



STANISLAUS COUNTY COORDINATED ENTRY AT-RISK ASSESSMENT

To qualify as an at-risk household, a household must meet the criteria outlined below. Households that do not meet this definition should not be placed in the Stanislaus County Coordinated Entry At-Risk Queue.

At Risk of Homelessness*

At Risk of Homelessness Means:

A person or family may be considered *at risk of becoming homeless* if any of the following apply:

1. Low Income + Not Enough Support + Housing Instability The person or family:

- Has a very low income (below 30% of the area's median income, as set by HUD),
- Does not have enough resources or support from family, friends, or community to keep them stably housed,
- AND also experiences at least one of the following:
 - Has been forced to move two or more times in the past 60 days because of money problems.
 - Is staying with someone else because they cannot afford their own housing.
 - Has received written notice that they must leave their current housing within 21 days.
 - Is living in a hotel or motel that they are paying for themselves (not paid by charities or government programs).
 - Lives in overcrowded housing (more people in the home than what is considered safe or appropriate by U.S. Census guidelines).
 - Is leaving a publicly funded facility or system of care (such as a hospital, mental health facility, foster care, youth program, or jail/prison).
 - Lives in housing that is unstable or puts them at increased risk of losing their home, as defined in the community's housing plan.

2. Children or Youth Covered Under Other Federal Programs A child or youth may be considered *at risk of homelessness* if they are recognized as "homeless" under certain federal programs (such as Runaway and Homeless Youth programs, Head Start, Violence Against Women Act programs, public health programs, or child nutrition programs), even if they do not meet HUD's homeless definition.

3. Children or Youth Covered Under McKinney Vento A child or youth may also be considered *at risk of homelessness* if they qualify as "homeless" under the McKinney Vento Act (which covers students lacking stable housing), along with their parent or guardian if they live together.

*Source: 24 CFR 576.2

COORDINATED ENTRY AT-RISK ASSESSMENT Tool

Use this tool to assess if your client meets eligibility to be added to the Coordinated Entry At-Risk Queue.

INTERVIEWER

Interviewer Name (First & Last):

Agency:

Email:

Phone:

Assessment Date:

OPENING SCRIPT

Every assessor using this assessment tool should use the same introductory script to highlight the following information:

- Your name and affiliation (organization where you work or volunteer, etc.)
- Why you are conducting the survey.
- The survey questions are very personal. The reason you ask them is that the answers help you understand the risk factors and challenges that the family is facing and will help you determine if they are eligible for assistance.
- The questions only require a Yes/No or one word answer. Additional details are not needed.
- The participant can skip or refuse to answer any question. However, skipping multiple questions could impact the accuracy of the assessment.
- If the participant does not understand a question, clarification can be provided.
- Participants should do their best to answer all the questions as honestly and accurately as possible.
- Tell the participant where the data will be stored (for example, another database that you use).
- **The participant should answer the questions for themselves and everyone in *their* household.**

HOUSEHOLD MEMBERS

Head of Household Name (First & Last):

Date of Birth

Age:

Is there another adult in this household?

Yes ☐ No ☐

2nd Adult Name (First & Last):

2nd Adult's Date of Birth:

2nd Adult's Age:

Are there any children (age 0-17) in the household?

Yes ☐ No ☐

If yes, how many children are there?

Is this a Veteran Household?

Yes ☐ No ☐

PRIOR LIVING SITUATION-WHERE DID THEY SLEEP LAST NIGHT?

Choose **only one** selection from **only one** of the living situations below.

INSTITUTIONAL SETTINGS

- ☐ Foster Care/Group Home
- ☐ Incarceration
- ☐ Psychiatric Hospital/Facility

- ☐ Hospital/Medical Facility
- ☐ Long Term Care/Nursing Home
- ☐ Substance Abuse/Treatment Center

TEMPORARY HOUSING

- ☐ Transitional Housing
- ☐ Hotel/Motel-No Voucher
- ☐ Host Home (Non-Crisis)

- ☐ Staying/Living with Friends or Family
- ☐ Residential/Halfway House-No Homeless Criteria

PERMANENT HOUSING

- ☐ Rental by Client-With or Without Subsidy

- ☐ Owned by Client-With or Without Subsidy

CURRENT LIVING SITUATION-WHERE WILL THEY SLEEP TONIGHT?

