NY-510 Coordinated Entry Questionnaire

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

Client's Name: _____ Date of Birth: _____

Where did you sleep last night?	☐ Emergency Shelter ☐Outside ☐Couch-surfing/doubled up ☐ Somewhere else (specify):_____
If your answer is an institution such as a rehab center, hospital, or jail, were you living outside or in emergency shelter before entering that institution?	☐ Yes ☐No ☐Refused How long have you been living in that facility? _____ Anticipated date to exit? _____
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 ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Decline to state
What is your ethnicity?	☐ Hispanic/Latino ☐Non-Hispanic/Latino
Have you ever served in the US Military?	☐ Yes ☐ No ☐ Refused
Have you been in jail or prison in the last 12 months?	☐ Yes ☐ No ☐ Refused
Are you currently on parole or probation?	☐ Yes ☐ No ☐ Refused
Have you ever been in foster care?	☐ Yes ☐ No ☐ Refused
Are you a survivor of 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
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
Is there **a phone number** where someone can get in touch with you or leave you a message?	
Is there **an email** where someone can get in touch with you or leave you a message?	
Please list 2 or more **advocates**, **case workers**, **friends**, or **relatives** who we can reach out to on your behalf when a housing opportunity arises.	

Disabling Condition:

Do you have a DISABILITY of long duration? ____Yes ____ No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

Disability Type:

☐ Yes ☐ LCI Alcohol Use Disorder

☐ Yes ☐ LCI BOTH Alcohol & Drug Use Disorder

☐ Yes ☐ LCI Drug Use Disorder

☐ Yes ☐ LCI Mental Health Disorder

☐ Yes ☐ LCI Chronic Health Condition

☐ Yes ☐ LCI Developmental

_____ HIV/AIDS

☐ Yes ☐ LCI Physical Health

Income:

Do you have income? ____Yes ____ No **Total Monthly Income** $_____

Income Source and amount: (Ask about each source individually and please write in the monthly amount below for each source)

$_____ Alimony/ Spousal Support

$_____ Child Support

$_____ Earned Income

$_____ General Assistance

$_____ Pension or retirement income from another job

$_____ Worker's Compensation

$_____ Private Disability Insurance

$_____ Retirement Income from Social Security

$_____ Social Security Disability Income (SSDI)

$_____ Social Security Income (SSI)

$_____ Temporary Assist for Needy Families TANF

$_____ Unemployment Insurance

$_____ VA Non-Service-Connected Disability Pension

$_____ VA Service-Connected Disability Compensation

Non-Cash Benefits:

Do you have Non-Cash Benefits? ____Yes ____ No

Source of Non-Cash Benefits:

_____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)

_____ Special supplemental Nutrition Program for (WIC) (HUD)

_____ Housing Choice Voucher (Section 8)

_____ TANF Child Care Services (HUD)

_____ TANF Transportation Services (HUD)

_____ Other TANF-Funded Services (HUD); If "Other" Specify: _____