

NY-510 Coordinated Entry Questionnaire

Client's Name: _____

Date of Birth: _____

Where did you sleep last night ?	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Outside <input type="checkbox"/> Couch-surfing/doubled up <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused How long have you been living in that institution? _____ Anticipated date to exit? _____
If your answer is outside , are you in living the non-enforcement zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If no, have you been asked to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
What is your gender identity? (check all that apply)	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Different Identity: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
What is your race? (check all that apply)	<input type="checkbox"/> Black, African American, or African <input type="checkbox"/> White <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> Client prefers not to answer
Have you ever served in the US Military ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Are you currently on parole or probation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in foster care ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Are you currently experiencing a lack of safety related to domestic or family violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to violence against you or a family member ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
If yes, are you currently fleeing that dangerous, traumatic, or life-threatening situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any orders of protection in place against you or someone else?	<input type="checkbox"/> Yes- against me <input type="checkbox"/> Yes- against someone else <input type="checkbox"/> No <input type="checkbox"/> Refused
In that city or town was your last permanent address ? (prior to experiencing homelessness)	City or zip code: _____ What year did you live there? _____
How many people are in your household and will need to be housed?	How many? _____ Family Composition (if applicable): _____ <input type="checkbox"/> children listed are currently living with head of household <input type="checkbox"/> children listed are NOT living with head of household
Please indicate which of the following housing options you are interested in.	<input type="checkbox"/> Refer me for any housing options I am eligible for (PSH, TH, and Short-Term Housing Vouchers) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Short-Term Housing Vouchers (STEHP, TBRA) <input type="checkbox"/> Transitional Housing
Please note any housing opportunities you are NOT interested in here.	

Please provide a phone number where a message can be left when a housing opportunity arises.	
Please provide any alternative means of contact (text now, social media, email) where a message can be left when a housing opportunity arises.	
Please provide contact information for an advocate, case worker, friend, or relative who we can reach out to on your behalf when a housing opportunity arises.	

Disabling Condition: Do you have a disability or condition that makes life challenging for you? ___ Yes ___ No

If yes, please indicate which disability type below.

___ Alcohol Use Disorder ___ Chronic Health Condition ___ HIV/AIDS ___ Physical Health
 ___ Drug Use Disorder ___ Developmental ___ Mental Health Disorder

Has this disability or condition been officially diagnosed by a healthcare provider? ___ Yes ___ No

Income: Do you have income? ___ Yes ___ No Total Monthly Income \$ _____

\$ _____ 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: _____