

Coordinated Entry Vulnerability Assessment Tool

Demographic Information		Total Score
Date:	Interviewer/Advocate/Case Manager's Name:	
Referring Agency/Organization Name:	Interviewer/Agency Contact Phone #	
Preferred (Primary) Language:	Secondary Language:	
Full Name of Head of Household	SSN (Optional- last 4 ONLY)	
Date of Birth (xx/xx/xxxx)	Household Description:	
	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple	
How do you prefer to be contacted?	Phone Number:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Email:	Address:	
Alt. Contact Name & Relationship to you:	Alt. Contact Information (Phone/Email/Address):	
Are you fleeing a domestic violence situation?	Gender you identify as:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Agender <input type="checkbox"/> Other	

[illegible]

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Please complete all **8** sections included in this assessment if applicable.

Section 1: Misc. Vulnerability Points	
Have you ever served in the military? (for placement and veteran's services referral only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Town or Zip code of last permanent address? (do not include shelter/other programs)	
Score 1 point if household had 6 or more members	
Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year)	
Score 1 point if applicant is over 60 years old	
Score 3 points if applicant is 18-24 years old	
Section 1 Total:	

Section 2: Housing/Homelessness	
In this section choose only ONE answer in each Part	
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
3	In Transitional Housing
2	In substandard housing and/or rent is not affordable (over 30% of income)
1	In stable housing that is only marginally adequate
0	Housing is safe, adequate, and affordable
Part B.	If in Shelter or a place not meant for human habitation, how long have you been staying there?
3	More than 1 year
2	6 months to 1 year
1	1 to 6 months
0	Less than 30 days
Part C.	**Answer Part C ONLY 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?	
1	Yes
0	No
Section 2 Total:	

Section 3: Income/Employment	
In this section choose only ONE answer in each Part	
Part A.	Do you have a steady income?
4	No Income
2	Some income, not stable, insufficient to afford unsubsidized housing
1	Income from mainstream benefits, insufficient to afford unsubsidized housing
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing
Part B.	Do you have a job?
5	No, I can't work due to disability
4	No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc.
2	Yes, but only a few hours a week and sometimes there is no work available/ No, but seeking a job
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income
1	Yes, I work part-time and have regular hours
0	Yes, I work full-time
Section 3 Total:	

Section 4: Mental Health/Substance Use	
In this section choose only ONE answer in each Part	
Part A.	Have you been diagnosed with a mental illness?
3	Yes, I am not currently being treated for it
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions
0	No I do not have a mental illness

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Part B.	Please tell us if you have a history of substance use disorder (SUD)	
4	Yes and I am currently using alcohol or drugs and not in recovery	
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 abuse problem	

Check the box if you wish to be referred ONLY to programs providing substance abuse services
☐

Part C.	Please tell us if you have overdosed on drugs or alcohol.	
2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	
Section 4 Total:		

Section 5: Physical Health		
In this section choose only ONE answer in each Part		
Part A.	Do you have any chronic health conditions?	
3	Yes, I am not currently being treated for it/them	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a chronic health condition	

Part B.	Do you have trouble getting around due to a chronic health condition?	
3	Yes, I am in a wheelchair	
2	Yes, I depend on a cane / crutches 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.	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.)	
2	Yes	
0	No	

Part D.	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	
0	I have not gone to the emergency room in the past 12 months	
Section 5 Total:		

Section 6: Sexual Orientation/Gender Identity		
Do you identify as LGBTQ?		
2	Yes	
0	No	
Section 6 Total:		

Section 7: Youth and Young Adult Please complete ONLY if you are less than 25 years old		
Part A: If staying in a shelter or place for human habitation, how long have you been staying there?		
3	More than a year	
2	6 months to 1 year	
1	1 to 6 months	
0	Less than 30 days	
At what age did you first leave home?		

