

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE - COORDINATED ENTRY YOUTH ASSESSMENT – UPDATED 11-24-2023

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

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

These questions are about your health:						Response	Score					
1. 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"/>					
2. In the past 30 days, for how many days was your PHYSICAL HEALTH not good (including illness or injury)? <input type="text"/>						> 14 days	<input type="checkbox"/>					
3. In the past 30 days, for how many days was your MENTAL HEALTH not good (including stress, depression, and problems with emotions)? <input type="text"/>						> 14 days	<input type="checkbox"/>					
4. In the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, school, work, or recreation? <input type="text"/>						> 14 days	<input type="checkbox"/>					
5. Do you have one or more disabilities (check all that apply): <input type="checkbox"/> Chronic medical condition <input type="checkbox"/> HIV/AIDS/Hep C <input type="checkbox"/> Physical disability <input type="checkbox"/> Drug use <input type="checkbox"/> Developmental disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Alcohol use <input type="checkbox"/> Both alcohol and drug use						1 for 1 disability, 2 for > 1 disability	<input type="checkbox"/> <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"/>
Check the box if in the past 6 months you have:												
11. Had any interaction with the Department of Children and Families (DCF)						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		
12. Had any interaction with the Department of Youth Services (DYS)						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		
13. Had any interaction with the police for any reason)						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		
14. Been arrested or spent time in jail or juvenile detention)						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		
15. Gone to the emergency room)						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		
16. Been admitted to or stayed overnight at a hospital for a medical reason)						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		
17. Been admitted to or stayed overnight at a psychiatric hospital)						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		
18. Been admitted to or stayed overnight at a detox or substance use rehabilitation center)						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		
19. Been evaluated for a mental health emergency or stayed at a crisis stabilization unit						<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		<input type="checkbox"/>		

20. Where do you usually sleep at night? <input type="checkbox"/> Outside (street, car, park, etc.) <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Couch surfing <input type="checkbox"/> Transitional housing <input type="checkbox"/> Supervised group home <input type="checkbox"/> Shared apartment/house <input type="checkbox"/> Independent apartment/house	2 for Outside or ES, 1 for couch surfing	<input type="checkbox"/> <input type="checkbox"/>
21. 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"/>
22. In addition to finding a stable place to stay, what are the three biggest challenges facing you day to day: <input type="checkbox"/> Health problems <input type="checkbox"/> Lack of money <input type="checkbox"/> Transportation <input type="checkbox"/> Relationships <input type="checkbox"/> Physical safety <input type="checkbox"/> School <input type="checkbox"/> Substance use <input type="checkbox"/> Mental health <input type="checkbox"/> Food <input type="checkbox"/> Work <input type="checkbox"/> Clothing <input type="checkbox"/> Child care <input type="checkbox"/> Legal problems <input type="checkbox"/> Activities of daily living <input type="checkbox"/> Hygiene/showering <input type="checkbox"/> Other: _____	1 for 1 box, 2 for 2 boxes, 3 for more than 2 boxes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23. What is/are the main cause(s) of your most recent episode of homelessness or housing instability: <input type="checkbox"/> Health problems <input type="checkbox"/> Lack of money <input type="checkbox"/> Transportation <input type="checkbox"/> Aged out of foster care <input type="checkbox"/> Physical disability <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Disagreement with parents <input type="checkbox"/> Legal problems <input type="checkbox"/> Lack of affordable housing <input type="checkbox"/> Abuse by parents/caregivers <input type="checkbox"/> Substance use by parents/caregivers <input type="checkbox"/> Sexual orientation/gender identity <input type="checkbox"/> Racial/ethnic discrimination <input type="checkbox"/> Domestic/intimate partner violence <input type="checkbox"/> Immigration status <input type="checkbox"/> Other: _____	1 for 1 box, 2 for 2 boxes, 3 for more than 2 boxes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
24. Have you ever had a bad experience at an adult shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	<input type="checkbox"/>
25. Would you stay at a shelter designated for individuals aged 24 and under? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	<input type="checkbox"/>
26. Do you feel that you have ever been denied housing because of your (check as many as apply): <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Gender / Gender identity <input type="checkbox"/> Pregnancy / Parenting status <input type="checkbox"/> Voucher status <input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Immigration status <input type="checkbox"/> Employment status <input type="checkbox"/> Health / Disability <input type="checkbox"/> Other: _____	1 for 1 box, 2 for more than one boxes	<input type="checkbox"/> <input type="checkbox"/>
27. What services would be most useful in helping you to obtain and keep a job? a. _____ b. _____ c. _____	1 for any response	<input type="checkbox"/>
28. Your gender: <input type="checkbox"/> Man/Boy <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Culturally Specific (2 spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity _____	CS, T, NB, Q, Different	<input type="checkbox"/>
29. Sexual Orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Other _____	G, L, B, Q, O	<input type="checkbox"/>
30. Are you currently fleeing domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	<input type="checkbox"/>
31. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	<input type="checkbox"/>
TOTAL CHECKED	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
Prioritized (score of 19 or more)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SCORING

- (1) 1 point if general health is poor or fair
- (2) 1 point if #PUD >14
- (3) 1 point if #MUD >14
- (4) 1 point if #ACT >14
- (5) 2 points = 1 disability, 2 points = 2 or more disabilities
- (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 = DCF
- (12) 1 point = DYS
- (13) 1 point = police interaction
- (14) 1 point = jail or juvenile detention
- (15) 1 point = ER
- (16) 1 point = hospital stay
- (17) 1 point = psych hospital stay
- (18) 1 point = detox stay
- (19) 1 point = evaluation for mental health emergency
- (20) 2 points= 1 point = couch surfing, 2 points = outside or ES
- (21) 1 point = sex trafficking
- (22) 3 points = 1 for 1 challenge, 2 for 2 challenges, 3 for more than 2 challenges
- (23) 3 points = 1 cause, 2 for 2 causes, 3 for more than 2 causes
- (24) 1 point = bad shelter experience
- (25) 1 point = youth shelter
- (26) 2 points = 1 denied housing, 2 points for 2 or more denied housing
- (27) 1 point = job assistance
- (28) 1 point = gender (CS, T, NB, Q, Different)
- (29) 1 point = sexual orientation (G, L, B, Q, O)
- (30) 1 point = fleeing DV
- (31) 1 point = veteran

TOTAL POSSIBLE POINTS = 38

PRIORITIZATION = 19