

Coordinated Entry Housing Needs Assessment for Families



Head of Household Name: _____

Assessment Information

Assessment Date (MM/DD/YYYY): ____/____/____

Assessment Location (City): _____

Assessment Type: Phone Virtual In Person

Assessment Level: Crisis Needs Assessment Housing Needs Assessment

Is anyone in the household a veteran? Yes No

IF THE PERSON ANSWERED 'YES' DO NOT COMPLETE THE ASSESSMENT. See below for next steps on how to proceed:

If your agency serves as a Veteran Access Point, complete the Veteran Coordinated Entry Assessment with the family.

*If your agency is **NOT** a Veteran Access Point, please direct the family to call 2-1-1 and request to be connected to a Veteran Access Point.*

Housing Interest Information

Of the Housing Opportunities the household is eligible for, which of the following housing types is the household interested in?

- Rapid Re-Housing
- Housing Choice Voucher
- Permanent Supportive Housing

Private

Selecting the private checkbox means only users with access to the currently selected agency will be able to see this assessment.

Private