

Client Name: _____



Coordinated Entry Housing Needs Assessment

PRE-ASSESSMENT

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

Assessment City Location: _____

Assessment Type: Phone Virtual In Person

Assessment Level: Crisis Needs Assessment Housing Needs Assessment

Is this client a veteran? Yes No

IF THE PERSON ANSWERED YES, COMPLETE THE VETERAN COORDINATED ENTRY ASSESSMENT.

OF THE HOUSING OPPORTUNITIES THE HOUSEHOLD IS ELIGIBLE FOR, WHICH OF THE FOLLOWING HOUSING TYPES IS THE HOUSEHOLD INTERESTED IN?

1.) Rapid Re-Housing Yes No

2.) Housing Choice Voucher Yes No

3.) Permanent Supportive Housing Yes No

SELECTING THE PRIVATE CHECKBOX MEANS ONLY USERS WITH ACCESS TO THE CURRENTLY SELECTED AGENCY WILL BE ABLE TO SEE THIS ASSESSMENT

Is this client private? Yes No