**Coordinated Entry Screening Tool**

What is Coordinated Entry?

In its most basic form, coordinated entry is housing-focused and designed to quickly connect families experiencing a housing crisis with housing and housing-related resources as efficiently and effectively as possible. It standardizes the assessment process across local providers, and coordinates the referral for resources (such as prevention services, transitional housing, rapid re-housing, permanent supportive housing, emergency shelter, and case management) in a way that incorporates participant choice, and allows communities to prioritize scarce resources towards the most vulnerable community members.

This tool is a Coordinated Entry screening tool that will be used all participating agencies in the coordinated entry process for housing. The following agencies are “access points”, which means that these agencies are completing the screening tool:

Coordinated Entry Access Points:

* DuPage County Community Services
* Catholic Charities

Additionally, for special populations:

* Family Shelter Service (for domestic violence)
* DuPage Pads (for unsheltered person)

There are other participating agencies that will not be an access point but our agency will send the screening to them to assist the client.

* DuPage Veteran’s Assistance Commission
* Outreach Community Ministries
* People’s Resource Center
* 360 Youth Services (for transitional housing only)
* DuPage PADS (for unsheltered persons)

When a client asks about housing needs, whether it is shelters, rental/mortgage assistance, transitional housing, etc., you will need to complete the tool below to assess their housing needs.

NOTE: You will not need to complete the tool if they are requesting:

* Homeless Prevention funds (rental assistance) for outside the county (ex: moving to Chicago)
* Affordable Housing Resources (not literally homeless, just seeking resources)
* Tenant/Landlord Referrals
* Housing Short Term Case Management Referrals
* Family Self Sufficiency

For Housing Terms Glossary, see the “Housing Pre-Screen Tip Sheet”.

Before you start the tool, please explain to the client that you are completing a housing tool that is a part of a county wide housing initiative that can connect the client to different agencies by sending them a referral to an agency that matches up with their needs.

Coordinated Entry Screening Tool Walkthrough

Currently, our agency is working with a fillable PDF form that contains the screening tool. In the future, it will be built into the UCD system and procedures may change.

**Pre-Screen Tool for Housing Calls**

1. Access Point: ***Please select “DuPage County Community Services”***
2. Caller Consent: “*We share information with our partnering agencies in order to coordinate requested services to support you/your household. Do we have permission to share this information with the partnering agency?”*
   1. Answer: Yes/No
      1. **If “No”, STOP the screening since you do not have permission to continue.**
3. Date: ***Please fill in date you completed the assessment***
4. Name: ***Please type in the head of household name***
5. Date of Birth/(request Age if client refuses): *Fill in field with date of birth or age*
6. Gender: \_\_\_Male \_\_\_Female \_\_\_ Transgender Male to Female \_\_\_ Transgender Female to Male \_\_\_ Does not identify **\**Please select a category***
7. Primary Language Spoken:***Select from drop down box and if it is a language not listed, please select other and type in the language***
8. Have you or any member of your household served in the military? Y/N

***If it is Yes, continue the assessment but at the end of the assessment you will need to select Veteran’s Assistance Commission so this referral is sent to them. If No, continue the assessment.***

## Contact Information

1. Phone 1: ***This must be the primary contact and should match the primary number in the UCD/CMIS***
2. Phone 2: ***This could be any second or third numbers including friend, relatives, agencies, etc.***
3. Phone 3: **“ “**
4. Email: ***Please ask for one since it may be the only point of contact***
5. Between the Hours of 9 am – 5 pm Monday through Friday, when is the best time for the agency to contact you?
6. Best Time to Contact: ***You can select multiple if needed, but at least 1 time period needs to be selected***

* Morning, 9-12
* Afternoon, 12-5
* Anytime, 9-5p
* Unavailable

If the agency is unable to reach you, is this a safe phone number to leave a voicemail or message with someone?

Yes/No, if No, explain: ***This field is making sure it is safe to leave a message for the client regarding housing. If it is No, you need to explain why it is not safe to leave a message***

1. How many people are living in the household, or will be living with you?
   1. # of adults in household (18 & over): ***Please type in # of adults including seniors***
   2. # of children in household (under 18): ***Please type in # of children***
2. What is the household’s total monthly gross income? $\_\_\_\_\_\_\_\_\_ ***This will be for the past 30 days***
3. Where did you sleep last night? ***This will be in a drop-down format and for list of the different housing types, please see the “Housing Pre-Screen Tip Sheet”***
   * Homeless: Place not meant for human habitation
     + Literally homeless, street, car, outside, etc.

* Homeless: Emergency Shelter (includes hotel/motel paid for with agency voucher)
  + Refers to a client in a shelter or if an agency is paying for a hotel stay
* Institutional: Foster care home or foster care group home
  + Refers to a client in the foster care system
* Institutional: Hospital or other residential non-psychiatric medical facility
  + Refers to a client in the hospital
* Institutional: Jail, prison, or juvenile detention facility
  + Refers to a client in the corrections system
* Institutional: Long term care facility or nursing home
  + Refers to a client in a LTC, rehabilitation, Supportive Living Facility or assisted living
* Institutional: Psychiatric Hospital or Facility
  + Refers to a client in a psychiatric hospital, hospital wing, or facility for mental health
* Institutional: Substance Abuse Treatment Facility or detox center
  + Refers to a client in a substance abuse program and resides there
* Transitional/Permanent Housing: Hotel or motel paid for without emergency shelter voucher
  + Refers to hotel paid for by the client with no agency help
* Transitional/Permanent Housing: Owned by client, NO ongoing housing subsidy
  + Refers to home ownership
* Transitional/Permanent Housing: Owned by client, with ongoing housing subsidy
  + Refers to a Section 8 program that used to be available where Section 8 allowed for a subsidized mortgage, it is no longer offered
* Transitional/Permanent Housing: Permanent Housing for formerly homeless persons
  + This would be Permanent Supportive Housing like DuPagePads
* Transitional/Permanent Housing: Rental by client, NO ongoing housing subsidy
  + Refers to a regular rental
* Transitional/Permanent Housing: Rental by client, with ongoing housing subsidy
  + Refers to rental programs like Housing Choice (Sect. 8)
* Transitional/Permanent Housing: Residential Project/halfway house with NO homeless criteria
  + Refers to a client that in in residential project like a halfway house and resides there due to other
* Transitional/Permanent Housing: Staying or living with a family member
* Transitional/Permanent Housing: Staying or living with a friend
* Transitional/Permanent Housing: Transitional Housing for homeless persons (homeless youth)
  + Refers to homeless transitional housing ex: 360 Youth Services

**Rapid Re-Housing/Diversion**

1. Do you have a place to sleep tonight?
   * Yes (Continue to Homeless Prevention questions)
   * No, but housing has been identified (Provide shelter Referrals, and continue to Homeless Prevention questions)
   * No, and housing has not been located. (**End assessment and explore alternative options with the client before referring to an emergency shelter.** *Advise the client that the shelters will be able to assess for additional resources including coordinated access to housing programs. If client refuses to use a shelter, advise them of DuPage -PADS Triage at 630-682-3846 option 1.)*

If “No, and housing has not been located” was selected, was the DuPagePads Triage phone number provided?

* + No
  + Yes

## Homeless Prevention

1a. Are you currently in housing that you are seeking assistance with?

Yes (Continue to question #2.)

No (Go to question #1b.)

***This question is asking if they are seeking rental assistance for a unit or home they are currently in now. If they are seeking security deposit and first month’s rent select “No” and move to question 1b.***

1b. Have you located housing that you are seeking assistance with?

Yes (Continue to question #2.)

No (**End assessment if seeking moving assistance and no unit has been identified.)**

***This question is asking about security deposit or first month’s rent and you would select “Yes” if they are seeking that assistance. If they are not asking for current month rent, first months’ rent, or security deposit, then the assessment would end and you would provide referrals to alternative agencies.***

***To complete the referral, please go to the end of the assessment under the “For Office Use Only” section and select “Referral Not Sent/Alternative Referrals” and write in the alternative referrals you provided.***

1. What city is the home located in?

***Please select a city from the drop-down list, it will contain all cities/villages in DuPage County. If they are seeking assistance with out of county home then the assessment will end.***

1. How long can you stay in this location?

***Please enter the amount of time they can stay in place they are currently housed, ex: 2 weeks, 3 months, one year, etc.***

1. Is your name on a lease/mortgage?
   * Yes
   * No

***This is important since the Housing providers will need to know if they have any lease proof but it does not stop the assessment if their name is not on the lease or mortgage***

1. Which if the following have you received?

* 5-Day, 10-Day, or 30-Day Notice
* Eviction notice
* Court order to vacate
* Not applicable, seeking security deposit and/or first month’s rent
* None (End assessment and provide alternative referrals)

***If the client states they either have a 5 Day notice, 10-day notice, 30-day notice, eviction order or court order to vacate (aka sheriff notice) the assessment can continue.***

***If the client is seeking security deposit and/or first month’s rent, please select “Not applicable” and continue the assessment.***

***If the client does not have any notices, and are not seeking security deposit and/or first month’s rent, please stop the assessment and please go to the end of the assessment under the “For Office Use Only” section and select “Referral Not Sent/Alternative Referrals” and write in the alternative referrals you provided.***

1. Describe what brought on your housing crisis?

* Loss of income/job
* Natural Disaster/Fire
* Car Repair
* Funeral Expenses
* Medical Expenses
* Displacement by Gov. *(This could be the result of a government closes a building or housing program)*
* Condemnation
* Foreclosure
* Release from institution
* Homeless

Other, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***You can select multiple categories and if it is other, please describe in detail***

1. Did the above circumstance(s) take place within the past 90 days?

***This is a field box that you will put when the crisis happened in the past 90 days, ex: March 15-22, 2018, Jan-Mar 2018***

1. Client Story:

***This is a case note box that brief details about the client situation should be listed. For example:***

***“Client seeking rental assistance for month of May due to being on unpaid medical leave from work in April. Client returned to work on May 15th but is behind on May’s rent. Has 5 Day notice and owes $1100 for May.”***

1. Amount of Assistance Requested
   * Rent Amt $ ***Please put the dollar amount that they are seeking help with***
     1. Monthly Rent Amount $ ***Please put in their normal monthly amount***
     2. Number of Bedrooms: ***Please put the number of bedrooms, if it is a single room rental or a studio, please write “0”***
   * Deposit Amt $ ***Please put the amount needed only if they are requesting security deposit***
   * Mortgage Amt $ ***Please the amount needed only if they are requesting mortgage assistance***

***\*All fields do not need to be filled since it is for different needs***

1. Have you received financial assistance from any agency within the last 12-24 months?

* Yes
* No

If yes, please list agencies or agencies: ***This will be a field that the client will report any help they receive in the last 12-24 months from any agencies including private agencies, like St. Vincent De Paul or Love Christian Clearinghouse***

1. Have you used People’s Resource Center before?
   * Yes
   * No

***If they state Yes, when you get to the end of the assessment, please select “People’s Resource Center”. This referral will be sent to that agency. If No, please send the referral to appropriate agency based on the monthly plan.***

**End of assessment. Refer to an agency as designated in the monthly plan.**

***At this point, you will need to look at the current monthly plan that is sent out by the Intake and Referral Management. Review the criteria and chose which agency to send it to. Once you have chosen the agency, please read the statement below to give the client a time frame on when that agency will call them back.***

**Please read statement: Please be patient, “(referral agency) will call you within 5 business day, depending on call volume.”**