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Part B: What type of programming are you interested in? to the right of any answer that fits you.		Place an X in the box
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 supports)		
Permanent Supportive Housing programs (I		

Section 7 Total:	
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Total Vulnerability Score: Sections 1-7A	
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Section 8: Any Further Comments	

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-11370, TTY (617) 573-1140 for the deaf or hard-of-hearing.

**MA BALANCE OF STATE CONTINUUM OF CARE COORDINATED ENTRY SYSTEM FOR
HOMELESS SERVICES CONSENT TO PARTICIPATE IN A SCREENING AND
AUTHORIZATION TO SHARE PROTECTED HEALTH INFORMATION**

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

We are asking you to participate in an interview and screening to enable us to share information about you with the Massachusetts Balance of State Continuum of Care (the **CoC**) for the purpose of enrolling you in the CoCs Coordinated Entry System.

Information about the Coordinated Entry System for Homeless Services: In the Massachusetts Balance of State Continuum of Care, homeless services, transitional housing, and other homeless resources are accessed through the Coordinated Entry System administered by the CoC. Services and housing in the CoC are prioritized for individuals and families who have been homeless for long period of time and have high service needs. The Coordinated Entry System allows for speedy matching of homeless individuals with the most appropriate housing resources. In addition to housing, supportive case management services are available to help individuals get the services they may need, such as primary health care, substance use treatment, and substance abuse recovery support services, to successfully stay in housing.

The CoC is a collaborative of state, county and local government agencies, social service providers, housing agencies, businesses, law enforcement and other organizations that serve homeless and formerly homeless persons in the Area. **Attached to this Authorization is a list of organizations that are currently members of the Network.** The organization conducting the interview is a member of the CoC. The CoC membership may change over time. **At any time you may ask for a complete list of participating members by contacting the CoC at (617) 573-1390.**

Screening: With your authorization, you will be interviewed today about your health and housing for the purpose of entering you into the CoC Coordinated Entry System. This should take about 20-30 minutes. You will be asked questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system. Most of the questions only require a "yes" or "no". Some questions require one-word answers.

Participation is Voluntary: Participation in the screening and the CoC Coordinated Entry System are completely voluntary. If you decide not to participate in the screening or to sharing your information, those decisions will: (1) not impact the services you may be receiving from the organization wanting to conduct your interview today; or (2) prevent you from participating in the Coordinated Entry System, but the ability of the Coordinated Entry System to help you will be substantially limited. To participate in the Coordinated Entry System without participating in the screening, contact the CoC at **(617) 573-1390** or by writing to DHCDcocapplications@mass.gov

If you agree to participate in the interview, you may ask to take a break or stop the interview at any time. If at any point you do not understand what is being asked, let the interviewer know and they will help you.

Enrollment in to the Coordinated Entry System - Who Will Be Receiving the Information from the Interview: With your authorization, the information collected from the interview will be enroll you into CoC Coordinated Entry System, determine your eligibility for various housing programs, and make referrals for other services on your behalf.

**MA BALANCE OF STATE CONTINUUM OF CARE COORDINATED ENTRY SYSTEM FOR
HOMELESS SERVICES CONSENT TO PARTICIPATE IN A SCREENING AND
AUTHORIZATION TO SHARE PROTECTED HEALTH INFORMATION**

Important Rights and Other Information You Should Know.

- You may revoke your authorization to share the information with the CoC at any time by contacting the CoC at (617) 573-1390. If you revoke this authorization, the revocation will not apply to information that has already been used or disclosed.
 - You may stop your participation in the Coordinated Entry System at any time by contacting the CoC at (617) 573-1390.
 - The information shared with the CoC based on this authorization may be re-disclosed and may no longer be protected by federal or state privacy laws. Not all organizations and persons have to follow these laws.
 - You have a right to a copy of this authorization once you have signed it. To obtain a copy, please ask the person who is interviewing you or contact the CoC at **(617) 573-1390**.
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SIGN BELOW IF AGREEING TO BE INTERVIEWED AND TO SHARING YOUR INFORMATION

I have read (or have been read) the authorization and I agree to and understand the following:

