**Participant Name: Pronouns: Date of Birth:**

**1. Introduction**

**How the assessment works:** You will be asked questions to help understand your current housing needs and refer you to available to resources address those needs.

**Purpose of the Assessment:** Gather information to explore Maine Coordinated Entry System (MCES) housing assistance resources. Completing this assessment does not guarantee assistance through these resource options, but it does provide MCES with the minimum information needed to connect individuals and families with available housing opportunities within the Maine Continuum of Care.

**Right to Refuse Responses:** You may refuse any question on this assessment.

**Stop/Start:** You may stop this assessment at any time and pick it back up at a later meeting.

**No Right/Wrong Responses:** Your responses will not affect any other services you receive from our agency. The questions are only designed to help explore MCES housing options you may want to pursue.

**Housing Problem Solving:** Attached to this assessment is an optional housing problem solving worksheet. It is designed to explore other options beyond accessing the homeless response system.

Filing a Discrimination Complaint: If at any time you would like information on filing a complaint because you believe you are being discriminated against, let me know and I can give you information on how to pursue this.

**2. Safety and Immediate Need**

1. Do you feel safe where you are? *(Consider referral to violence specific resources.)* **☐ Yes ☐ No**

Are you currently fleeing or attempting to flee a violent situation, including domestic violence, dating violence, sexual assault, stalking, or human trafficking? **☐ Yes ☐ No**

***Would you prefer to get additional information on domestic violence supports and resources***? **☐ Yes ☐ No**

1. Do you have access to food and water? **☐ Yes ☐ No**
2. Where do you spend time during the day?
3. **Youth Choice***, for heads of households who are 24 yrs. or younger.*

**Would you like to be considered for housing programs that are —**

* + **Youth-Specific Programs only:** Youth-specific programs are with agencies who have a focus on young populations; they may be able to offer additional youth oriented services including community-building and connections with other youth.
  + **Adult Programs only:** Adult programs serve youth who are 18-24 but may not have built in connections or services to connect with other youth. They can help you find those opportunities.
  + **Both - Adult** and **Youth-Specific Programs**

1. **Military Service**

**Did you serve in active military, naval or air service (regardless of length of service) and have a discharge status of anything other than dishonorable?** NOTE: This includes Veterans who only had service time in Basic Training. This does NOT include Veterans who were national guard and reserve. ***If veteran is unsure always refer to local Supportive Services for Veteran Families (SSVF).***

* + **Yes**, I fit this definition ☐ **No**, I do not fit this specific definition of Veteran

1. Do you have any other needs right now? (*Note: This may be a time you find out about untreated medical conditions, including mental health, substance use, or experience of violence.)* **☐ Yes ☐ No**

**3. Assessment**

******Potential Barriers to Housing**

We are asking people what factors may be in their backgrounds so we can shape our services to overcome these barriers. **Have you experienced any of the following? Check all that apply?**

* A housing authority or housing program terminated you or you are not eligible for a subsidy (i.e., a housing voucher, a public housing unit, etc.)
* You owe a Public Housing Authority money from a previous tenancy
* Income barriers (no income, over income for assistance, not eligible for income support, etc)
* You have been evicted from a legal tenancy where you were the lease holder at least two times in the last five years.
* Prior to entering shelter or sleeping outside during this episode of homelessness, you were discharged from an institution such as a hospital, jail, prison or a pre-release program.
* A member of your household is subject to a lifetime registration requirement under a state sex offender registration program.
* A household member has been convicted of the manufacture or production of methamphetamine in federally assisted housing.
* You have been convicted (found guilty of) a violent crime.
* You have been convicted (found guilty of) a drug crime.
* You have a disabling condition(s) that has prevented you from finding and staying in a home that works for you.

******Unhoused History**

Note: If a participant was sleeping unsheltered one night in a given month counts for the full month—example: 1 night in November would count for 30 days in November when you add total nights. ***Dates can be self-reported or reflected in HMIS.***

\*In the last twelve months, how many months of homelessness have you experienced?

\*In the last three years, how many months of homelessness have you experienced?

1. **Where did you sleep last night?**
   * Emergency shelter
   * Unsheltered (outside, place not meant for human habitation)
   * Hotel paid for by charitable organization
   * Hotel paid for by self
   * Transitional housing
   * Other, please specify:

**Points Value Point Score**

**Criteria**

|  |  |  |
| --- | --- | --- |
| 1. Potential barriers to obtaining housing (at least one box checked off) | * 3 or more barriers = 2 pts * 1-2 barriers = 1point * No barriers = 0 points |  |
| 1. Unhoused History   Length of Time Homeless (LOTH), in the last **three years** | * 24 or more months = 9 points * 18 - 24 months = 8 points |  |
|  | * 12 - 18 months = 7 points |
|  | * 6 - 12 months = 6 points |
|  | * Fewer than 6 months = 5 points |
| **Priority Bump**:  *Only one of these two priorities may apply to a single household.*  Recent Homelessness (last **12 months**)  OR  Actively fleeing or attempting to flee Domestic Violence*, including dating violence, sexual assault, stalking, or other violence.* | * 6 + months = 3 points |  |
| * Less than 6 months = 0 points |
| * Yes = 3 points |
| * No = 0 points |
| 1. Where did you sleep last night: Experiencing unsheltered homelessness at the time of assessment | * Yes = 2 points * No = 0 points |  |
| **Total:** | *(****16*** *points total maximum)* |  |

**For Assessors or Programs Who Do Not Enter Assessments into HMIS:** Please contact your Hub Coordinator to ensure that the participant is added to the list of people waiting for a housing match.

**4. Contact Information**

**Share with participant**: To enable us to reach you, we are going to ask you about several contact methods, including the contact information for any case managers or agencies you are connected with. Please be aware that someone different from the intake worker may contact you when you are being referred to a resource. The person contacting you may be a staff person that you have never met before. Make sure to respond to that person so you can take the opportunity as the openings are often time sensitive (two weeks or less). The staff person may ask new questions or follow up on the questions you have already answered.

1. What is the best way to contact you (phone number, email address, mailing address)?
2. Do you have an emergency contact (friend or family member) that would be used if we are unable to contact you directly? *What is their contact information?*
3. *What is your case manager’s name, agency, and phone number*

**MAINE Continuum of Care COORDINATED ENTRY SYSTEM & Service Hub Case Conferencing Release of Information**

Agency Name:

This Agency is part of a group called the Maine Continuum of Care (MCoC) Coordinated Entry System (MCES), including Service Hubs and/or a sub-population service system, which is a group of agencies working together to provide housing resources to people experiencing homelessness. A list of all member agencies in the MCoC, Service Hubs, and sub-population service systems is available online at https://mainehmis.org/documents.

**Purpose**: The purpose of this form is to obtain consent to share your information at case conferencing meetings and to place your name on a By Name List (BNL). By doing this, member agencies will work to refer you to housing available through the Coordinated Entry System.

This form allows you to choose how information will be shared during case conferencing. Case conferencing is defined as meetings of system members to best match individuals experiencing homelessness to available resources. Case conferencing meetings will also use a By Name List, which is a comprehensive list of individuals who have been identified as experiencing homelessness in our community.

By signing this release, you allow MCES, Service Hubs and sub-population service system member agencies to share information about you and your household. This helps agencies focus on your housing needs and work toward your household’s identified goals.

You may decline to allow any of your information to be shared with other agencies. If you choose not to share your information, you and your household may have fewer housing opportunities through MCES. You or your household will never be denied services if you decline to share information.

Case conferencing meetings will focus on how providers can best meet your needs and end your homelessness as quickly as possible, including providing outreach services to you and connecting you to housing resources. Types of information that might be shared on the By Name List during case conferencing meetings include:

* + Personal identifying information for you and your household (examples: name, date of birth, gender, etc.)
  + Past or current participation in other housing and supportive service programs
  + Contact information
  + Information about your military service and VA eligibility
  + Housing history and housing status
  + Household income, financial assistance and source(s)
  + General disability information relevant to housing

I, (Printed Name of Participant) agree to share information with the Maine Service Hub and MCES and its participating member agencies as detailed below.

***Please initial your preferred level of disclosure and participation in Service Hub Case Conferencing:***

**Share my information**: I authorize (Name of Agency) to share the above listed information about me and my household members during case conferencing to determine eligibility for housing openings and connect me to other services, as applicable.

**Share my information using a case number**: I authorize the agency listed above to share the following information about me and my household members during case conferencing: age bracket, veteran status,

disability status, household size, length of time homeless and housing history. Instead of sharing my name during case conferencing, I understand that a case number will be utilized to identify me and my household members. \*

**Do not share my information:** I do not wish to have any of the above listed information discussed at case conferencing. I understand that not authorizing the sharing of this information may limit participating agencies’ ability to locate me and notify me of available openings.

**\*PLEASE NOTE: PERSONS UTILIZING DOMESTIC VIOLENCE RESOURCE CENTERS AND ARE FLEEING DOMESTIC VIOLENCE, SEXUAL ASSAULT AND/OR HUMAN TRAFFICKING WILL AUTOMATICALLY BE REFERRED BY CASE NUMBER, ASSIGNED BY THE VICTIM SERVICES AGENCY.**

By signing below, you acknowledge that you have read, or have had read to you, all the information above and have chosen to sign this form voluntarily. Your signature also indicates you understand that:

* Participation in the MCES **does not** guarantee you housing assistance
* Additional information and documentation may be required by an agency that is offering housing or supportive services before entering the housing or supportive services program
* This consent is valid for one (1) year from the effective date of your signature below
* You can cancel your consent any time by written request
* You have a right to request a copy of this consent form after you have signed it

Participant Printed Name:

Participant Signature: Date:

Participant Representative Printed Name: Representative Relationship to Participant\*\*: Representative Signature: Date:

Agency Witness Printed Name:

Agency Witness Signature: Date:

\*\*Examples of authorized representative are: guardian, power of attorney and others as defined by law.

**For Agency Use only (please initial)**

The participant above received a telephonic explanation of this form. On behalf of the participant, staff at this Agency served as the representative.

The Consent was read in itsentirety.