

# NC BoS CoC

## Coordinated Entry Assessment

Updated 8/11/2023

<b>Housing and Homeless History</b>	
1. How long has it been since you lived in your own place?	<ul style="list-style-type: none"> <li>Less than 3 months</li> <li>3 to 5 months</li> <li>6 to 11 months</li> <li>12 to 35 months</li> <li>36 months or more</li> </ul>
2. How many months have you been without a home, such as living outside or in a shelter?	<ul style="list-style-type: none"> <li>Less than 3 months</li> <li>3 to 5 months</li> <li>6 to 11 months</li> <li>12 to 35 months</li> <li>36 months or more</li> </ul>
3. Where did you sleep last night?	<ul style="list-style-type: none"> <li>Unsheltered</li> <li>Sheltered (ES, TH)</li> <li>Unstable Housing (couch surfing)</li> <li>Permanent Housing</li> <li>Institution (jail/hospital)</li> </ul>
4. Where are you going to sleep tonight?	<ul style="list-style-type: none"> <li>Unsheltered</li> <li>Sheltered (ES, TH)</li> <li>Unstable Housing (couch surfing)</li> <li>Permanent Housing</li> <li>Institution (jail/hospital)</li> </ul>
5. Have you ever been involved in the justice system (even if it was not true) and did that make it difficult to find housing? (Justice involved means being arrested, in jail, in prison, or on probation.)	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>

<b>Risks</b>	
6. Did you leave your previous or current living situation because you felt unsafe?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>
7. Have you experienced violence since becoming homeless?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>

8. Have you ever experienced violence with someone close to you?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
9. Are you currently experiencing or feel you are at risk of experiencing violence?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

Health and Wellness	
10. Does anyone in your household have any physical or mental health conditions that are treated or have been treated by a professional?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
11. Do you or does anyone in the household have lung cancer, kidney or liver failure, heart disease, or a substance use disorder?	<ul style="list-style-type: none"> <li>• Yes, 2 or more</li> <li>• Yes, 1</li> <li>• No</li> </ul>
12. Is the lack of housing making it hard to get to a doctor's office or take prescribed medications?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
13. Do you have health insurance?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

Family Unit	
14. What is the size of your household? (including you)  Is anyone under 5 years old?  Is anyone 55 years or older?	(Mark all that apply) <ul style="list-style-type: none"> <li>• 1-2 people</li> <li>• 3 or more people</li> <li>• Anyone under 5</li> <li>• Anyone 55 +</li> </ul>
15. Is anyone in the household pregnant?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
16. How many children under the age of 18 are not currently staying with your family, but would live with you? (if you have a home)	<ul style="list-style-type: none"> <li>• 1 or more</li> <li>• None</li> </ul>
17. How many adults 18 or older are not currently staying with your family, but would live with you? (if you have a home)	<ul style="list-style-type: none"> <li>• 1 or more</li> <li>• None</li> </ul>