 Massachusetts Balance of State Continuum of Care

**3 - BoS CoC Coordinated Entry Assessment**

Questions 1-8 are client review only.

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| 9. Employment |
|  | Are you currently employed? |
|  |[ ]  Yes, Part Time |[ ]  Yes, Full-time |[ ]  No |
|  | If you aren't working full-time, are you able to work? |
|  |[ ]  No, I cannot work due to a disabling condition |[ ]  Yes, but I can only work part-time |[ ]  Yes, I can work full-time |

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| 10. Preferred area to live 🡪 View a CoC map here: <https://www.mass.gov/doc/here-135/download> |
| 1st preferred area to live: |
|  | [ ]  Metro | [ ]  North Middlesex | [ ]  NorthShore | [ ]  West | [ ]  YHDP |
| 2nd preferred area to live: |
|  | [ ]  Metro | [ ]  North Middlesex | [ ]  NorthShore | [ ]  West | [ ]  YHDP |

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| 11. Number of Bedrooms |
| How many bedrooms does your household need? |  |

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|  12. Special needs and disability review |
| If yes to any of the below conditions (whether or not the condition is considered to be disabling) ask the client about the impact, using the following definitions:**Some Effect –** Disability makes it more difficult to retain housing and/or employment but it has not caused a loss of job or housing.**Large Effect –** Client has lost or been unable to obtain employment or housing as a result of this disability. Client has been told they will lose their job (or have hours cut back) or lose their housing as a result of this disability. |
|  | Client has condition? | If yes, is condition Disabling? | In the last two years, how would you describe the impact this disabling condition has had on your ability to work and be housed? Would you say there has been no effect, there has been some effect, or there has been a large effect. |
| Chronic health condition | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  N/A or No effect | [ ]  Some effect | [ ]  Large effect |
| Developmental disability | [ ]  Yes[ ]  No | N/A - always considered disabling | [ ]  N/A or No effect | [ ]  Some effect | [ ]  Large effect |
| HIV / AIDS | [ ]  Yes[ ]  No | N/A - always considered disabling | [ ]  N/A or No effect | [ ]  Some effect | [ ]  Large effect |
| Mental Health Disorder | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  N/A or No effect | [ ]  Some effect | [ ]  Large effect |
| Physical Disability | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  N/A or No effect | [ ]  Some effect | [ ]  Large effect |
| Substance Use Disorder | [ ]  Alcohol Use Disorder[ ]  Drug Use Disorder[ ]  Both Alcohol and Drug Use Disorder[ ]  No | [ ]  Yes[ ]  No | [ ]  N/A or No effect | [ ]  Some effect | [ ]  Large effect |
| Can you document the disability if it is disabling? | [ ]  Yes[ ]  No |
| Child or other adult in household with a significant disabling condition? | [ ]  Yes[ ]  No |
| Has your family had any involvement with DCF (the Department of Children and Families)? | [ ]  No Children under 18[ ]  No history with children's services[ ]  Previous children's service case, currently closed.[ ]  Active children's service case |

