

Middlesex County Coordinated Assessment

Middlesex County CoC Housing Prioritization Tool

Date: _____

Client Name: _____

Client DOB: _____

Client SSN: _____

Race & Ethnicity: _____

Client Phone: _____

Case Manager Name: _____

Case Management Agency: _____

Case Manager Phone: _____

Case Manager Email: _____

Additional Household Members:

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>SSN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Instructions:

- 1) We will be basing this information on what is true for the client at this time. You must answer the questions based on the client's current situation. All information should be able to be verified in HMIS or through paper documentation (if the client is in MC HMIS, it should be accurate in the system).
- 2) For #5, no matter where the client is today, how many times has he/she been on the street or in an Emergency Shelter in the last 3 years, including today?
- 3) For #6, IF the client has been on the streets or in a shelter in the last 3 years, how many total months did the client spend in these situations
- 4) For #7, document all income sources and amounts the client currently receives.
- 5) For the disabilities questions, please indicate the relationship to the head of household, if other than self, in the appropriate sections. Document all disabilities.
- 6) You must ask the client Questions 12-14 directly and record his/her answers.
- 7) Question 17 is ONLY for the Coordinated Entry Team at Coming Home.
- 8) Submit the completed assessment with additional forms and documents to Coming Home of Middlesex County at Coordinated.Assessment@co.middlesex.nj.us

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1. Living Situation – Where did you sleep last night? (TO BE COMPLETED BY non-HMIS providers only)		
If Answer #1, score 3; If #2, or #3 score 1; Otherwise, score 0		
#	Living Situation	Score
HOMELESS SITUATION		
1	Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of “non-housing service site (outreach programs only)”	
2	Emergency shelter including hotel/motel paid w/emergency shelter voucher	
3	Safe Haven	
4	Interim Housing	
INSTITUTIONAL SITUATION		
5	Foster care home or foster care group home	
6	Hospital or other residential non-psychiatric medical facility	
7	Jail, prison, or juvenile detention facility	
8	Long-term care facility or nursing home	
9	Psychiatric hospital or other psychiatric facility	
10	Substance abuse treatment facility or detox center	
TRANSITIONAL & PERMANENT HOUSING SITUATION		
11	Hotel or motel paid for without emergency shelter voucher	
12	Owned by client, no ongoing housing subsidy	
13	Owned by client, with ongoing housing subsidy	
14	Permanent housing for formerly homeless persons	
15	Rental by client, no ongoing housing subsidy	
16	Rental by client with VASH housing subsidy	
17	Rental by client with GPD TIP subsidy	
18	Rental by client with other ongoing housing subsidy	
19	Residential project of halfway house with no homeless criteria	
20	Staying or living in a family member’s room, apartment, or house	
21	Staying or living in a friend’s room, apartment, or house	
22	Transitional housing for homeless persons (including homeless youth)	
23	Client Doesn’t Know	
24	Client Refused	
25	Data Not Collected	
26	Subsidized Housing	
27	Other	

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2. How long have you been staying there?		
If Answer to Question #1 (above) was Answer #1, #2, or #3: If Answer #6, score 3; If #5 score 1; Otherwise, score 0		
#	Length of Stay	Score
1	One night or less	
2	Two to 6 nights	
3	One week or more, but less than one month	
4	One month or more, but less than 90 days	
5	90 days or more, but less than one year	
6	One year or longer	
7	Client Doesn't Know	
8	Client Refused	
9	Data Not Collected	

3. Residence Prior to Current Location (Residence Prior in HMIS)		
If Answer #1, score 3; If #2, or #3 score 1; Otherwise, score 0		
#	Living Situation	Score
HOMELESS SITUATION		
1	Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"	
2	Emergency shelter including hotel/motel paid w/emergency shelter voucher	
3	Safe Haven	
4	Interim Housing	
INSTITUTIONAL SITUATION		
5	Foster care home or foster care group home	
6	Hospital or other residential non-psychiatric medical facility	
7	Jail, prison, or juvenile detention facility	
8	Long-term care facility or nursing home	
9	Psychiatric hospital or other psychiatric facility	
10	Substance abuse treatment facility or detox center	
TRANSITIONAL & PERMANENT HOUSING SITUATION		
11	Hotel or motel paid for without emergency shelter voucher	
12	Owned by client, no ongoing housing subsidy	
13	Owned by client, with ongoing housing subsidy	
14	Permanent housing for formerly homeless persons	
15	Rental by client, no ongoing housing subsidy	
16	Rental by client with VASH housing subsidy	
17	Rental by client with GPD TIP subsidy	
18	Rental by client with other ongoing housing subsidy	
19	Residential project of halfway house with no homeless criteria	
20	Staying or living in a family member's room, apartment, or house	
21	Staying or living in a friend's room, apartment, or house	

