip any of the questions. You may end the interview at any point. You have the right to confidentiality and privacy. Entry into the MO BoS CoC CES is not a guarantee of services.

There are different ways MO BoS CoC CES may be able to provide assistance based on your housing crisis. For participants who are not literally homeless, according to HUD’s definition, please see attached brochure for HUD’s definition, this would be prevention and/or diversion referrals. For participants who are literally homeless, including those who are fleeing or attempting to flee domestic violence, according to HUD’s definition, may be placed on the Prioritization List if not prevention or diversion options resolve the housing crisis.

The MO BoS CoC CES Prioritization List is not a waiting list. If you are placed on the Prioritization List, you have an obligation to maintain contact with MO BoS CoC CES and provide updated contact information. If your housing situation or other significant life circumstance changes, contact us at _____ . You have the right to refuse any referral for services or housing. If you are referred to a housing resource, a member of the MO BoS CoC CES will have 3 business days to contact you. If you are unable to be contacted during that time, they will move on to the next eligible person on the CES Prioritization List. If no one is able to contact you for 60 days or you are no longer considered literally homeless per HUD’s definition, your name will be removed from the active Prioritization List. Your name may be placed on the active Prioritization List again when you contact us or another agency in the MO BoS CoC CES.

If you are referred to housing services you will need to provide verification of identity, such as: state issued driver’s license or non-driver id, social security card, birth certificate, verification of income (i.e. paystub, social security benefit letter, etc.), verification of homelessness (i.e. letters from homeless service providers, shelters, etc.). If you do not have these documents, please let us know so we may assist you in obtaining them immediately. If you have any questions about the CES, please contact us.

Is someone in your life currently pressuring or intimidating you to make you do things you would rather not do? Is there anyone in your family or close circle who scares you or makes you afraid?
 Yes (**STOP!** Offer to contact victim services provider for services, referral and/or safety planning. If the client declines to contact victim services, continue with intake.)
 No

Have you or anyone in your household served in the military?
 Yes (**STOP!** Offer to contact veteran administration or SSVF provider for services and referral. If the client declines to contact veteran services, continue with intake.)
 No

Are you currently in foster care, or did you leave foster care after the age of 16?
 Yes No (If yes, client may be eligible for referral to FYI. Supplement with FYI eligibility form)

The grievance procedure and brochure was sent to: _____
(address or email address)

A copy of the grievance procedure and brochure was handed to the participant.

* Please now complete the HMIS ROI and Missouri Balance of State CoC CES ROI

Intake Tool

HOUSEHOLD INFORMATION

Head of Household's Name: _____
 Full Name Partial, Street or Code Name Client Doesn't Know Client Refused Data Not Collected

Social Security #: _____
 Full SSN Approximate or partial SSV Client Doesn't Know Client Refused Data Not Collected

U.S. Veteran: Yes No Client Doesn't Know Client Refused Data Not Collected

Date of Birth: _____
 Full DoB Approximate or partial DoB Client Doesn't Know Client Refused Data Not Collected

Gender: Female Male Trans. Female Trans. Male Gender Non-Conforming Client Refused
 Client Doesn't Know Data Not Collected

Primary Race: American Indian/Alaska Native Asian Black/African-American
 Native Hawaiian/Pacific Islander White Client Doesn't Know Client Refused Data Not Collected

Ethnicity: Hispanic Non-Hispanic Client Doesn't Know Client Refused Data Not Collected

If female, pregnant? Yes No Client Doesn't Know **Projected Due Date:** _____

Disabling Condition: Yes No Client Doesn't Know Client Refused Data Not Collected

Income from Any Source: Yes No Client Doesn't Know Client Refused Data Not Collected

If Yes, please list income sources and amounts:

Income Source	Amount
Earned Income (i.e. employment income)	_____
Unemployment Insurance	_____
Supplemental Security Income (SSI)	_____
Social Security Disability Insurance (SSDI)	_____
VA Service-Connected Disability Compensation	_____
VA Non-Service-Connected Disability Pension	_____
Private disability Insurance	_____
Worker's Compensation	_____
Temporary Assistance for Needy Families (TANF)	_____
General Assistance (GA)	_____
Retirement Income from Social Security	_____
Pension or retirement income from a former job	_____
Child support	_____
Alimony and other spousal support	_____
Other Source (Specify: _____)	_____
Total Monthly Income Amount:	_____

