NY-510 Coordinated Entry Questionnaire

Interviewer's Name & Agency: _____ Today's Date: _____

Client's Name: _____ Date of Birth: _____

What is your gender identity?	☐Male ☐Female ☐Trans Male ☐Trans Female ☐Gender Non-conforming ☐Other ☐Decline to state
What is your race? (check all that apply)	☐Black ☐White ☐Native American/Native Alaskan ☐Native Hawaiian or Other Pacific Islander ☐Asian ☐Other (specify): _____
What is your ethnicity?	☐Hispanic/Latino ☐Non-Hispanic/Latino
Have you ever served in the US Military?	☐Yes ☐No ☐Refused
Have you ever been in foster care?	☐Yes ☐No ☐Refused
Have you been in jail or prison in the last 12 months?	☐Yes ☐No ☐Refused
Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)	☐Yes ☐No ☐Refused
Do you identify as a member of the LGBTQIA+ community?	☐Yes ☐No ☐Refused
Have you ever experienced Domestic Violence?	☐Yes ☐No ☐Refused
DV: If yes, when did this experience occur? In the last…	☐0-3 months ☐3-6 months ☐6-12 months ☐1 year + ☐Refused
DV: If yes, are you currently fleeing?	☐Yes ☐No ☐Refused
What kind of health insurance do you have, if any? (check all that apply)	☐Medicaid ☐Medicare ☐VA ☐Private Insurance ☐None ☐Other (specify):_____
Where did you live prior to becoming homeless?	☐City of Ithaca ☐Tompkins County ☐Other part of NY state ☐Somewhere else (specify): _____
How many people are in your household and will need to be housed? (Include children who are not currently present but with whom you hope to be housed)	How many? _____ Family Composition (if applicable): _____ _____
Are you interested in any of these housing programs? (check all that apply)	☐Permanent Supportive Housing ☐Rapid Re-Housing ☐Transitional Housing ☐Family Re-Unification
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	