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22	Transitional housing for homeless persons (including homeless youth)	
23	Client Doesn't Know	
24	Client Refused	
25	Data Not Collected	
26	Subsidized Housing	
27	Other	

4. Approximate date homelessness started (current episode): ___/___/_____

5. Regardless of where they stayed last night - Number of Times Client has been on the Street, in Emergency Shelter or Safe Haven in the past 3 years, including this episode:			
If Answer #5, score 5; If #3, #4, score 3; Otherwise, score 0			
	#	Episodes of Homelessness	Score
	1	0	
	2	1	
	3	2	
	4	3	
	5	4 or more times	
	6	Client doesn't know	
	7	Client refused	
	8	Data not collected	

6. Total Number of Months Client has been homeless on the street, in Emergency Shelter or Safe Haven in the past 3 years, including this episode:			
If Answer #12, score 5; If #6, #7, #8, #9, #10, #11, score 3; Otherwise, score 0			
	#	Months of Homelessness	Score
	1	1 (this time is the first month)	
	2	2	
	3	3	
	4	4	
	5	5	
	6	6	
	7	7	
	8	8	
	9	9	
	10	10	
	11	11	
	12	12 or more months	
	13	Client doesn't know	
	14	Client refused	
	15	Data not collected	

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7. Monthly Income (Check if client receives income source and write amount received)					
If Answer Includes #3, #4, #5, #6, or #17, score 3 under Score 1 ; Otherwise, score 0 If Total of all Monthly Amounts ≤ \$1000, score 3 under Score 2 ; Otherwise, score 0					
	#	Source of Income	Monthly Amount	Score 1	Score 2
	1	Earned income			
	2	Unemployment			
	3	Supplemental Security income (SSI)			
	4	Social Security Disability Insurance (SSDI)			
	5	VA Service-Connected Disability Compensation			
	6	VA Non-Service-Connected Disability Pension			
	7	Private Disability Insurance			
	8	Worker's Compensation			
	9	Temporary Aid for Needy Families (TANF)			
	10	General Assistance (GA)			
	11	Retirement Income from Social Security			
	12	Pension or retirement income from a former job			
	13	Child Support			
	14	Alimony or other spousal support			
	15	Other Source (Specify below)			
	16	If Other (above), please specify:			
	17	No Source of Income	N/A		
Total Monthly Income:					

Receiving Food Stamps?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has Health Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Medicaid <input type="checkbox"/>	Medicare <input type="checkbox"/>	NJ Family Care <input type="checkbox"/>	Other <input type="checkbox"/>

8. Do you, or anyone in your household, have any disabilities?			
If Answer #1, score 3; Otherwise, score 0			
	#	Household Member with Disabilities	Score
	1	Yes	
	2	No	

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9. If Yes, complete the following for each applicable household member. Disabilities (Write Y (Yes), N (No), DK (Client Doesn't Know), R (Client Refused), and if Yes, answer additional questions in the following columns) If Answer 'Y' in both Columns B and C for any one of #1, #2, or #5 AND either #3 or #6 AND #7 for any household member, score 5 If Answer 'Y' in both Columns B and C for any one of #1, #2, or #5 AND #7 for any household member, score 3; OR Otherwise, score 0						
	A	B	C	D	E	
#	Disability	Y/N/DK/R	If yes, expected to be of long duration & substantially impair ability to live independently? Y/N/DK/R	If yes, Documentation of disability & severity on file? Y/N	If yes, is client currently receiving treatment for this disability? Y/N/DK/R	Score
1	Alcohol Abuse					
2	Both Alcohol & Drug Abuse					
3	Chronic Health Condition					
4	Developmental					
5	Drug Abuse					
6	HIV/AIDS					
7	Mental Health					
8	Physical					

***If Mental Health, please write in diagnosis here (it helps to determine eligibility for specific providers):**

10. COVID-19 Vulnerability – chronic health (if Yes to any, score 10)	YES	Score
Chronic lung disease or moderate/severe asthma		
Serious heart conditions		
Conditions that can cause a person to be immunocompromised, including cancer tx, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV/AIDS, and prolonged use of corticosteroids & other immune-weakening medications		
Severe obesity		
Diabetes		
Chronic kidney disease & those undergoing dialysis		
Liver Disease		

11. COVID-19 Vulnerability - Age (if Yes, score 5)	YES	Score
Client/ household member age 60+		

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12. Have you (or any member of your household) been a victim/survivor of domestic violence?		
If Answer #1, Continue to Question #11, Otherwise continue to Question #12		
#	Domestic Violence Experience	
1	Yes	
2	No	
3	Client doesn't know	
4	Client refused	
5	Data Not Collected	

