

Oklahoma Continuum of Care Coordinated Assessment

Thank you for contacting us today. We need to ask you a few questions to help best meet your needs. These questions will only take a couple of minutes. There is no right or wrong answer to these questions. We will use this information to refer you to the services that are best for you.

1. What is your name?

First _____ Middle _____ Last _____

2a. What is the main reason you are contacting us today? Please select one:

- | | |
|--|---|
| <input type="checkbox"/> Homelessness and need housing | <input type="checkbox"/> Legal Problems |
| <input type="checkbox"/> Homeless Prevention Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Income |
| <input type="checkbox"/> Food | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Support | <input type="checkbox"/> Information about other Services |
| <input type="checkbox"/> Domestic Violence (if domestic violence appears to be a concern, make the appropriate referral immediately) | |
| <input type="checkbox"/> Other: _____ | |

2b. Have we spoken before?

- Yes. When? _____
- No

3. Who referred you to us? _____

4. What is your Social Security Number? _____ - _____ - _____

5. What is your birth date? Month _____ Day _____ Year _____

6. What is your gender?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgendered Male to Female |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgendered Female to Male |
| <input type="checkbox"/> Refused | <input type="checkbox"/> Don't Know |

7. Race:

- | | |
|---|---|
| <input type="checkbox"/> Caucasian / White | <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> 2 or more races |
| <input type="checkbox"/> Native American / Indian | <input type="checkbox"/> Refused |

8. Are you Hispanic?

- Yes No Refused

9a. Have you served one day or more active service in the military beyond training?

- Yes No

9b. What was the character of your discharge from the military?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Dishonorable |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Bad Conduct |
| <input type="checkbox"/> General Under Honorable | <input type="checkbox"/> Other: _____ |

9c. Are you eligible/enrolled in Veterans Health Care Services?

- Yes No

(If yes to question 9a or 9c, Family Median Income limit is 50% of the Area Median Income limit for the county which they reside.)

10. Do you have any disabling conditions you want to bring up at this time?

- Yes. Please explain: _____
 No

11a. Where are you currently staying?

<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train station, airport or anywhere outside) (Go to Question 12)	<input type="checkbox"/> Staying or living in a family member's room, apartment or house,
<input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Rental by client, with housing subsidy
<input type="checkbox"/> Permanent housing for formerly homeless persons such as SHP, S+C, or SRO Mod Rehab	<input type="checkbox"/> Rental by client, with other (non- VASH) ongoing housing subsidy
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	<input type="checkbox"/> Owned by client, with on going housing subsidy
<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Owned by client, no going housing subsidy
<input type="checkbox"/> Jail, Prison or Juvenile Detention Facility	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Safe Haven (none in rural Oklahoma)	<input type="checkbox"/> Refused
<input type="checkbox"/> Other: _____	

11b. How long can you stay there?

- | | |
|---|--|
| <input type="checkbox"/> 1 week or less | <input type="checkbox"/> More than 3 months but less than 1 year |
| <input type="checkbox"/> More than 1 week but less than 1 month | <input type="checkbox"/> 1 year or longer |
| <input type="checkbox"/> 1 to 3 months | <input type="checkbox"/> Refused |

12a. What type of household do you have?

- | | |
|---|--|
| <input type="checkbox"/> 2 parent household | <input type="checkbox"/> 2 adult no children |
| <input type="checkbox"/> Single parent | <input type="checkbox"/> Single adult |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Unaccompanied Youth |
| <input type="checkbox"/> Other: | |

12b. Are you planning to rejoin your family?

- Yes. When? _____
 No

12c. If you moved how many would be living with you? _____

13. Ages of household members: (select age and list how many family members in that age group)

- | | |
|---|---|
| <input type="checkbox"/> Under age 18: _____ | <input type="checkbox"/> 25 – 61 years: _____ |
| <input type="checkbox"/> 18 – 24 years: _____ | <input type="checkbox"/> 62 years or older: _____ |

14. Do you have a mailing address/post office box where we can reach you?

- Yes,
Street/PO Box _____ City _____ Zip Code _____
 No

15a. Do you have reliable phone numbers where you can be reached? If yes, what are these numbers?

Primary Number: _____

Secondary Number: _____

Message Phone Number: _____

15b. What is your main/preferred form of communication?

Mail

Phone

Text Messaging. Please provide your number: _____

Email. Please provide your address: _____

16. Does your family have access to sufficient clean and warm clothes?

Yes No

17. Does your family have the resources to purchase food?

Yes No

18. Does your family have significant legal problems that you need help to address?

Yes. Please explain: _____

No

19. Does your family have access to transportation via public transit or a car?

Yes No

20a. What is your monthly income? \$ _____

20b. What is the source of your income? _____

20c. What is your entire Family's monthly Income? \$ _____

20d. What is the source of your family's income? _____

21. Do you have other urgent information to provide?

Yes. What is it? _____

No

Comments:

Interviewer: Please check the appropriate box, indicating if the participant provided informed consent.

- Verbal, telephonic consent
- Written informed consent

Interviewer:

- The family appears to meet the McKinney-Vento definition of homeless
- The family appears to meet the HUD definition of homeless
- The family appears to meet the HUD definition of at imminent risk of homelessness

Interviewer: Please indicate the family's path based on the above intake.

- Path I** – The answer to 2a is homeless and need housing and the answer to #11a is the first response “Place not meant for habitation” refer for shelter services or rapid re-housing services.

- Path II** – The answer to 2a is “prevention assistance” or the answer to #11b is “more than one month and less than six months,” **and** the answer to two or more of the questions for 16-20d indicates a need for help. Refer for prevention or refer to appropriate system partner.

Interviewer: Please note if the family needs interpretation assistance or other accommodation support.

Date Completed: _____

Interviewer Name: _____

Name of Shelter/Housing provider or system provider referred to: _____

Date Referred to Shelter/Housing provider or other system provider: _____