CES Confidential Assessment Inclusion Form

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

Is the Head of Household a Veteran? ☐Yes ☐No

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

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

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 paid by self
☐Hotel paid by an organization/emergency shelter voucher

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: _____

Lethality Score _____

☐High Lethality
"Yes" to 1 or more of questions 1-5
☐ Moderate Lethality
"No" to all of the first 5 questions but "yes" to 4 or more of questions 6-14
☐ Low Lethality
"Yes" to 3 or fewer of questions 6-14

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
☐Physical Disability
☐Felony Conviction
☐History of Foster Care

****If the head of household is **18-24** years of age ONLY:*
Is the Head of Household currently or previously in foster care or connected to the Department of Child Services (DCS)?
☐Yes☐ No

If yes, was the head of household in foster care placement any time after their 16th birthday?
☐Yes☐ No

Are you currently engaged in Voluntary Services (VS) or Older Youth Services (OYS) with DCS?
☐Yes☐ No

Income

Does the household have income (from any source including TANF, SNAP, Child Support, Employment, etc.)**?** ☐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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What is the minimum number of bedrooms required? (2 heartbeats per bedroom) _____

Housing preference details

Provide location preferences (central or south side) and/or unit preferences (bottom or top floor)

Accessibility Needs? ☐ Yes ☐ No **If yes, please specify:** _____

Pet-Friendly Unit? ☐ 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

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

Service Provider Name _____ Date _____

Assessor Name _____

Assessor Signature _____