13. When did domestic violence experience occur?			
If Answer #1, score 3; If #2, score 2 If #3, score 1 Otherwise, score 0			
#	When Experience Occurred		Score
1	Within the past 3 months		
2	3 to 6 months		
3	From 6 to 12 months ago		
4	More than a year ago		
5	Client doesn't know		
6	Client refused		
7	Data not collected		

14. How many times have you (or any member of your household) had an interaction with police or been incarcerated or arrested in the past year?			
If Answer #5, score 5; If #3 or #4, score 3 Otherwise, score 0			
#	Interactions		Score
1	0		
2	1		
3	2		
4	3		
5	4 or more		
6	Client doesn't know		
7	Client refused		

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15. How many times have you (or any member of your household) been to the emergency room or been hospitalized in the past year?			
If Answer #5, score 5; If #3 or #4, score 3 Otherwise, score 0			
	#	Emergency Room or Hospital Visits	Score
	1	0	
	2	1	
	3	2	
	4	3	
	5	4 or more	
	6	Client doesn't know	
	7	Client refused	

16. How many times have you (or any member of your household) been to an inpatient psychiatric hospital or mental health facility in the past year?			
If Answer #3, score 5; If #2, score 3 Otherwise, score 0			
	#	Institutionalizations	Score
	1	0	
	2	1	
	3	2 or more	
	4	Client doesn't know	
	5	Client refused	

Scoring & Question 17 for Coordinated Entry Team ONLY

17. Does the household meet the definition of chronically homeless?			
If Answer #1, score 5 Otherwise, score 0			
	#	Chronically Homeless	Score
	1	Yes	
	2	No	

Total Score	Score

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CLIENT ACKNOWLEDGEMENT FOR ELECTRONIC DATA COLLECTION

When you sign this form, it shows that you understand the following:

We collect personal information about the people we serve in a computer system called the Middlesex County Homeless Management Information System (“MC HMIS”). The MC HMIS is used by agencies that provide prevention, shelter, and housing-related services in Middlesex County, NJ. Agencies using the MC HMIS comply with all the requirements related to keeping your personal information private and secure.

We use the personal information collected to better assist you by improving our programs and services. Our funders require us to collect some of your personal information in order to better assist you by funding programs that will meet your needs.

Your information will help us provide you with the most appropriate services through our program or programs offered by other agencies.

If you are applying for County, State, or Federal cash disbursements (e.g. SSH, TANF, EA or ESG), such application and receipt of disbursements will be shared with MC HMIS users and State agencies.

You have the right, at any time, to choose not to share any part(s) of your personal information with MC HMIS participating agencies, with the exception of cash disbursements you may receive as set forth above. All records will be deleted from the system after 7 years of inactivity.

You have a right to review the information that we have about you. If you find mistakes, you can ask us to correct them. You have a right to file a complaint with the program management from which you are receiving services if you feel that your privacy rights have been violated.

If you would like a copy of our privacy policy, our agency staff will provide one.

SIGNATURE OF CLIENT OR GUARDIAN

Date

SIGNATURE OF AGENCY WITNESS

Date



Client Homelessness History and Housing Needs Summary

Capture the client's homeless history and specify their housing needs using the fields below.

Homeless History				
Start Date	End Date	# Months	Location, Town	Funded by

Total number of HUD homeless episodes: _____

Total number of months for all HUD homeless episodes: _____

Recommended Housing Assistance <i>(Check one or more applicable suggestions)</i>	
<input type="checkbox"/>	RRH – Rapid Rehousing
<input type="checkbox"/>	PSH -Permanent Supportive Housing
<input type="checkbox"/>	OPH - Other Permanent Housing
<input type="checkbox"/>	OSH - Other Supportive Housing
<input type="checkbox"/>	TRA - Temporary Rental Assistance
<input type="checkbox"/>	Other



Document checklist

Case managers are urged to actively collect and prepare client information in advance. This proactive approach can improve the chances of securing housing faster when appropriate resources become available. Kindly provide the required information and documentation with the Coordinated Assessment for prompt uploading into the client's HMIS file.

Proof of identity

- Birth certificate
- Photo ID
- SSN card

Proof of income

- 4 most recent pay stubs - enough to cover last 2 months
- Social Security award letter - no more than 6 months old
- TANF/ GA

Proof of other entitlements (if applicable)

- Food stamps
- Health insurance

Proof of disability (if applicable)

- Med-1 form
- Disability determination letter
- Doctor letter

Program specific documents

- Housing application
- Request for tenancy (Housing Authority vouchers only)
- Other:

Plan to retrieve missing documents: