

# NY-510 Coordinated Entry Questionnaire

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Where did you sleep <b>last night</b> ?	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Outside <input type="checkbox"/> Couch-surfing/doubled up <input type="checkbox"/> Somewhere else (specify): _____
<b>If your answer is an institution such as a rehab center, hospital, or jail</b> , 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? _____
<b>If your answer is outside</b> , 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? <b>(check all that apply)</b>	<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? <b>(check all that apply)</b>	<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 <b>served in the US Military</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Are you currently on <b>parole or probation</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in <b>foster care</b> ?	<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, <b>or other dangerous, traumatic, or life-threatening conditions related to violence against you or a family member</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
If yes, <b>are you currently fleeing</b> that dangerous, traumatic, or life-threatening situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any <b>orders of protection</b> 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 <b>last permanent address</b> ? (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"/> <b>Refer me for any housing options I am eligible for (PSH, TH, and Short-Term Housing Vouchers)</b> <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 <b>phone number</b> 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: \_\_\_\_\_