***This is to provide a timeline for a callback from any of the agencies we are sending the referral to.***

**For office use only. Referred to:**

* **Catholic Charities (CC)** 
  + Referrals are sent to them when the client is in their geographic boundaries and when funding is available
* **DuPage County Community Services (DCCS)**
  + Referrals are sent to our Housing unit when the client is in their geographic boundaries and when funding is available
* **Veteran’s Assistance Commission (VAC)**
  + Any client that identifies as a Veteran regardless if they are seeking Homeless Prevention Funds or Rapid Re-Rehousing (shelter)
* **Outreach Community Ministries (OCM)**
  + Referrals are sent to them for Carol Stream and Warrenville, referrals for Glen Ellyn and Wheaton will be directed to DCCS
* **People’s Resource Center (PRC)**
  + Referrals are sent to them only if they identify they have been to PRC before
* **360 Youth Services (transitional housing only)**
  + Referrals are sent to them only for transitional housing for females 18-21 and males 18-24
* **Referral Not Sent/Alternative Referrals**
  + Please write in the text box why the referral wasn’t sent (ex: no 5-day notice, no unit identified) and if any privately funded agencies like Loaves & Fishes, Love Christian Clearinghouse or any other church organization were provided.

**Referral Process:**

Once you select the appropriate agency and tell the client about the callback time, you will send the referral:

* Click the “Submit to HMIS@dupageco.org” button at the bottom of the fillable PDF form
* It will email the assessment to HMIS (Julie’s team) and that team will send the referral onto the agency you selected, **EXCEPT** for the referrals for our own Housing unit.
  + For our own Housing unit: Please print the Screening tool along with the I&R intake sheet with notes and stapled them all together.
  + Place the referral into the bins by the Housing unit
    - For 5-day notice bin, the client would have answered “Yes” to question 6 in the homeless prevention section
    - For Homeless bin, the client would have answered “No, but housing has been identified (Provide Shelter Referrals, and continue to Homeless Prevention/Rapid Re-Housing questions) on question in the Rapid Re-Housing section.
  + NOTE: The “Referral Not Sent/Alternative Referrals” referrals will be kept by the HMIS team and tracked for statistics.
* You do not need to save the assessment once it is sent to HMIS. Close the PDF form once you are finished.

**UCD and CMIS Entry:**

When you are completing the tool, the client must still be entered into our databases, UCD and CMIS:

* For the UCD, please go through the normal intake screening (capturing household members, income and demographics, assessing for CSBG) and when you add UCD note, you must write that the tool was completed and what agency the client was referred to.
  + - This is very important for tracking and if the client calls back with any questions.
  + For senior clients (60+), they must be entered in to CMIS will all the normal intake screening information.
    - Please enter 07 or 075 I&A intake
    - In the comments/Case Notes, please state that the referral was completed and what agency the referral is being sent to.
    - Please add the Client Service Activity

For statistics in the UCD:

* Please select “CES Housing Tool Completed” if you completed the housing tool for homeless prevention funds. This will replace the “Rental/Mortgage Assistance” category
* Please select “Rapid Rehousing Referral” for homeless clients that you provided DuPage PADS Triage or other shelter referrals. This will replace “Homeless I&R (Not referred to CM)” category.
* A new statistical category was added, “CES Housing Tool Follow-up Call” to track clients calling back after initial referral to check on their status, questions, etc.

**Other Tips:**

* Once you send the referral to HMIS or the Housing unit, HMIS will be sending the referrals to all the agencies on a daily basis. The agencies have 5 business days to contact the client to do an assessment based on the tool. The agency staff will screen for specific funds that they currently have.
* As of 6/8/18, there is cutoff point for referrals sent to the Housing unit, where the tool will not be completed after that date. The date will be specified in the monthly plan. Outside agencies will receive referrals all month long.
* If a client calls and states that they have not gotten a call yet from an agency, they missed a call, have questions, etc., please tell them the following:
  + - If it has been less than 5 business days, please explain that the agency’s callback timeline
    - If it has been between 5-30 business days, please look up where the referral was sent to and provide them the agency phone number to follow-up.
      * If it is an internal referral (to our own housing unit, please look to see if there any UCD notes or check in the referral has been signed out the bin in Housing.
    - If it has been more than 30 days since the referral or it is a start of new month, please complete the tool again and re-refer the client to the appropriate agency
    - If the client’s situation has changed greatly, ex: homeless client who was previously screened and given shelter referrals, has now found an apartment and needs security deposit, please complete the tool again and refer the client to appropriate agency.