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

Interview date:	Client name:			
Interviewer name:	Family ID (if applicable):			
Interviewer agency:	Client date of birth:			
Assessment location:	Assessment type:	Virtual	🗆 Phone	🗆 In person
Client phone #:	Client email address:			

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

19. Where are you currently sleeping at night? 🛛 Unsheltered (street, car, park, etc.) 🖓 Emergency shelter (including	2 for Outside, SH,	
motel/hotel paid for with voucher 🛛 Safe Haven 🖓 Transitional Housing 🖓 Couch surfing 🖓 Other	or ES, 1 for TH	
20. Do you have one or more disabilities (check all that apply):	1 for 1 disability,	
□ Chronic medical condition □ HIV/AIDS/Hep C □ Physical disability □ Drug use	2 for > 1	
□ Developmental disability □ Mental health condition □ Alcohol use □ Both alcohol and drug use	disability	
21. LENGTH OF TIME HOMELESS	1 for YES to (A)	
(A) Have you stayed for the past 12 months continuously in a place not meant for habitation (camp, woods, car, street,		
etc.) or in emergency shelter or safe haven?	OR	
(B) In the past 3 years, have you been homeless 4 or more times <u>AND</u> been homeless for a total of 12 months or more?	1 for YES to (B)	
22. ADDITIONAL POINT FOR CHRONIC HOMELESSNESS: If client scored at least 1 point on Question 20 AND 1 point on Question	1 for meeting CH	
21, score 1 ADDITIONAL POINT for meeting Chronically Homeless threshold.	Threshold	
23. Are you currently fleeing domestic violence?	Yes	
24. Your gender: 🗆 Man/Boy 🗆 Woman/Girl 🔅 Culturally Specific (2 spirit) 🗆 Transgender 🔅 Non-binary	CS, T, NB, Q,	
Questioning Different Identity	Different	
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25. Have you ever been denied housing because of your (check as many as apply):	1 for one reason,	
Age Race Ethnicity Gender / Gender identity Family composition Voucher status Prior evictions Education Immigration status Employment status	2 for 2 or more	
□ Voucher status □ Prior evictions □ Education □ Immigration status □ Employment status □ Health / Disability □ Criminal record □ Lack of income □ Sex offender status □ Substance use	reasons	
26. Are you a US military veteran? I Yes	Yes	
TOTAL CHECKED		
Prioritization – Did client score a total of 14 or above on assessment?		
UNSCORED QUESTIONS:		
i. Would you accept placement in a congregate living situation?		
ii. Would you accept placement in an independent apartment situation?		
iii. Would you accept placement in transitional housing?		

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