

## Coordinated Entry Vulnerability Assessment Tool

Comments

### Pre-Assessment and Eligibility:

What is your current living situation? (**Homeless, continue assessment**; losing housing immediately/exiting institution with no place to go, refer to shelter; otherwise, refer to website/Central Intake)

Review website form.

Have you or someone in your household ever been diagnosed with HIV/AIDS?  
(Referral to website/Central Intake)

Review website form.

### Assessment

#### Section 1: Miscellaneous Vulnerability Points

- 2 Score 2 points if household has at least one child under 18
- Score 1 point if domestic violence is the cause of homelessness (within 1 year)
- 1 Score 1 point if applicant is over 60 years old
- 2 Score 2 points if applicant is unaccompanied youth 16-24 years old

#### 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.
- 4 Homeless in a shelter.  
Exiting institutions with stays of less than 90 days and were literally
- 3 homeless prior to entry

**Part B: What is the length of your current episode of literal homelessness (sheltered or unsheltered)?**

- 3 More than 1 year
- 2 6 months to 1 year
- 1 1 to 6 months
- 0 Less than 30 days

**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
- 0 No

#### Section 3: Employment/Income

**Part A: Do you or others in the household have a steady income?**

- 4 No income
- 2 Some income, not stable, insufficient to afford unsubsidized housing  
Income from mainstream benefits, insufficient to afford unsubsidized
- 1 housing  
Income from employment or mainstream benefits, sufficient to afford
- 0 unsubsidized housing

**Part B: Do you or others in your household a job?**

- 5 No, I can't work due to disability

Assessors to use HUD definition of disability

- No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc. 4
- Yes, but only a few hours a week and sometimes there is no work available/No, but seeking a job. 2
- Yes, I have a disability but work limited hours to supplement SSI/SSDI income. 1
- Yes, I work part-time and have regular hours. 1
- Yes, I work full-time. 0

**Conditional logic: If "yes" to disability please explain.**

#### Section 4: Mental Health/Substance Use

##### Part A: Have you or has someone in the household been diagnosed with a mental

- 3 Yes, I am not currently being treated for it.  
Yes, I am under a doctor's care but I don't always take my medications/follow their instructions. 2
- 2 No, but I have a suspected or undiagnosed mental illness.  
Yes, I am under a doctor's care and take my medication / follow the doctor's instructions. 1
- 1 doctor's instructions. 1
- 0 No, I do not have a mental illness. 0

##### Part B: Please tell us if you have or someone in the household has a history of Substance Use Disorder (SUD).

- 4 Yes and I am currently using alcohol or drugs and not in recovery. Stress history of SUD with assessors.
- 3 Yes, but I have been in recovery for less than 6 months.
- 2 Yes, but I have been in recovery for 6 months to 1 year.
- 1 Yes, but have been in recovery for more than 1 year.
- 0 I do not have a substance use problem.

##### Part C. Please tell us if you or someone in your household has a developmental

- 1 Yes, someone in my household has a developmental disability. Train on HUD guidance on defining
- 0 No, no one in my household has a developmental disability.

#### Section 5: Physical Health

##### Part A: Do you or does anyone in your household have any chronic health

- 3 Yes, I am not currently being treated for it/them. Chronic condition as defined by HUD
- Yes, I am under a doctor's care but I don't always take my medications/follow their instructions. 2
- Yes, I am under a doctor's care and take my medication/follow the doctor's instructions. 1
- No, I do not have a chronic health condition. 0

##### Part B: Do you or does anyone in your household have trouble getting around because of a chronic health condition?

- 3 Yes, I use a wheelchair.
- 2 Yes, I depend on a cane/crutches/walker or other device for mobility.
- 1 Yes, I can walk a short distance without assistance, but with difficulty.
- 0 No, I don't have any trouble getting around.

**Part C: How many times have you visited a hospital emergency room in the past 12 months?**

- 3 10 or more times
- 2 5 to 9 times
- 1 1 to 4 times
- 0 I have not visited a hospital emergency room in the past 12 months.

**Section 6: Sexual Orientation/Gender Identity**

**Part A: Do you identify as LGBTQ?**

- 1 Yes
- 0 No

**Have you ever lost housing as a result of your sexual orientation or gender identity?**

- 2 Yes
- 0 No