

CES Confidential Assessment Inclusion Form

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Client/Family Unique Identifying Number: _____

Assessment Date: _____

Is this individual or family experiencing trauma or a lack of safety related to or fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous, traumatic or life-threatening conditions related to the violence against the individual or family member in the individual or family's current housing situation?

Yes

No

Does anyone in the household identify as:

American Indian, Alaska Native or Indigenous

Asian or Asian American

Black, African American or African

Native Hawaiian or Pacific Islander

Middle Eastern or North African

Hispanic/Latina/e/o

White

What is the age of the oldest adult in the household? _____

****If the head of household is 18-24 years of age ONLY:*

Is the Head of Household currently or previously been in foster care or connected to the Department of Child Services?

Yes

No

If yes, was the head of household in foster care placement any time after their 16th birthday?

Yes

No

The night prior to the CES assessment, what was the living situation of the household:

Place not meant for habitation

Emergency Shelter

Rental

Transitional Housing

Friends

Family

Owned home

Hotel

Length of current episode of homelessness:

One night or less

Two to six nights

One week or more but less than one month

One month or more but less than 90 days

90 days or more but less than one year

One year or longer

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Number of times homeless in the past 3 years, including today:

- One time
- Two times
- Three times
- Four or more times

Number of months homeless in the past 3 years: _____

Approximate date homelessness started/fleeing began: _____

Which of the following apply to anyone in the household (please check all that apply):

- Alcohol Use Disorder
- Chronic Health Condition
- Developmental Disability
- Drug Use Disorder
- HIV/AIDS+
- Mental Health
- Other Disability
- Physical Disability

of adults in household _____ **# of children in household** _____

Does the household have income (from any source including TANF, SNAP, Child Support, Employment, etc.) ?

- Yes
- No

Is anyone in the household currently required to be on the sex offender registry?

- Yes
- No

Has anyone in the household been convicted of Arson?

- Yes
- No

Has anyone in the household ever been convicted of drug-related activity for the production or manufacture of methamphetamine on the premises of federally assisted housing?

- Yes
- No

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CE Assessment Tool

1. Have you ever had a lease or rental agreement in your name?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

2. In the past 7 years have you ever been in the process of eviction from your home?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

3. Previously to 24 years of age, did your family experience housing instability, such as: moving frequently due to financial problems, living with another family or relatives (also known as doubling up), living in shelter, living in a hotel/motel, or living in a vehicle?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

4. Does your household include a child under six years old?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

5. Does your household include a person of any age who has a developmental disability, a medical diagnosis, or other condition that requires you to provide a substantial amount of care?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

6. Is anyone in your household pregnant?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

7. Do you have a serious physical health diagnoses or condition that impacts your daily life functioning or requires assistance such as home health aide, palliative care, or terminal illness treatment?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

8. Have you ever spent any time in foster care or kinship care?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

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9. Does your mental health impact your daily life functioning?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

10. Have you ever been incarcerated (including correctional facility, detention center, jail, prison, and juvenile justice system involvement)?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

11. Have you ever been discriminated against because of your sexual orientation or gender identity?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

12. Have you and/or your family experienced racism or discrimination due to the color of your skin in two or more of the following areas:

- **Housing (including racial segregation into poorer neighborhoods)**
- **Employment and/or Education (including school-to-prison pipeline)**
- **By law enforcement/criminal justice system**
- **Child welfare/DCS/ CPS**
- **Healthcare or other social service systems**
- **When shopping or banking**
- **In general in the community**

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

13. Have you experienced or witnessed violence in a place where you have lived? (Violence can be physical, sexual, financial, verbal, emotional, or psychological, such as manipulation).

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

14. Are you currently experiencing violence on the streets or in a shelter?.

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

15. Are you currently attempting to avoid people who have hurt you or want to hurt you? OR Is there someone who would try to hurt you if they know where you were?

- Yes No Client Doesn't Know Client Prefers Not to Answer
 Data Not Collected

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Please indicate Minimum Number of Bedrooms Required:

_____ Minimum # of Bedrooms

Accessibility Needs: Yes No

If yes, specify: _____

Pet-Friendly Unit: Yes No

The following documentation is on file for eligibility purposes (if applicable). This is not required at the time of the assessment but must be obtained prior to housing placement:

- Disability documentation (for PSH projects only)
- Verification of homelessness
- Chronic homelessness documentation

Is the Head of Household a Veteran? Yes No

****For Veteran Clients Only****

_____ VA – SSVF

_____ VA - Grant Per Diem TH

_____ VA - HUD-VASH

_____ VA – Contract Shelter

Homeless Service Provider Name

Assessor Name _____ Signature _____

Date _____

Military Service Record (DD214) or Statement of Service

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