

PLEASE READ FIRST BEFORE USING THE ATTACHED FORM!

The attached NEVADA COUNTY Coordinated Entry Paper form is intended to be used by agencies currently working with clients who are already in HMIS, are in need of a permanent housing solution, and/or may already be on the agency's existing housing waitlist. The client can either call 211 to be placed on the centralized housing waitlist via Coordinated Entry, or alternatively, can work with the case manager to complete the attached forms, which are then submitted to Coordinated Entry.

- 1) If you already have a CURRENT HMIS Release of Information on record with the client, you do NOT need the client to sign another ROI.
- 2) Once the attached form is complete, fax it as instructed to Connecting Point.
- 3) It will take 24-48 hours for the client to be entered into Coordinated Entry in HMIS.
- 4) VULNERABILITY SCORE:
 - a. Once the client has been entered into Coordinated Entry, your HMIS end user can see the Vulnerability Score Coordinated Entry assigned to this individual, which is calculated based on their answers on the form.
 - b. If the case manager would like to re-assess the Vulnerability Score or add additional case management assigned points (no more than 3), he/she can complete a "Nevada-Placer County Vulnerability Assessment Tool" (the most current is dated 01-16-18). The agency's HMIS end user will use that to update the Vulnerability Score for the client in HMIS and will upload the file of the completed Vulnerability Assessment Tool.



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Coordinated Entry Quick Start Guide

Dear Field Agent-

This guide will walk you through the steps to complete the Coordinated Entry process. Please follow each of the steps below, including reading the statements *in italics* to the consumer.

If you have questions, please contact Connecting Point at 2-1-1 or 844-319-4119. Thank you for your assistance!

Step 1: Introduction

Start by telling the consumer your name and the organization you are representing. Please read the following to the consumer:

The form we are about to complete together was developed by housing and shelter providers in Nevada and Placer Counties. Their goal is to understand community needs so that they can coordinate their services better in the future.

Completing this form will do two things:

- 1. Help create a centralized list of people who need housing assistance in our community.*
- 2. Place you on this list so that participating providers can contact you if and when housing becomes available they you may be eligible for.*

Your answers on this form will document your **current** situation and housing needs. Completing this form does not guarantee housing. You should continue to reach out to other resources in the community.

Should we continue?

If YES, go to Step 2. If NO, stop the process.

Step 2: Release Form

If there is a CURRENT Client Release of Information on record, skip to Step 3. Otherwise, continue with Step 2.

Assist the consumer in completing the attached Client Release of Information form. Please read the following to the consumer:

Before we begin, I need to have you sign a Release of Information form. This covers who will be able to see the information you provide today and how it will be used. Let me know if there is anything you don't understand and I will do my best to clarify.

Read the Release of Information form to the consumer.



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If completed, go to Step 3. If the consumer refuses to sign the form, stop the process.

Step 3: Completing the Questionnaire

Please read the following to the consumer:

Thank you for completing the Release of Information form. Now we can move on to the Coordinated Entry Questionnaire. It should take about 10 minutes to complete the questionnaire. Some things to know before we begin:

- *Most questions only require a "Yes" or "No" answer. You do not need to explain your answers.*
- *Some questions are personal in nature. You can skip or refuse to answer any question.*
- *There are no right or wrong answers.*
- *It is very important that you provide accurate information. The more honest you are, the better we can figure out how best to support you.*
- *You do not need to conceal any information; this information is only for your housing plan and will not be provided to any legal authorities.*
- *If there is a question you don't understand, let me know and I will do my best to clarify it for you.*

Complete the attached Coordinated Entry Questionnaire by reading the questions to the consumer.

Step 4: Submitting the Forms

Please submit the completed Coordinated Entry Questionnaire and Release of Information forms to Connecting Point by mail at 208 Sutton Way, Grass, Valley, CA 95945 **OR** by fax at 530-274-5606. **DO NOT SUBMIT BY EMAIL.** If you have questions, please contact Connecting Point by dialing 2-1-1 or 844-319-4119.

Coordinated Entry Questionnaire

Nevada County



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Date:		
Field Agent/Witness Information:	Name:	Phone:
	Agency:	

Please read the attached Coordinated Entry Quick Start Guide and complete the Client Release of Information before beginning this form.

I. PERSONAL INFORMATION		
Name (First, Middle, Last):		
Date of Birth:		
Social Security Number:		
Contact Information:	Phone 1:	Phone 2:
	Email Address:	
Current Location: (Please be specific)		
How long have you lived in Nevada County?	<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> Between 1 week and 1 month
	<input type="checkbox"/> 1-3 months	<input type="checkbox"/> 3 months-1 year
	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 5 years or longer
Emergency Contact Person: (Someone who can reach you if we cannot)	Name:	Phone:

II. SERVICE ELIGIBILITY	
How many people are in your household?	
How many children under age 18 are in your household?	
If there are children under age 18 in your household, are you a CalWORKs participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name: _____

How many adults are in your household?	
What is your current gender identity? (How you describe yourself).	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to State
Is anyone in your household transgender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or is in anyone in your household pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a member of your household served in the U.S. military, National Guard, or reserve?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, was it yourself or your household member who served?	<input type="checkbox"/> Myself <input type="checkbox"/> Household member
Where did you sleep most frequently in the last 30 days?	<input type="checkbox"/> Emergency shelter <input type="checkbox"/> Foster care or group home <input type="checkbox"/> Hospital or other medical facility <input type="checkbox"/> Jail, prison, or juvenile detention <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Substance abuse treatment facility/detox <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Other
How long have you been in unstable housing?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years
Have you or a household member been hospitalized or visited an emergency room 3 or more times in last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a household member had an interaction with police 6 or more times in last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name: _____

Field Agent: Please use the checklist below to ensure completion of the Coordinated Entry process.

Field Checklist (steps to be completed in the field)	Data Entry Checklist (steps to be completed in the office)
<input type="checkbox"/> Release of Information form completed <input type="checkbox"/> Referral information provided	<input type="checkbox"/> Entered into Coordinated Entry tool <ul style="list-style-type: none">o Date entered:o Entered by: <input type="checkbox"/> Entered into HMIS <ul style="list-style-type: none">o Date entered:o Entered by:

Submit the completed forms to Connecting Point by mail at 208 Sutton Way, Grass, Valley, CA 95945 **OR** by fax at 530-274-5606. **DO NOT SUBMIT BY EMAIL.** If you have questions, please contact Connecting Point at 2-1-1 or 844-319-4119. Thank you!