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Additional Adult Name: _____

Full Name Partial, Street or Code Name Client Doesn't Know Client Refused Data Not Collected

Social Security #: _____

Full SSN Approximate or partial SSV Client Doesn't Know Client Refused Data Not Collected

U.S. Veteran: Yes No Client Doesn't Know Client Refused Data Not Collected

Date of Birth: _____

Full DoB Approximate or partial DoB Client Doesn't Know Client Refused Data Not Collected

Gender: Female Male Trans. Female Trans. Male Gender Non-Conforming Client Refused

Client Doesn't Know Data Not Collected

Primary Race: American Indian/Alaska Native Asian Black/African-American

Native Hawaiian/Pacific Islander White Client Doesn't Know Client Refused Data Not Collected

Ethnicity: Hispanic Non-Hispanic Client Doesn't Know Client Refused Data Not Collected

Relationship to HoH: Child Spouse/Partner Other Relation Non-Relation Data Not Collected

If female, pregnant? Yes No Client Doesn't Know **Projected Due Date:** _____

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Income from Any Source: Yes No Client Doesn't Know Client Refused Data Not Collected

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Worker's Compensation	_____
Temporary Assistance for Needy Families (TANF)	_____
General Assistance (GA)	_____
Retirement Income from Social Security	_____
Pension or retirement income from a former job	_____
Child support	_____
Alimony and other spousal support	_____
Other Source (Specify: _____)	_____
Total Monthly Income Amount:	_____

(Make copies of this page as needed for each additional adult.)

Intake Tool

Child's Name: _____

Full Name Partial, Street or Code Name Client Doesn't Know Client Refused Data Not Collected

Social Security #: _____

Full SSN Approximate or partial SSV Client Doesn't Know Client Refused Data Not Collected

U.S. Veteran: Yes No Client Doesn't Know Client Refused Data Not Collected

Date of Birth: _____

Full DoB Approximate or partial DoB Client Doesn't Know Client Refused Data Not Collected

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Primary Race: American Indian/Alaska Native Asian Black/African-American

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Child's Name: _____

Full Name Partial, Street or Code Name Client Doesn't Know Client Refused Data Not Collected

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Relationship to HoH: Child Spouse/Partner Other Relation Non-Relation Data Not Collected

If female, pregnant? Yes No Client Doesn't Know **Projected Due Date:** _____

Disabling Condition: Yes No Client Doesn't Know Client Refused Data Not Collected

(Make copies of this page as needed for each additional child.)

Intake Tool

PREVENTION/DIVERSION ASSESSMENT

Date assessment completed: ____/____/____

County where assessment was completed: _____

1. My household is in need of the following to resolve our housing crisis:

- Housing
- Rental assistance
- Utility assistance
- Relocation assistance
- Issues with landlord/unit assistance
- Legal assistance for eviction: Landlord: _____
- Other (please describe) _____

2. Current Living Situation

Information Date: ____/____/____

- 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
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with gpd tip subsidy
- Rental by client, with VASH subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Other
- Worker unable to confirm
- Client doesn't know
- Client refused
- Data not collected

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Address/Location: _____
Telephone: _____ Email: _____
Alternate Contact Name/Telephone: _____

Service Provider/Probation/Parole Contact Name: _____
Service Provider Telephone: _____ Service Provider Email: _____

3. Do you have any resources that could resolve your housing crisis, even temporarily? (Examples could be: call family/friends for assistance, relocate, increase income, pay for hotel, contact landlord, etc.)

- Yes (**STOP!** Assist the participant with connection to resources that can resolve their issue)
- No

4. Where did you stay last night?

- Any situation below and fleeing/attempting to flee domestic violence* (1)
- With friends/family (1)
- In my rental home/apartment (1)
- Hotel/motel paid for by self/friend/family (1)
- Emergency Shelter, hotel/motel paid for by an agency, in a place not meant for human habitation¹, in an institutional setting² for less than 90 days and in one of the situations listed in this section immediately prior to the institutional setting* (0)

1. Place not meant for human habitation includes places like a car, a park, an abandoned building, a camping ground, sleeping in a tent in the woods, etc.

2 An institution includes a medical or psychiatric hospital; an in-patient treatment program; a nursing home, respite bed situation, or other typically congregate setting; and jail or other correctional facilities. You must have entered the institution directly from an emergency shelter or place not meant for human habitation.

*Complete Prioritization Assessment after finishing this assessment.

5. What is your total monthly household income*? _____

*Examples of income: wages, SSI, SSDI, VA benefits, child support, retirement, TANF, etc. This does not include food stamps.

Area Median Income: > 50% (0) <50% (1) <30% (2) <25% (3)

6. Housing Expense Calculation

Current Rent \$ _____

Monthly Household Income ÷ \$ _____

Housing Income to Expense Ratio = _____

- Not applicable/No current rent (0) <40% (0) >40% (1)

7. Do you currently have an eviction notice/notice to vacate/utility disconnection notice?

- No (0) Yes (1)

8. Number of times household has moved in the last year?

- 0-1(0) 2+ (1)

9. Have you or anyone in your household resided in an emergency shelter or place not meant for human habitation* in the past 5 years?

- No (0) Yes (1)

10. Do you receive any ongoing financial assistance to pay your rent such as: income-based, Housing Choice Voucher, SSVF, VASH, PSH or Shelter Plus Care?

- No (0) Yes (1)

Prevention/Diversion Assessment Score

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Are there any housing preferences in your household that would limit housing you are willing to live in (i.e. ground floor, specific neighborhood, etc.)?

Do you have any places you are no longer welcome to rent from?

How did you hear about coordinated entry?

- MO Dept. of Corrections MO Dept. of Mental Health United Way 211
 MO Dept. of Health and Senior Services MO Dept. of Social Services Service Provider
 Substance Use Treatment Facility Self School
 Emergency Room/Healthcare Facility Marketing/Advertising Word of Mouth
 Other, please describe _____.

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COORDINATED ENTRY EVENT

A CE Event is a single occurrence of an Access Event or Referral Event. There may be multiple CE Events at a time, or over the course of CE participation. Each CE Event needs to be documented separately.

Head of Household's Name: _____

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

*If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service', please answer the following question:

Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative? Yes No

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**

*If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:

Referral to post-placement/follow-up case management result – Enrolled in Aftercare project? Yes No

**If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following questions:

Location of Crisis Housing or Permanent Housing Referral _____

- Referral Result: Successful referral – client accepted
 Unsuccessful referral – client rejected
 Unsuccessful referral – provider rejected

Date of Result: _____

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COORDINATED ENTRY ASSESSMENT

Coordinated Entry Assessment

Date of Assessment: ____/____/____ Assessment Location: BoS CoC
Assessment Type: In Person Phone Virtual
Assessment Level: Crisis Needs Assessment Housing Needs Assessment
Prioritization Status: Placed on Prioritization List Not Placed on Prioritization List

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COVID-19 COMMUNITY IMPACT SURVEY

Are you seeking services because you have been impacted by the COVID-19 health crisis?
(NO) (YES)

At any point, have you or a member of your immediate household been diagnosed with COVID-19?
(NO) (YES)

Are you financially struggling due to COVID-19 related healthcare costs (even if you were tested and received a negative test result)?
(NO) (YES)

Have you experienced a loss of income due to the COVID-19 public health crisis?
(NO) (YES)

Have you experienced a loss of employment as the result of the COVID-19 public health crisis?
(NO) (YES)

Have you experienced a housing crisis as the result of the COVID-19 public health crisis?
(NO) (YES)

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PRIORITIZATION ASSESSMENT

Complete a homelessness history below beginning with the first period of homelessness in the previous three years. If the client doesn't know exact dates, use months and years. Also, please complete the entire three year timeframe even if the person was not experiencing homelessness for portions of the time. The "Documentation" column is to help you and the client track the status of obtaining documentation of each episode of homelessness. You do not need to document the times the client was housed.

Dates	Literally Homeless	Location	Documentation
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N

Using the table above, answer the following questions to determine chronicity.

Time toward chronic homelessness will only include time spent in the following HUD literally homeless locations: Emergency Shelter, hotel/motel paid for by an agency, in a place not meant for human habitation¹, in an institutional setting² for less than 90 days and in one of the situations above immediately prior to the institutional setting.

