

Project Start Assessment – First Outreach Contact

This form should be used for by outreach at first contact for every client. Additional data elements can be collected at later dates or interactions.

Identify yourself and explain the purpose of your questions.

Hello, my name is _____, and I am helping connect persons experiencing homelessness to resources in the community. Would you like information on shelters in your area or how to get connected to a system in your area for permanent housing?

If the person gives consent:

- A. Has anyone asked you questions about experiencing homelessness already? If so, find out who.
- B. Where are you sleeping tonight? If staying at a sheltered location, do not continue with unsheltered form/process but can engage for resource conversation etc. as appropriate.

Answer For All Household Members

Date Of Data Collection									
		/			/				
Month		Day				Year			

Name - (First, Middle, Last, Suffix)	
First Name	
Middle Name	
Last Name	
Suffix (e.g., Jr, Sr, III)	

Name Data Quality
<input type="checkbox"/> Full name reported
<input type="checkbox"/> Partial, street name or code name
<input type="checkbox"/> Don't know
<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Data Not Collected

Social Security Number Last 4 (Encouraged)	Data Quality Status				
	<input type="checkbox"/> Full Reported	<input type="checkbox"/> Approx. or Partial Reported	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Veteran Status				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Date Of Birth (e.g. 10/23/1978)	Data Quality Status				
	<input type="checkbox"/> Full Reported	<input type="checkbox"/> Approx. or Partial Reported	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Relationship to Head of Household	
<input type="checkbox"/> Self (head of household)	<input type="checkbox"/> Head of household's other relation member (other relation to head of household)
<input type="checkbox"/> Head of household's child	
<input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Other: non-relation member

NC County Of Service In which NC county is this client receiving your project's services?	
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Client Contact Information	
Recording multiple ways to contact clients is important to ensure clients receive services as they become available.	
Type	Details
Primary Phone Number	
Secondary Phone Number	
Email Address	
Ok to receive texts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Media Handle or Website	
Other contact method (frequent location, friend or family member, worksite)	

Answer These Questions For Head Of Household And Other Adults

Enrollment CoC – In which CoC is the Head of Household staying at the time of project entry?			
<input type="checkbox"/> NC 502-Durham City & County	<input type="checkbox"/> NC 503-NC Balance of State	<input type="checkbox"/> NC 513-Chapel Hill/Orange County	<input type="checkbox"/> Other:

Domestic Violence - Are you a survivor of domestic violence?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Current Living Situation	When was this contact with you?			/		/			

Type Of Current Living Situation - Where were you living during this contact?	
If the response is an Institutional, Temporary, or Permanent situation, follow-up questions are listed below.	
Homeless	<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or RHY-funded Host Home shelter
Institutional	<input type="checkbox"/> Foster care home or foster care group home
	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility
	<input type="checkbox"/> Jail, prison, or juvenile detention facility
	<input type="checkbox"/> Long-term care facility or nursing home
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
	<input type="checkbox"/> Substance abuse treatment facility or detox center
Temporary	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
	<input type="checkbox"/> Hotel or motel paid for <i>without</i> emergency shelter voucher
	<input type="checkbox"/> Host Home (non-crisis)
	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
Permanent	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy (Please Specify)
	<input type="checkbox"/> GPD TIP housing subsidy
	<input type="checkbox"/> VASH housing subsidy
	<input type="checkbox"/> RRH or equivalent subsidy
	<input type="checkbox"/> Housing Choice Voucher (HCV)
	<input type="checkbox"/> Housing Stability Voucher
<input type="checkbox"/> Family Unification Program Voucher (FUP)	
<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)	
<input type="checkbox"/> Permanent Supportive Housing (PSH)	

	<input type="checkbox"/> Public housing unit	<input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy	
	<input type="checkbox"/> Owned by client, no ongoing housing subsidy	
Other	<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
	<input type="checkbox"/> Other (specify):	
	<input type="checkbox"/> Don't know	
	<input type="checkbox"/> Prefer not to answer	
	<input type="checkbox"/> Data not collected	
Living Situation verified by: Name the verifying agency and project		

Current Living Situation - Location details

Answer These Questions For Head Of Households Only

Coordinated Entry Assessment - For Staff Only
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Date Of Assessment			/			/			
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Assessment Location

Orange CoC	<input type="checkbox"/> CEF	
	<input type="checkbox"/> Housing Helpline	
	<input type="checkbox"/> HomeLink	
	<input type="checkbox"/> IFC Commons	
	<input type="checkbox"/> Jail	
	<input type="checkbox"/> Medical Provider	
	<input type="checkbox"/> Outreach	
	<input type="checkbox"/> Shelter	
BoS CoC	<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 8
	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 9
	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 10
	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 11
	<input type="checkbox"/> Region 5	<input type="checkbox"/> Region 12
	<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 13
	<input type="checkbox"/> Region 7	
Durham	<input type="checkbox"/> Durham CoC	

Assessment Type	<input type="checkbox"/> Phone
	<input type="checkbox"/> In Person
	<input type="checkbox"/> Virtual

Assessment Level	<input type="checkbox"/> Crisis Needs Assessment
	<input type="checkbox"/> Housing Needs Assessment

Prioritization Status	<input type="checkbox"/> Placed on Prioritization List
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	<input type="checkbox"/> Not Placed on Prioritization List
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Coordinated Entry Event – For Staff Only

Start Date / Date Of Event			/			/			
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Event

Access Events	<input type="checkbox"/> Referral to Prevention Assistance project	
	<input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service	→ Go to A
	<input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment	
	<input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment	→ Go to B
Referral Events	<input type="checkbox"/> Referral to post-placement/follow-up case management	
	<input type="checkbox"/> Referral to Street Outreach project or services	
	<input type="checkbox"/> Referral to Housing Navigation project or services	
	<input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services	
	<input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services	
	<input type="checkbox"/> Referral to Emergency Shelter bed opening	→ Go to C
	<input type="checkbox"/> Referral to Transitional Housing bed/unit opening	
	<input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening	
	<input type="checkbox"/> Referral to RRH project resource opening	
	<input type="checkbox"/> Referral to PSH project resource opening	
	<input type="checkbox"/> Referral to Other PH project/unit/resource opening	
	<input type="checkbox"/> Referral to emergency assistance/flex fund/furniture assistance	
<input type="checkbox"/> Referral to a Housing Stability Voucher		

If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:
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A. Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer B:
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B. Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer C-E:

C. Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)										
D. Referral Result (if known)	<input type="checkbox"/> Client accepted	<input type="checkbox"/> Client rejected	<input type="checkbox"/> Provider rejected							
E. Date of Result (if known)			/			/				