Choose **only one** selection from **only one** of the living situations below.

INSTITUTIONAL SETTINGS

- | | |
|--|---|
| ☐ Foster Care/Group Home | ☐ Hospital/Medical Facility |
| ☐ Incarceration | ☐ Long Term Care/Nursing Home |
| ☐ Psychiatric Hospital/Facility | ☐ Substance Abuse/Treatment Center |

TEMPORARY HOUSING

- | | |
|---|---|
| ☐ Transitional Housing | ☐ Staying/Living with Friends or Family |
| ☐ Hotel/Motel-No Voucher | ☐ Residential/Halfway House-No Homeless Criteria |
| ☐ Host Home (Non-Crisis) | |

PERMANENT HOUSING

- | | |
|---|--|
| ☐ Rental by Client-With or Without Subsidy | ☐ Owned by Client-With or Without Subsidy |
|---|--|

LIVING SITUATION DETAILS

1. Will the household's current living situation be ending within 30 days?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

2. Is the household staying in a hotel or motel paid for without any assistance from a non-profit, charitable, or government agency?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

3. In the last 60 days, has the household moved 2 or more times due to economic reasons?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

4. Is the household living in someone else's home due to financial hardship?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

5. Is the household living in a severely overcrowded housing (defined as more than 1.5 people per bedroom.)

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

6. Is the client leaving an institution (Jail/Prison/Medical Facility/Treatment/ etc.) where they have been for 90 days or more and were not experiencing literal homelessness (Emergency Shelter/Place Not Meant for Human Habitation) on the night before they entered this institution?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

7. Is the household living in housing that has characteristics to instability and an increased risk of homelessness?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

CURRENT FINANCIAL SITUATION

8. Is the household's total income from all sources less than 30% of the Area Median Income (AMI)? (Interviewers may need to assist with calculations, refer to the AMI chart for Stanislaus County)

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

9. Does your household lack enough immediate available resources to secure stable housing?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

10. Does anyone—like a landlord, utility company, lender, creditor, or government agency—claim that you or someone in your household owes them money?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

11. Does any household member have a poor credit history or no credit history?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

12. In the past three years, have you or anyone in your household borrowed money from family or friends to help with housing costs, rent, utilities, or other essential household needs?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

CURRENT HEALTH

13. In the last 6 months, have you or anyone in your household received care at an emergency room 4 or more times?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

14. Do you or anyone in the household have a disabling condition? (Remind client this may need to be verified if housing provider requires it.)

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

HOUSING HISTORY & OTHER FACTORS

15. Have you or anyone in your household experienced any violence or threats in the past twelve months that made you feel unsafe at home or in your neighborhood?

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

16. Do you or anyone in your household currently have legal issues that make it difficult to keep your housing? This could include fines that affect your ability to pay rent, legal matters that may result in jail time, or legal restrictions on where you can live.

Yes ☐ No ☐ Prefers not to answer/Refuse ☐

CONTACT (NO SCORE FOR THIS SECTION)

Client's Phone Number or Message Phone:

Client's Email:

Is there someone that you trust and communicate with regularly that we can contact when we look for you? (Please include name and phone number)

AT-RISK PRIORITIZATION LIST

What is the household's At-Risk Assessment Score (Questions 1-16 Calculate using this point system: YES=1 Point, NO or DID NOT ANSWER = 0 points, Max Score = 16)

Does the household meet the definition of At-Risk to be added to the Coordinated Entry At-Risk Queue? (If yes, please complete and submit intake form to HMIS team.)

YES ☐

NO ☐

Link to At-Risk Queue Intake Form: <https://forms.cloud.microsoft/g/FVQHaG1xf2>