Threshold CoC Coordinated Entry Assessment (Phase 1) – Clarity Paper Form

For use during Clarity HMIS Transition

Instructions: This document can be completed electronically and uploaded to the client program file in Clarity or completed in hard copy, scanned, and then uploaded. Documentation of housing problem solving (diversion) outcomes will be on hold until that service is built into the coordinated entry program within Clarity. You may document the outcome on the Housing Problem Solving Outcome Form and upload it into the program document file section of the record, but it is not required during this transition period. These UDE's and Program Specific Data Elements that have been part of the coordinated entry assessment within Service Point will now be gathered as you complete the Threshold CoC Coordinated Entry program entry. If the individual has had another program entry within the last 180 days, this information should pre-populate and should be updated as needed. A number of new elements are also now captured in the current living situation data element.

In Clarity:
Complete the Coordinated Entry program entry (if the client is entered into another program, the majority of this information should pre-populate and updated as needed).

- Gender
- Race, Secondary Race
- Ethnicity
- Household Type
- Veteran Status/Military Background

- Disabling Condition and details
- Prior Living Situation (including homeless history and approximate date this episode of homelessness started)
- Current Living Situation

Complete Coordinated Entry ROI located in the Coordinated Entry Program Forms tab for the client. Use the back up paper ROI form if there are issues.

Complete Contact information in Contact Tab. Include case managers that may be working with the client, social media contacts, and an emergency contact that can be used to help locate the individual. Detailed contact information will make it easier to locate the individual if a referral becomes available.

Complete Below:

Client Name: Click or tap here to enter text.   **Clarity ID:** Click or tap here to enter text.

Interviewer Name: Click or tap here to enter text.   **Organization Name:** Click or tap here to enter text.

Total Number in the Household: Click or tap here to enter text.

Household type (Select One): Family with minor children   Couple   Single adult   Family without minor children

Interviewer Name: Click or tap here to enter text.   **Organization Name:** Click or tap here to enter text.

Total Number in the Household: Click or tap here to enter text.

Household type (Select One): <u>Family with minor children</u>   <u>Couple</u>   <u>Single adult</u>   <u>Family without minor</u> <u>children</u>

Foster Care Background
Have you or another adult in your household ever been in foster care or in the custody of the state as a minor? ☐   Yes   ☐   No

In what state?   Click or tap here to enter text.

At what age did you leave foster care?   Click or tap here to enter text.

Homeless History (to supplement homeless history captured in HUD UDE's)

The total number of months homeless on the street, in emergency shelter, or safe

haven in the past 3 years: Click or tap here to enter text.

Preferences

Would you like to be referred to a shelter? ☐   Yes   ☐   No

If yes, what type of shelter would you be most comfortable in? Choose an item.

Was a referral made to the Street Outreach Team? ☐   Yes   ☐   No

If yes, to whom was the referral made?   Click or tap here to enter text.

Are you currently interested in housing? ☐   Yes   ☐   No

What county are you interested in living? Choose an item.

Completion Reminders:

- Upload this document to the client's program file section.
- Email the Clarity ID to Tamara Dwyer at tdwyer@endhomelessnesstoday.org or through the Clarity email function.