Is client currently fleeing domestic violence? Yes No

Does client meet the HUD definition for chronically homeless? Yes No

Can you provide documentation of these homeless situations? Yes No

Prior Living Situation

Select one option from either Homeless Situation, Institutional Situation, or Temporary/Permanent Housing Situation, and answer the corresponding questions for that situation.

Homeless Situations

- 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

- Length of stay in homeless situation noted above
- One night or less
 - Two to six nights
 - One week or more, but less than one month
 - One month or more, but less than 90 days
 - 90 days or more, but less than one year
 - One year or longer
 - Client doesn't know
 - Client refused

Skip to "Approximate date homelessness started" (below)

Institutional Situations

- Foster care home or foster care group home

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- Hospital or other residential non-psychiatric medical facility
 - Jail, prison or juvenile detention facility
 - Long-term care facility or nursing home
 - Psychiatric hospital or other psychiatric facility
 - Substance abuse treatment facility or detox center
- Length of stay in institutional situation noted above
- One night or less
 - Two to six nights
 - One week or more, but less than one month
 - One month or more, but less than 90 days
 - 90 days or more, but less than one year
 - One year or longer
 - Client doesn't know
 - Client refused
- If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? No Yes
- If yes, skip to "Approximate date homelessness started" (below)*
- If no, skip to "Client Location CoC"*

Temporary/Permanent Housing Situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with gpd tip subsidy
- Rental by client, with VASH subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

- Length of stay in temporary/permanent situation noted above:
- One night or less
 - Two to six nights
 - One week or more, but less than one month
 - One month or more, but less than 90 days
 - 90 days or more, but less than one year
 - One year or longer
 - Client doesn't know
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- If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? No Yes
- If yes, skip to "Approximate date homelessness started" (below)*
- If no, skip to "Client Location CoC"*

Approximate date homelessness started: _____

Regardless of where they stayed last night, number of times on streets, in ES, or SH in the past 3 years including today:

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused

Total number of months homeless on the street, in ES, or SH in the past 3 years:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client Doesn't Know
- Client Refused

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(Current Living Situation will carry over from P/D Assessment)

Client Location CoC: (BoS) Current County: _____

Are you willing to relocate? Yes No

If yes, list communities (city or county) client is willing to relocate to:

Do you have transportation to view units in those location(s), which may take several trips?
 Yes No

Do you have resources/transportation to permanently relocate? Yes No

Do you have support from family/friends in those location(s)? Yes No

Are you a registered sex offender? Yes No

Date of VI-SDAT Assessment: ____/____/____ VI-SPDAT Score: _____

VI-SPDAT Type: Single Family Youth Number of clients in household: _____

Add to Prioritization List

Prioritization List Start Date: ____/____/____

Provider adding client to PL: _____

Name, phone number and email address of who completed this assessment:

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PRIORITIZATION ASSESSMENT (ADDITIONAL ADULT HOUSEHOLD MEMBERS)

Complete a homelessness history below beginning with the first period of homelessness in the previous three years. If the client doesn't know exact dates, use months and years. Also, please complete the entire three year timeframe even if the person was not experiencing homelessness for portions of the time. The "Documentation" column is to help you and the client track the status of obtaining documentation of each episode of homelessness. You do not need to document the times the client was housed.

Dates	Literally Homeless	Location	Documentation
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Is client currently fleeing domestic violence? Yes No

Does client meet the HUD definition for chronically homeless? Yes No

Can you provide documentation of these homeless situations? Yes No

Prior Living Situation

Select one option from either Homeless Situation, Institutional Situation, or Temporary/Permanent Housing Situation, and answer the corresponding questions for that situation.

Homeless Situations

- 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
 - Length of stay in homeless situation noted above
 - One night or less 90 days or more, but less than one year
 - Two to six nights One year or longer
 - One week or more, but less than one month Client doesn't know
 - One month or more, but less than 90 days Client refused

Skip to "Approximate date homelessness started" (below)

Institutional Situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility

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- Jail, prison or juvenile detention facility
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Temporary/Permanent Housing Situations

- Residential project or halfway house with no homeless criteria
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- Host home (non-crisis)
- Staying or living in a friend's room, apartment or house
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Approximate date homelessness started: _____

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Current Living Situation

Information Date: _____/_____/_____

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- Rental by client in public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Other
- Worker unable to confirm
- Client doesn't know
- Client refused
- Data not collected