

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE - COORDINATED ENTRY ADULT ASSESSMENT – UPDATED 10-15-2023

Interview date: _____
 Interviewer name: _____
 Interviewer agency: _____
 Assessment location: _____
 Client phone #: _____

Client name: _____
 Family ID (if applicable): _____
 Client date of birth: _____
 Assessment type: Virtual Phone In person
 Client email address: _____

These questions are about your health:						Response	Score
1. Are you aged 60 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No						Yes	<input type="checkbox"/>
2. How is your general health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						Fair or Poor	<input type="checkbox"/>
3. In the past 30 days, for how many days was your PHYSICAL HEALTH not good (including illness or injury)?						> 14 days	<input type="checkbox"/>
4. In the past 30 days, for how many days was your MENTAL HEALTH not good (including stress, depression, and problems with emotions)?						> 14 days	<input type="checkbox"/>
5. In the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, as self-care, school, work, or recreation?						> 14 days	<input type="checkbox"/>
In the past 6 months, how often have the following occurred?							
	Never	Almost Never	Some-times	Fairly Often	Very Often		
6. You have been physically hurt by another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes/More	<input type="checkbox"/>
7. Your children or someone close to you has been physically hurt by another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes/More	<input type="checkbox"/>
8. Someone has verbally hurt you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes/More	<input type="checkbox"/>
9. You have been emotionally hurt or been controlled by someone living with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes/More	<input type="checkbox"/>
10. You have felt unsafe where you are currently living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes/More	<input type="checkbox"/>
In the past 6 months, have you:							
11. Had any interaction with the police for any reason	<input type="checkbox"/> Yes	<input type="checkbox"/> No			# Times	Yes	<input type="checkbox"/>
12. Been arrested or spent time in jail	<input type="checkbox"/> Yes	<input type="checkbox"/> No			# Times	Yes	<input type="checkbox"/>
13. Gone to the emergency room	<input type="checkbox"/> Yes	<input type="checkbox"/> No			# Times	Yes	<input type="checkbox"/>
14. Been admitted to or stayed overnight at a hospital for a medical reason	<input type="checkbox"/> Yes	<input type="checkbox"/> No			# Times	Yes	<input type="checkbox"/>
15. Been admitted to or stayed overnight at a psychiatric hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No			# Times	Yes	<input type="checkbox"/>
16. Been admitted to or stayed overnight at a detox or substance use rehab	<input type="checkbox"/> Yes	<input type="checkbox"/> No			# Times	Yes	<input type="checkbox"/>
17. Stayed at a crisis unit or been involuntarily sectioned	<input type="checkbox"/> Yes	<input type="checkbox"/> No			# Times	Yes	<input type="checkbox"/>
18. Has anyone ever forced, manipulated, or asked you to do something sexually or non-sexually in return for money, for paying a debt, or for promises of money, safety, security, or a place to stay?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		Yes	<input type="checkbox"/>

SCORING

- (1) 1 point if 60 or older
- (2) 1 point if general health is poor or fair
- (3) 1 point if >14
- (4) 1 point if >14
- (5) 1 point if >14
- (6) 1 point = violence to you (sometimes, fairly often, very often)
- (7) 1 point = violence to those close (sometimes, fairly often, very often)
- (8) 1 point = verbal violence (sometimes, fairly often, very often)
- (9) 1 point = emotional violence or controlling (sometimes, fairly often, very often)
- (10) 1 point = feeling unsafe (sometimes, fairly often, very often)
- (11) 1 point = police interaction
- (12) 1 point = arrest or jail
- (13) 1 point = ER
- (14) 1 point = hospital stay
- (15) 1 point = psych hospital stay
- (16) 1 point = detox stay
- (17) 1 point = crisis unit or sectioned
- (18) 2 points = where are you currently sleeping (2 for unsheltered, ES, SH) (1 for TH)
- (19) 1 point = sex trafficking
- (20) 2 points = disability (2 points for 2 or more, 1 point for 1)
- (21) 1 point = LOT Homeless – YES to either A or B
- (22) 1 point = CH Threshold
- (23) 1 point = fleeing DV
- (24) 1 point = gender
- (25) 2 points = 1 point for 1 denial, 2 points for 2 or more denials
- (26) 1 point = veteran
- (27) 1 point = gender (1 for CS, T, NB, Q, Different)
- (28) 1 point = veteran

TOTAL POSSIBLE POINTS = 29

PRIORITIZATION = 14 or above