Coordinated Entry Vulnerability Assessment Tool		Suggest to keep or remove for		
· · ·	UDE	Roanoke?	Suggested revision(s)?	Other comments
Section 1: Miscellaneous Vulnerability Points				
 Score 1 point if household has 6 or more members Score 1 point if household has at least one child under 18 Score 1 point if domestic violence is the cause of homelessness (within 1 	?	New suggestion for Roanoke	2 pts for household of 4 or more ; additional point for every 2 additional members/children	2 points?
1 Score 1 point if applicant is over 60 years old	Yes		Construction to all and a second of family the former 11211 to	2 mainte
1 Score 1 point if applicant is 18-24 years old	Yes		Suggestion to change scoring for youth from "3" to	3 points
Section 2: Housing/Homelessness				
Part A: Tell me about where you have been staying at night (Choose where you have been sleeping most often)				
5 Homeless in a place not meant for human habitation.	Yes	Suggestion to keep.		
4 Homeless in a shelter.	Yes	Suggestion to keep.		
3 In transitional housing.	Yes		Suggestion to change to exiting institutions with stays of less than 90 days and were literally	
 In substandard housing and/or rent is not affordable (over 30% of income) In stable housing that is only marginally adequate. Housing is safe, adequate and affordable. 	No No No			Keep even is housed and at-risk will not be priortized Keep even is housed and at-risk will not be priortized Keep even is housed and at-risk will not be priortized
Part B: What is the length of your current episode of literal homelessness (sheltered or				
unsheltered)?			Suggestion to re-word question	
3 More than 1 year2 6 months to 1 year	? ?	Suggest to keep Suggest to keep		
1 1 to 6 months	?	Suggest to keep		
0 Less than 30 days	?	Suggest to keep		
Part C: **ONLY answer Part C if Part B is less than 1 year**				
If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?				
2 Yes	Yes		Change scoring from "1" to "2"	
0 No	Yes			
Section 3: Employment/Income				
Part A: Do you have a steady income?				
4 No income	Yes	Suggestion to keep		
2 Some income, not stable, insufficient to afford unsubsidized housing	?	Suggestion to keep		
1 Income from mainstream benefits, insufficient to afford unsubsidized	?	Suggestion to keep		
Income from employment or mainstream benefits, sufficient to afford	?	Suggestion to keep		
0 unsubsidized housing Part B: Do you have a job?	ŗ	Suggestion to keep		
				*Documented? Federally recognized? What defines "disability"? Conditional logic: explain disability. HUD
5 No, I can't work due to disability	?	Suggestion to keep		Definition included in assessment notes.
 No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc. 	No	Suggestion to keep		

	Yes, but only a few hours a week and sometimes there is no work			
2	available/No, but seeking a job.	No	Suggestion to keep	
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI	?	Suggestion to keep	
1	Yes, I work part-time and have regular hours.	?	Suggestion to keep	
0	Yes, I work full-time.	?	Suggestion to keep	
Section 4	: Mental Health/Substance Use			
	e you been diagnosed with a mental illness?			
3	Yes, I am not currently being treated for it.	No	Suggest to keep	
	Yes, I am under a doctor's care but I don't always take my			
2	medications/follow their instructions.	No	Suggest to keep	
2	No, but I have a suspected or undiagnosed mental illness.		Suggest to add	
	Yes, I am under a doctor's care and take my medication / follow the			
1	doctor's instructions.	No	Suggest to keep	
0	No, I do not have a mental illness.	Yes	Suggest to keep	
Part B: Plea	se tell us if you have a history of Substance Use Disorder (SUD).			*Possibly change question wording/detail?
4	Yes and I am currently using alcohol or drugs and not in recovery.	?	Suggest to keep	Stress history of SUD with assessors.
3	Yes, but I have been in recovery for less than 6 months.	No	Suggest to keep	
2	Yes, but I have been in recovery for 6 months to 1 year.	No	Suggest to keep	
1	Yes, but have been in recovery for more than 1 year.	No	Suggest to keep	
0	l do not have a substance use problem.	Yes	Suggest to keep	
Part C: Plea	se tell us if you have overdosed on drugs or alcohol.			
	I have had an overdose (OD) or alcohol poisoning within the past 12		Suggest to keep and potentially	Follow up with how many times? Additional point
2	months.	No	revise.	awarded for multiple episodes. Are you in
				awaraca for maniple episodes. Are you m
Section 5	: Physical Health			
	: Physical Health you have any chronic health conditions?			
	•			
	•			Define "Chronic" health condition. Well
	•	No	Suggest to keep.	
Part A: Do y	you have any chronic health conditions? Yes, I am not currently being treated for it/them.			Define "Chronic" health condition. Well
Part A: Do y 3	you have any chronic health conditions? Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my	No	Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y	you have any chronic health conditions? Yes, I am not currently being treated for it/them.			Define "Chronic" health condition. Well
Part A: Do y 3	Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my medications/follow their instructions.	No	Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3 2	Yes, I am under a doctor's care and take my medication/follow the doctor's	No	Suggest to keep. Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3	Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my medications/follow their instructions.	No	Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3 2	Yes, I am under a doctor's care and take my medication/follow the doctor's	No	Suggest to keep. Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3 2 1	Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my medications/follow their instructions. Yes, I am under a doctor's care and take my medication/follow the doctor's instructions.	No No No	Suggest to keep. Suggest to keep. Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3 2 1 0	Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my medications/follow their instructions. Yes, I am under a doctor's care and take my medication/follow the doctor's instructions.	No	Suggest to keep. Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3 2 1 0 Part B: Do y	Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my medications/follow their instructions. Yes, I am under a doctor's care and take my medication/follow the doctor's instructions. No, I do not have a chronic health condition. You have trouble getting around because of a chronic health condition?	No No No Yes	Suggest to keep. Suggest to keep. Suggest to keep. Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3 2 1 Part B: Do y 3	Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my medications/follow their instructions. Yes, I am under a doctor's care and take my medication/follow the doctor's instructions. No, I do not have a chronic health condition. You have trouble getting around because of a chronic health condition? Yes, I use a wheelchair.	No No No Yes No	Suggest to keep. Suggest to keep. Suggest to keep. Suggest to keep. Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3 2 1 Part B: Do y 3 2	Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my medications/follow their instructions. Yes, I am under a doctor's care and take my medication/follow the doctor's instructions. No, I do not have a chronic health condition. You have trouble getting around because of a chronic health condition? Yes, I use a wheelchair. Yes, I depend on a cane/crutches/walker or other device for mobility.	No No No Yes No No	Suggest to keep. Suggest to keep. Suggest to keep. Suggest to keep. Suggest to keep.	Define "Chronic" health condition. Well
Part A: Do y 3 2 1 Part B: Do y 3	Yes, I am not currently being treated for it/them. Yes, I am under a doctor's care but I don't always take my medications/follow their instructions. Yes, I am under a doctor's care and take my medication/follow the doctor's instructions. No, I do not have a chronic health condition. You have trouble getting around because of a chronic health condition? Yes, I use a wheelchair.	No No No Yes No	Suggest to keep. Suggest to keep. Suggest to keep. Suggest to keep. Suggest to keep.	Define "Chronic" health condition. Well

