Anchorage Coordinated Entry Form
Single Individuals

Present the AKHMIS Consumer Notice to this Client

Date Information Collected (Back Date in HMIS)	
AKHMIS Client ID	
Person Completing Form	

First Name	MI	Last Name	Other Names

Social Security Number	US Military Veteran Select an answer.	Date of Birth
☐ Don't Know ☐ Refused	☐ Yes ☐ No ☐ Don't Know ☐ Refused	

Primary Race Select an answer.	Secondary Race Skip if N/A.	Ethnicity Select an answer.	Gender Select an answer.
☐ American Indian/Alaska Native	☐ American Indian/Alaska Native	☐ Non-Hispanic/Non-Latino	☐ Female
☐ Black/African American	☐ Black/African American	☐ Hispanic/Latino	☐ Male
☐ Native Hawaiian/Pacific Islander	☐ Native Hawaiian/Pacific Islander	☐ Don't Know	☐ Trans Female
☐ Asian	☐ Asian	☐ Refused	☐ Trans Male
☐ White	☐ White		☐ Gender Non-Conforming
☐ Don't Know	☐ Don't Know		☐ Don't Know
☐ Refused	☐ Refused		☐ Refused

Client Phone Number	Message Line
Emergency Contact Name	**Emergency Contact Number**

Coordinated Entry Information

Reminders for Data Collection Staff: Have you had a conversation with the client about their existing supports? Could they return to living with friends or family or other natural support?

Is the client interested in Rapid Rehousing (RRH)?
☐ Yes ☐ No

RRH Definition: Designed to help clients quickly exit homelessness and return to permanent housing and involves 3 main components: Housing Identification, Rent and Move-In Assistance, and Case Management

Is the client interested in Housing Problem Solving (HPS)?
☐ Yes ☐ No

HPS Definition: An initiative that helps individuals and households use their strengths, support networks, and community resources to find housing.

Does the client have any of the following HUD-defined Disabling Conditions?

☐ Yes (Select an answer for each type below) ☐ Don't Know
☐ No (If no, answer No for all types in HMIS) ☐ Refused

	Yes	No	Don't Know	Refused		Yes	No	Don't Know	Refused
Alcohol Abuse	☐	☐	☐	☐	If Yes, does it affect client's ability to live independently?	☐	☐	☐	☐
Both Alcohol and Drug Abuse	☐	☐	☐	☐		☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐		☐	☐	☐	☐
Developmental	☐	☐	☐	☐		☐	☐	☐	☐
Drug Abuse	☐	☐	☐	☐		☐	☐	☐	☐
HIV / AIDS	☐	☐	☐	☐		☐	☐	☐	☐
Mental Health Condition	☐	☐	☐	☐		☐	☐	☐	☐
Physical Disability	☐	☐	☐	☐		☐	☐	☐	☐

Do you have any of the following AK Mental Health Trust defined Disabling Conditions? Select an answer for each.

Alzheimer's Disease and Related Dementias	☐ Yes	☐ No	☐ Don't Know	☐ Refused
Chronic Alcoholism or other Substance Use Disorder	☐ Yes	☐ No	☐ Don't Know	☐ Refused
Intellectual or Developmental Disabilities	☐ Yes	☐ No	☐ Don't Know	☐ Refused
Mental Illness	☐ Yes	☐ No	☐ Don't Know	☐ Refused
Traumatic Brain Injuries	☐ Yes	☐ No	☐ Don't Know	☐ Refused

Client Name: _____ Client DOB: _____

Are you affiliated with a Primary Alaska Native Regional Corporation? Select one.

- ☐ Not Affiliated
- ☐ Ahtna Corp.
- ☐ Aleut Corp.
- ☐ Arctic Slope Regional Corp.
- ☐ Bering Straits Native Corp.
- ☐ Bristol Bay Native Corp.
- ☐ Calista Corp.
- ☐ Chugach Alaska Corp.
- ☐ Cook Inlet Regional Corp.
- ☐ Doyon Limited Corp.
- ☐ Koniag Incorp.
- ☐ NANA Regional Corp.
- ☐ Sealaska
- ☐ 13th Regional Corp.
- ☐ Don't Know
- ☐ Refused

If affiliated with Secondary Corporation, specify:

Prior Living Situation: Where did you sleep last night? Select one.

