

# 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

## Accessibility Needs

If you, or anyone in your household, have a disability, you may need accessible housing. This may mean you need ramps or wider entrances, space for medical equipment or a wheelchair, or special light switches, electrical outlets, and other fixtures.

If you, or anyone in your household, need accessible housing, you will only be considered for housing options that can meet your needs. There will be more housing options available to you if accessibility is not a concern. These questions are about some common needs. If you have needs not covered by these questions, please list them at the end of the assessment.

1. Do you require a mobility accessible unit due to a physical disability?  Yes  No
2. Do you require a sensory accessible unit due to loss of hearing or sight?  Yes  No
3. Do you require some accommodations but not all the features of an accessible unit?  Yes  No

Please indicate your needs below:

- a. no stairs  Yes  No
- b. grab bars  Yes  No
- c. seat in tub or shower  Yes  No
- d. other  Yes  No

If other, please specify \_\_\_\_\_

4. Is there anything else about your accessibility needs that we should know?

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## Private

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

Private