1. My responses to this interview, which consists solely of the completion of the Assessment Tool that is attached to this authorization, namely, the Coordinated Entry Vulnerability Tool. The last 4 digits of my Social Security number, collected for identification purposes, will be shared by the Interviewer with the CoC and the referral agency.
2. My participation in this interview and the Coordinated Entry System does not guarantee that I will be eligible for a service or program, such as a housing program. I understand that if I am eligible for a service or program, it does not guarantee that I will receive them.
3. The information I provide in the interview is true and complete to the best of my knowledge. I understand that the information I provide may be verified.
4. This authorization will remain in effect until it is otherwise revoked or terminated.

My signature (or mark) below indicates that I have read (or have been read) and agree to the statements above and I agree to be interviewed and for my information to be shared with the Network. It also indicates that I have received a copy of this Authorization Form.

Date

Signature (or mark) of Participant

Signature of Interviewer

IMPORTANT: The additional Authorization for Release of Confidential Information for Individuals and Families with Histories of Substance Use Disorders, which is below, needs to be completed for the entry of any drug or alcohol information in the Balance of State Coordinated Entry System or the release of such information to the Network.

List of Organizations that make up the Massachusetts Balance of State Continuum of Care

Action for Boston Community Development (ABCD) Advocates Inc.
Bay Cove
Boston Community Capital
Bread of Life
Bridgewell
Brookline Community Mental Health Center
Brookline Housing Authority
Cambridge Health Alliance (CHA) CAPIC Chelsea
Caritas Communities
CHA/Everett Community Health
City of Lowell
Commonwealth Land Trust Community Health
Link
Community Service Network Community
Teamwork Inc. (CTI)
Massachusetts Department of Housing and Community Development (DHCD) Massachusetts
Department of Mental Health (DMH)
Massachusetts Department of Public Health (DPH)/Bureau of Substance Abuse (BSAS)
Massachusetts Department of Veterans Services (DVS) Massachusetts
Department of Children and Families (DCF) Eliot Community Human Services
Emmaus
Father Bills & Mainspring
Family Promise Metrowest
Greater Lawrence Community Action Council;
Hallmark Health
HarborCOV Heading Home
HomeStart
Housing Families
Housing Solutions of Southeastern MA
Just – a - Start
Justice Resources Institute Inc.
Massachusetts Housing and Shelter Alliance (MHSA)
Merrimac Valley YMCA
Metropolitan Boston Housing Partnership (MBHP)
Middlesex Human Service Agency including Bristol Lodge
Navicore Solutions
North Shore Community Action Program
Pine Street Inn
Psychological Center
Resources for Communities and People (RCAP) Seven Hills Behavioral Health
Somerville Homeless Coalition
South Middlesex Opportunity Council (SMOC)
The Neighborhood Developers
The Second Step
Veterans Administration
Veterans Inc.
Veterans Northeast Outreach Center
Vinfen
Way Finders, Inc.
Wayside Youth
Youth Harbors
YWCA of Greater Lawrence

CONSENT TO PARTICIPATE AND AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FOR INDIVIDUALS AND FAMILIES WITH HISTORIES OF SUBSTANCE USE DISORDERS

ABOUT THE COORDINATED ENTRY SYSTEM

You are invited to participate in the Coordinated Entry System of the Balance of State Continuum of Care (BoS CoC). The BoS CoC is funded by the federal Department of Housing and Urban Development (HUD) through the Massachusetts

Department of Housing and Community Development (DHCD). The purpose of the BoS CoC is to establish and maintain

HUD-funded housing programs for Homeless and Chronically Homeless individuals and families within its geographical area (most of Suffolk, Middlesex, and Norfolk counties). The purpose of the Coordinated Entry System is to identify Homeless and Chronically Homeless individuals and families and to place them in housing as quickly as possible. If you choose to participate in the BoS CoC Coordinated Entry System administered by DHCD, you will be assisted to find appropriate housing as quickly as possible. You will be offered Supportive Case Management services along with the housing to help you find and keep the services you need, such as primary health care, substance abuse treatment, and substance abuse recovery support services, to stay in the housing successfully.

Your participation in the Coordinated Entry System is strictly voluntary.

You do not have to take part in this program. If you do take part in this program, you can leave the program at any time. If you decide to participate in this program, then information about you will be collected so the program can help place you in housing. With your permission, your information will be shared only with organizations that will help find you a place to live. If you do not give your permission to share your information, you can still participate in the Coordinated Entry System, but that will limit the amount of help the Coordinated Entry System will be able to give you.

COLLECTION AND USE OF INFORMATION

SCREENING AND ASSESSMENT

With your permission, the Coordinated Entry System worker will do a face-to-face interview with you to help find out which housing programs fit your needs. That worker will ask questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system.

42 CFR PART 2 REQUIREMENTS

When the Coordinated Entry System collects information on you, the government requires that information to be protected. When that information includes information about substance abuse, a diagnosis of substance use disorder, or treatment for substance use disorder, then there are special requirements to protect your substance-use information. Those special requirements are described on the next page. Your information can be shared with other organizations only with your permission. It will be used only to help place you in housing. To do that, your information will be entered into DHCD's Coordinated Entry System's data system. If you consent, we would like you also to provide us with the name, address, and phone number of another individual who will know how we can get in touch with you.

We take steps to protect the privacy and the security of the information collected about you. Information regarding substance use and treatment collected about you for the BoS CoC Coordinated Entry System is protected under federal laws: Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164). Your information cannot be shared without your permission, unless otherwise permitted by those laws.

(Print the name of the person giving consent to this release of information on the line above)

have read and fully understand this consent form and I wish to participate in the BoS CoC Coordinated Entry System. I agree to the following:

- I authorize the BoS CoC Coordinated Entry System to do screening and assessment in order to refer me to appropriate housing programs;
- I understand that the BoS CoC Coordinated Entry System is required to collect information and enter that information into DHCD's Coordinated Entry System's data system; I agree to allow the BoS CoC Coordinated Entry System to collect my information and enter it into DHCD's Coordinated Entry System's data system;
- I also agree to provide my contact information and the contact information of someone else who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs;
- I understand my information and records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164); I understand my information cannot be shared without my written consent unless otherwise provided for in the laws and regulations;
- I agree information about my substance use disorder can be released and shared with the designated staff persons at the Coordinated Entry System and at one or more of the following organizations only to the extent that information is necessary for the referral System to housing programs appropriate for me:
 - Bay Cove Human Services/Kit Clark Senior Services;
 - High Point/SEMCOA;
 - The Institute for Health and Recovery;
 - Massachusetts Sober Housing Corporation;
 - South Middlesex Opportunity Council;
- I understand that I may cancel this consent at any time, except to the extent that action has been taken in reliance on it. I also understand that, in any event, this consent automatically expires 90 days upon the completion of my participation in the BoS CoC Coordinated Entry System. If I decide to cancel this consent before the automatic expiration date, I can do so by contacting the CoC Grants Coordinator at DHCD at: 1-617-573-1390.

I acknowledge that I have received a copy of this consent-to-release-information form.

Participant's Signature

Date

Staff Person's Signature

Date

Staff Person's Printed Name and Title: _____

Optional Contact Information: I authorize the CoC to contact the person whose contact information I have provided below who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs.

Print Name: _____

Print Address: _____

Phone Number: _____

Email Address: _____

**Balance of State Continuum of Care Coordinated Entry System
Housing Preference Form**

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

This form will accompany your CE vulnerability and release forms to help us better understand what your housing needs and preferences are. The Balance of State Continuum covers a large geographic area and we understand that for you to be close to your support systems, some communities will work better for you than others. We also understand that some people may have communities that they cannot live in. Please check the box next to any community in which you could live and be close to your support systems. When doing so, remember that choosing fewer towns will decrease your housing opportunities, but it will not affect your standing on the referral list.

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Acton | <input type="checkbox"/> Dover | <input type="checkbox"/> Medford | <input type="checkbox"/> Stoughton |
| <input type="checkbox"/> Ashby | <input type="checkbox"/> Dracut | <input type="checkbox"/> Medway | <input type="checkbox"/> Stow |
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Dunstable | <input type="checkbox"/> Melrose | <input type="checkbox"/> Sudbury |
| <input type="checkbox"/> Ashland | <input type="checkbox"/> Everett | <input type="checkbox"/> Millis | <input type="checkbox"/> Tewksbury |
| <input type="checkbox"/> Avon | <input type="checkbox"/> Foxborough | <input type="checkbox"/> Milton | <input type="checkbox"/> Townsend |
| <input type="checkbox"/> Ayer | <input type="checkbox"/> Framingham | <input type="checkbox"/> Nahant | <input type="checkbox"/> Tyngsboro |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Franklin | <input type="checkbox"/> Natick | <input type="checkbox"/> Wakefield |
| <input type="checkbox"/> Bellingham | <input type="checkbox"/> Groton | <input type="checkbox"/> Needham | <input type="checkbox"/> Walpole |
| <input type="checkbox"/> Belmont | <input type="checkbox"/> Holbrook | <input type="checkbox"/> Newton | <input type="checkbox"/> Waltham |
| <input type="checkbox"/> Billerica | <input type="checkbox"/> Holliston | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Watertown |
| <input type="checkbox"/> Boxborough | <input type="checkbox"/> Hopkinton | <input type="checkbox"/> Norwood | <input type="checkbox"/> Wayland |
| <input type="checkbox"/> Braintree | <input type="checkbox"/> Hudson | <input type="checkbox"/> Pepperell | <input type="checkbox"/> Wellesley |
| <input type="checkbox"/> Brookline | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Plainville | <input type="checkbox"/> Westford |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Lexington | <input type="checkbox"/> Randolph | <input type="checkbox"/> Weston |
| <input type="checkbox"/> Canton | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Reading | <input type="checkbox"/> Westwood |
| <input type="checkbox"/> Carlisle | <input type="checkbox"/> Littleton | <input type="checkbox"/> Revere | <input type="checkbox"/> Winchester |
| <input type="checkbox"/> Chelmsford | <input type="checkbox"/> Lowell | <input type="checkbox"/> Sharon | <input type="checkbox"/> Winthrop |
| <input type="checkbox"/> Chelsea | <input type="checkbox"/> Malden | <input type="checkbox"/> Sherborn | <input type="checkbox"/> Woburn |
| <input type="checkbox"/> Cohasset | <input type="checkbox"/> Marlborough | <input type="checkbox"/> Shirley | <input type="checkbox"/> Wrentham |
| <input type="checkbox"/> Concord | <input type="checkbox"/> Maynard | <input type="checkbox"/> Somerville | |
| <input type="checkbox"/> Dedham | <input type="checkbox"/> Medfield | <input type="checkbox"/> Stoneham | |

We also know that people do better in different types of housing. Please check the box for those types of housing that you believe will be successful for you.

- | | | | |
|-------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> SROs | <input type="checkbox"/> Congregate | <input type="checkbox"/> Clustered units | <input type="checkbox"/> Scattered Site |
|-------------------------------|-------------------------------------|--|---|

Rapid Rehousing helps with rent, security deposit and other financial needs as well as supportive services to help people enter into an apartment. Both the financial assistance and supportive services end within six months of entering the apartment. **Check the box if you would be interested in Rapid Rehousing** ☐

Finally, we know that some people have very specific needs related to their disabilities. Please check if you need any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Handicapped Accessible Unit | <input type="checkbox"/> First Floor unit |
| <input type="checkbox"/> Devices for the hearing Impaired | <input type="checkbox"/> Devices for the Visually Impaired |

Balance of State Continuum of Care Coordinated Entry System
Housing Preference Form