ints Want to keep but get input from stakeholders in giving pts to overdoses more than 12 months ago

Suggest to align with HUD UDE requirements for selecting disabling conditions - long term and ability to live independently. Potentially use conditional Suggest to align with HUD UDE requirements for selecting disabling conditions - long term and ability to live independently. Potentially use conditional Suggest to align with HUD UDE requirements for selecting disabling conditions - long term and ability to live independently. Potentially use conditional Suggest to align with HUD UDE requirements for selecting disabling conditions - long term and ability to live independently. Potentially use conditional Suggest to align with HUD UDE requirements for selecting disabling conditions - long term and ability to live independently. Potentially use conditional Part C: Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)

			Suggest to kep but not award
0	Yes	Yes	additional points
			Suggest to kep but not award
0	No	Yes	additional points
Part D: Ho	w many times have you visited a hospital emergency room in the past 12		
3	10 or more times	No	Suggest to keep.
2	5 to 9 times	No	Suggest to keep.
1	1 to 4 times	No	Suggest to keep.
0	I have not visited a hospital emergency room in the past 12 months.		Suggest to add.
Section 6	5: Sexual Orientation/Gender Identity		
Do you ider	ntify as LGBTQ?		
			Suggest to change scoring from 2
1	Yes	No	to 1 for "yes".
0	No	No	
Have you e	ver lost housing as a result of your sexual orientation or gender identity?		Suggest to add as new question.
2	Yes		Suggest to add as new question.
0	No		

Section 7: Youth and Young Adult Please complete only if you are younger

than 25 years old

Part A: If staying in a shelter or place not meant for human habitation, how long have you been staying there?

		Suggest to remove section due to
3	More than a year	? lack local youth-specific
2	6 months to 1 year	?
1	1 to 6 months	?
0	Less than 30 days	?

At what age did you first leave home?

Part B: What type of programming are you interested in? Place an X in the box to the right of any answer that fits you.

- Programs that serve only young people. Programs that serve all people. Transitional Housing programs (18-24 months with wrap around services
- and support)
- Rapid Rehousing programs (6-24 month subsidy with fewer services and
- Permanent Supportive Housing programs

- Suggest to remove section due to lack local youth-specific
- programming I Suggest to remove due to lack local youth-specific programming

Award higher points in Section 1.

Not assessment - case management.

Suggestion to add language asking if sexual orientation/gender identity caused

TAP funding for youth

Exiting foster care? History of foster care? - Existing question from PIT.

Suggestion to consider adding separate section or assessment to ask questions related to housing matching (ie history of incarceration, previous evictions, type of housing needed, current debt, etc.)

Do you have a history of incarceration?

Do you have a felony conviction?

Do you have a sex offender conviction?

Have you had a previous eviction?

Do you need accessible housing? (See current assessment question - Ben)

Debt - case management, not assessment.

What else would you like us to know concerning your housing needs?