Homeless Situation
- ☐ Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent)
- ☐ Emergency shelter
- ☐ Hotel/motel paid for by a shelter

Institutional Situation
- ☐ Foster care home
- ☐ Group home
- ☐ Hospital/Residential medical facility
- ☐ Jail
- ☐ Prison
- ☐ Juvenile detention
- ☐ Long-term care facility/Nursing home
- ☐ Psychiatric hospital/facility
- ☐ Substance abuse treatment/Detox center

Temporary or Permanent Housing Situation
- ☐ Staying/living at friend's house
- ☐ Staying/living at family's house
- ☐ Perm. Housing (not RRH)
- ☐ Residential/halfway house
- ☐ Hotel paid for by you/family/friend
- ☐ Trans. housing for homeless youth
- ☐ Host Home
- ☐ Owned, with a subsidy
- ☐ Owned, no subsidy
- ☐ Rental, with a subsidy
- ☐ Rental, with a voucher
- ☐ Rapid Rehousing, or similar
- ☐ Public housing unit
- ☐ Rental, no subsidy/voucher

If Subsidy or Voucher, specify type:

Other
- ☐ Don't Know
- ☐ Refused

How long have you been staying in that prior living situation? Select one.

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than a month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Don't Know
- ☐ Refused

When was the last time you were in a temporary or permanent housing situation for 7+ days, or an institutional situation for 90+ days?

Approx. Date this current episode of homelessness started: _____/_____/_____

How many separate episodes* of homelessness have you experienced in the past 3 years? Select one.

☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 or more times ☐ Don't Know ☐ Refused

*An episode of homelessness: a period of time experiencing homelessness without a break**

**A break in homelessness: 7+ days in temporary or permanent situation, or 90+ days in an institutional situation

How many total months have you been homeless in the past 3 years? Select one.

- ☐ 1 month (1st time in the past 3 years)
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ 7 months
- ☐ 8 months
- ☐ 9 months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ More than 12 months
- ☐ Don't Know
- ☐ Refused

Client Name: _____ Client DOB: _____

Do you have a monthly income from any source? Select one.	☐ Yes - Total Amount: $_____ ☐ No	☐ Don't Know ☐ Refused

Domestic violence victim / survivor?	☐ Yes (If yes, select answers below.)	☐ No	☐ Don't Know	☐ Refused
When did the last experience occur? Select one.	☐ Within past 3 months ☐ 3 to 6 months ago	☐ 6 to 12 months ago ☐ More than a year ago	☐ Don't Know ☐ Refused	
Are you currently fleeing? Select one.	☐ Yes	☐ No	☐ Don't Know	☐ Refused
Do you - or have you - had in issues in the past with substance use? Select one.	☐ Yes	☐ No	☐ Don't Know	☐ Refused

Coordinated Entry Assessment Information

Assessment Location:		Assessment Type:
		☐ Phone ☐ Virtual ☐ In Person
Assessment Level: ☐ Crisis Needs ☐ Housing Needs	**Was client placed on the Prioritization List?** ☐ Yes ☐ No	**Total Number of months experiencing homelessness the last 3 years?** Specify up to 36 months.

Current Living Situation: Where will the client be staying tonight? Select one.

Homeless Situation	☐ Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) ☐ Emergency shelter ☐ Hotel/motel paid for by a shelter		
Institutional Situation	☐ Foster care home ☐ Group home ☐ Hospital/Residential medical facility	☐ Jail ☐ Prison ☐ Juvenile detention	☐ Long-term care facility/Nursing home ☐ Psychiatric hospital/facility ☐ Substance abuse treatment/Detox center
Temporary or Permanent Housing Situation	☐ Staying/living at friend's house ☐ Staying/living at family's house ☐ Perm. Housing (not RRH) ☐ Residential/halfway house ☐ Hotel paid for by you/family/friend	☐ Trans. housing for homeless youth ☐ Host Home ☐ Owned, with a subsidy ☐ Owned, no subsidy ☐ Rental, with a subsidy	☐ Rental, with a voucher ☐ Rapid Rehousing, or similar ☐ Public housing unit ☐ Rental, no subsidy/voucher *If Subsidy or Voucher, specify type:*
Other	☐ Don't Know ☐ Refused		

Organization that verified client's current living situation:	Worker who made contact with client:
Zip Code of client's current living situation:	**Client Location details:**

If client is currently in Institutional or Temporary/Permanent Housing Situation, will the client have to leave their current living situation within 14 days? Select one. ☐ Yes (Select answers below) ☐ No ☐ Don't Know ☐ Refused

If yes, has a subsequent residence been identified?	☐ Yes	☐ No
If yes, does client have resources or support networks to obtain other permanent housing?	☐ Yes	☐ No
If yes, has client had a lease or ownership interest in a permanent housing unit in last 60 days?	☐ Yes	☐ No
If yes, has client moved 2 or more times in the past 60 days?	☐ Yes	☐ No