



Coordinated Entry System (CES) Bed Reservation Assessment

Client Name: _____

HMIS ID: _____

Staff Name: _____

Access Point: _____

1. Assessment Date: (MM/DD/YYYY) _____ / _____ / _____

2. Assessment Level: Crisis Needs Assessment Housing Needs Assessment

3. Assessment Location (City): _____

4. Assessment Type: Phone Virtual In Person

Has anyone in your household ever been convicted of a felony?

a. **If yes**, how long ago did this felony occur?

1 -11 months ago

1 - 5 years ago

More than 5 years ago

b. Is this felony considered violent? Yes No

5. Does anyone in the household currently have an open warrant?

Yes

No

6. Is any adult in the household a registered sex offender?

Yes

No

7. Does anyone in the household require any special accommodations?

Yes

No

7a. **If yes**, please describe the required accommodation? (*Ex: Requires lower bunk, elevator access, etc...*)

8. Does the household include any of the following?

Pets If so, how many? _____

Service Animals If so, how many? _____

Emotional Support Animals If so, how many? _____

9. Which of the following shelter types are you interested in (select all that apply)?

Communal Shelter

Non-Communal Shelter

10. Do you require a mobility accessible unit due to a physical disability?

Yes No

11. Do you require a sensory accessible unit due to loss of hearing or sight?

Yes No