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| 13. Abuse and other situation review |
|  | 13a. Discrimination |
|  | For the following two questions please use these definitions:**Not at all –** It has not impacted client’s ability to maintain housing or employment.**Very Little –** There have been isolated incidents of discrimination at home/work, but it has not impacted their ability to maintain housing and/or employment.**Somewhat –** Client was subjected to indirect, subtle, or unintentional discrimination which impacted their ability to maintain employment and/or housing.**To a Great Extent –** The client lost employment or housing because of their gender or sexual identity or the client had to leave home or quit their job because they were subjects of sexist/homophobic/Transphobic etc. abuse  |
|  | 13a.1. Has your gender identity or sexual orientation **ever** negatively impacted your ability to obtain or maintain employment and/or housing? | [ ]  Not at all[ ]  Very Little[ ]  Somewhat[ ]  To a great extent |
|  | 13a.2. Has your race or ethnicity **ever** negatively impacted your ability to obtain or maintain employment and/or housing? | [ ]  Not at all[ ]  Very Little[ ]  Somewhat[ ]  To a great extent |
|  | 13b. Health |
|  | 13b.1. In the past **12 months** how many times have you been to the emergency room and/or admitted to the hospital? | [ ]  0 times[ ]  1 to 4[ ]  5 to 9[ ]  10+ |
|  | 13b.2. In the past **12 months** have you tried to harm yourself? | [ ]  Yes[ ]  No |
|  | 13c. Risk |
|  | 13c.1. Are you **currently** fleeing or being stalked? | [ ]  Yes[ ]  No |
|  | 13c.2. Are you **currently** being hurt or experiencing violence on the streets or in a shelter or attempting to avoid people who have hurt you since experiencing homelessness? | [ ]  Yes[ ]  No |
|  | 13c.3. Did you **ever** experience violence in a home where you lived or did others experience violence in a home where you lived? Violence can be physical or emotional. |
| [ ]  Never[ ]  Seldom[ ]  Some of the time[ ]  Most of the time | There was never any violence.There was an isolated instance of violence.Violence occurred on a regular basis but not every day.Violence was an everyday occurrence. |
|  | 13c.4 **In the past 12 months** have you had to do things for people that you don't want to do in exchange for things like a place to sleep, food, drugs, transportation, or medication? |
| [ ]  Never[ ]  Seldom[ ]  Some of the time[ ]  Most of the time | Client never had to do thingsThere was an isolated instance where the client had to do somethingClient regularly did things they did not want to do but it was not an everyday occurrenceDoing things client did not want to do in exchange was an everyday occurrence |

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|  | 13c.5 Regarding your most recent domestic incident (within the last 12 months) what was your relationship with the abusive partner? | [ ]  Caretaker/Babysitter[ ]  Current Spouse/Intimate Partner[ ]  Ex-Spouse/Ex-Intimate Partner[ ]  Fiancé/Fiancée[ ]  Friend/Acquaintance/Roommate[ ]  Neighbor[ ]  Parent/Step-Parent/Legal Guardian[ ]  Parent’s Partner[ ]  Professional Relationship[ ]  Religious Leader/Spiritual Advisor[ ]  Sibling/Other Relative[ ]  Stranger[ ]  Teacher/Coach[ ]  Victim’s own child/Children[ ]  Work Colleague/Supervisor[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 13d. Law Enforcement |
|  | 13d.1. Have you ever **in your life**, spent any amount of time in a juvenile or adult correctional facility, jail, prison, or detention center, or been convicted of a crime? | [ ]  No[ ]  Yes, jail, but I was not convicted[ ]  Yes, I was convicted of a misdemeanor[ ]  Yes, I was convicted of a felony |
|  | 13d.2. **In the past year,** how often have you interacted with police? | It could be for any reason, for example, because you witnessed a crime, were the victim of a crime, were suspected of a crime, or because the police told you that you must move along. |
|  | [ ]  Never[ ]  Sometimes[ ]  Fairly often[ ]  Very often | Client has had 0 interactions with police.Client has had a few isolated interactions with police in the past year.Client interacts with police about once per month.Interactions with police are an everyday part of the client’s life. |
|  | 13d.3.Sex offender? | [ ]  Yes[ ]  No |

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| For Staff only |
| For the Housing Navigator: Please indicate which project type(s) you believe this client would be most successful in. Note that the answer to this question does not impact scoring, matching, or prioritization, and will only be used to evaluate the efficacy of our new CE process. |
| [ ]  Transitional Housing | A project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. |
| [ ]  Rapid Rehousing | A permanent housing project that provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help homeless people move as quickly as possible into permanent housing and achieve stability. After rental assistance ends the participant stays in the unit. |
| [ ]  Permanent Supportive Housing | A project that offers permanent housing and supportive services to assist homeless persons with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently. |
| [ ]  Other Permanent Housing | Other Permanent Housing is not offered by CoC or ESG projects, but occasionally the CoC Coordinated Entry System is asked for referrals to fill local vacancies (i.e., EHV – Emergency Housing Vouchers). |