Unsheltered Coordinated Entry Access

**Release of Information**

[ ]  **Client signed**

[ ]  **Client did NOT sign**

1. **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 does not give permission, thank them for their time and move on.

1. If the person gives permission, ask:
2. Has anyone asked you questions about experiencing homelessness in the last three months? **If the person answers Yes, thank them for their time and move on.**
3. Where are you sleeping tonight?
4. If the client is sleeping somewhere **unsheltered\*\***, please complete the below contact information with the client (as much information as possible):

\*\***Unsheltered means sleeping in places not meant for human habitation, which include:**

Streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g., subway tunnels, railroad cars), all-night commercial establishments (e.g., movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

**Client Contact Information:**

|  |
| --- |
| **DATE OF DATA COLLECTION** |
|  |  | **/** |  |  | **/** |  |  |  |  |

|  |
| --- |
| **HMIS CLIENT ID - For HMIS Users only** |
|  |  |  |  |  |  |  |  |

Month Day Year

|  |
| --- |
| **NAME - (First, Middle, Last, Suffix if not using HMIS ID)** |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Suffix (e.g., Jr, Sr, III) |  |

|  |
| --- |
| **Client Contact Information**SAY: Recording multiple ways to contact you is important to ensure you receive services and resources as they become available. |
|  |
| **Type** | **Details** | Ok to receive texts? |
| Primary Phone Number |  | Yes No |
| Secondary Phone Number |  | Yes No |
| Email Address |  |  |
| Social Media Handle or Website |  |  |
| Other contact method (frequent location, intersection, friend or family member, worksite) |  |  |

1. Give the completed contact information to your Regional Unsheltered Access Coordinator and/or Coordinated Entry Lead.