**Maryland Balance of State CoC**

Coordinated Entry System

CES Intake Form

This form is used to enter for clients enrolled in the LHC Coordinated Entry System. The questions asked on this form are intended to assist clients in the navigation process and any information omitted on this form will not prevent a client from obtaining housing through the Coordinated Entry System. This form fulfills data collection requirements for HUD funded Coordinated Entry projects. *As of May 2023; this form is ONLY REQUIRED for the Harford County LHC. It is optional for all remaining LHCs.*

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| --- | --- | --- | --- |
| **HMIS#** |  | **Client Name** |  |

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| --- | --- |
| **Notes** |  |

# Current Living Situation

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| --- | --- |
| **Current Living Situation**  | ☐Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter ☐ Safe Haven ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth) ☐ Host Home (non-crisis) ☐ Staying or living in a friend’s room, apartment, or house, temporary tenure ☐ Staying or living in a family member’s room, apartment, or house, temporary tenure ☐ Staying or living in a friend’s room, apartment, or house, permanent tenure☐ Staying or living with family, permanent tenure ☐ Moved from one HOPWA funded project to HOPWA PH☐ Rental by client, with GPD TIP housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with other ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy☐ Other: Specify |
| **Is client going to have to leave their current living situation within 14 days?** | ☐Yes ☐No ☐Don’t Know/Refused |
| **If yes, has a subsequent residence been identified?** | ☐Yes ☐No ☐Don’t Know/Refused |
| **Does individual or family have resources or support networks to obtain other permanent housing?** | ☐Yes ☐No ☐Don’t Know/Refused |
| **Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?** | ☐Yes ☐No ☐Don’t Know/Refused |
| **Has the client moved 2 or more times in the last 60 days?** | ☐Yes ☐No ☐Don’t Know/Refused |
| **Location details** |  |

# Coordinated Entry Assessment

|  |  |
| --- | --- |
| **Date of Assessment**  |  |
| **Assessment Location** | ☐ Allegany County ☐ Calvert County ☐ Cecil County ☐ Charles County☐ Frederick County ☐ Garrett County ☐ Harford County ☐ St. Mary’s County ☐ Washington County |
| **Assessment Type** | ☐ Phone ☐ Virtual ☐ In Person |
| **Assessment Level** | ☐ Crisis Needs Assessment ☐ Housing Needs Assessment |
| **Prioritization Status** | ☐ Placed on Prioritization List ☐ Not Placed on Prioritization List |

# Coordinated Entry Event

|  |  |
| --- | --- |
| **Date of Event** |  |
| **Event** | *ACCESS EVENTS*☐ Referral to Prevention Assistance ☐ Problem Solving/Diversion/Rapid Resolution intervention ☐ Referral to Scheduled Coordinated Entry Crisis Needs Assessment ☐ Referral to Scheduled Coordinated Entry Housing Needs Assessment *REFERRAL EVENTS*☐ Referral to Post-Placement/Follow Up Case Management☐ Referral to Street Outreach ☐ Referral to Housing Navigation ☐ Referral to Non-Continuum Services / Ineligible for Continuum Services☐ Referral to Non-Continuum Services / No Availability in Continuum Services☐ Referral to Emergency Shelter Bed☐ Referral to Transitional Housing Bed/Unit☐ Referral to Joint TH-RRH Unit/Opening☐ Referral to RRH Opening☐ Referral to PSH Unit☐ Referral to Other PH Unit☐ Referral to Emergency Assistance/Flex Fund/Furniture Assistance |
| **If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question: Client housed/re-housed in a safe alternative** | ☐Yes ☐No  |
| **If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:** **Enrolled in Aftercare project** | ☐Yes ☐No  |
| **If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question: Location of Crisis Housing or Permanent Housing Referral** | Project Name:  |
| **If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:** **Referral Result** | ☐ Successful Referral: Client Accepted☐ Unsuccessful Referral: Client Rejected☐ Unsuccessful Referral: Provider Rejects |
| **If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:** **Date of Result** |  |

# Client's Residence / Last Permanent Address

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| --- | --- |
| **Housing Stability** |  |
| **Street Address** |  |
| **City** |  |
| **Zip** |  |
| **State** |  |
| **County** |  |
| **Landlord Name** |  |
| **Landlord Phone** |  |
| **Landlord Street Address** |  |
| **Landlord City** |  |
| **Landlord State** |  |
| **Landlord Zip** |  |
| **Reason for Leaving this Residence** | ☐ Building Condemned ☐ Current Residence ☐ Domestic Violence ☐ Evicted ☐ Family/Friend Conflict ☐ Fire☐ Moved to New Residence ☐ Other ☐ Overcrowding☐ Unable to Pay Rent |