

# Alaska Balance of State (BoS) Coordinated Entry (CE) Intake Assessment

Project Start Date (Use for Back Date Mode in AKHMIS): \_\_\_/\_\_\_/\_\_\_ Staff Completing Intake: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

<b>Household Type:</b>	<input type="checkbox"/> Couple with No Children <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Grandparent(s) and Child <input type="checkbox"/> Non-Custodial Caregiver(s) <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other: _____
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Answer this section for each person in the household (complete the other data elements on the **Household Members** form):

Client Name	SS#	Veteran?	Date of Birth	Race <small>(see below)</small>	Ethnicity <small>(see below)</small>	Gender <small>(see below)</small>	Relationship to Head of Household (HoH)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				<i>Self (HoH)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				

<b>Race:</b> <i>*Indicate Primary Race (1) &amp; Secondary Race (2)</i>	<b>Ethnicity:</b>	<b>Gender:</b>
<input type="checkbox"/> American Indian / Alaska Native (AI / AN) <input type="checkbox"/> Asian (A) <input type="checkbox"/> Black / African American (B / AA) <input type="checkbox"/> Native Hawaiian / Other Pacific Islander (NH/PI) <input type="checkbox"/> White (W) <input type="checkbox"/> Client doesn't know (DK) <input type="checkbox"/> Client refused (CR) <input type="checkbox"/> Data not collected (DNC)	<input type="checkbox"/> Non-Hispanic / Non-Latino (N) <input type="checkbox"/> Hispanic / Latino (H/L) <input type="checkbox"/> Client doesn't know (DK) <input type="checkbox"/> Client refused (CR) <input type="checkbox"/> Data not collected (DNC)	<input type="checkbox"/> Female (F) <input type="checkbox"/> Male (M) <input type="checkbox"/> Trans Female - Male to Female (MTF) <input type="checkbox"/> Trans Male - Female to Male (FTM) <input type="checkbox"/> Gender Non-Conforming (GNC) <input type="checkbox"/> Client doesn't know (DK) <input type="checkbox"/> Client refused (CR) <input type="checkbox"/> Data not collected (DNC)

**Does the client have a disabling condition?**

Yes  
  No  
  Client doesn't know  
  Client refused  
  Data not collected

<b>Primary Alaska Regional Corporation</b>	<input type="checkbox"/> Ahtna Corp. <input type="checkbox"/> Aleut Corp. <input type="checkbox"/> Arctic Slope Regional Corp. <input type="checkbox"/> Bering Straits Native Corp.	<input type="checkbox"/> Bristol Bay Native Corp. <input type="checkbox"/> Calista Corp. <input type="checkbox"/> Chugach Alaska Corp. <input type="checkbox"/> Cook Inlet Regional Corp.	<input type="checkbox"/> Doyon Limited Corp. <input type="checkbox"/> Goldbelt <input type="checkbox"/> Koniag Incorp. <input type="checkbox"/> NANA Regional Corp. <input type="checkbox"/> Sealaska
<input type="checkbox"/> Not Affiliated			

**Secondary Alaska Regional Corporation (if applicable):** \_\_\_\_\_

<b>Alaska Mental Health Trust (AMHT) Beneficiary</b> (Select an answer for each disability type.)	
<b>Does the client have any of the following disabilities?</b>	<b>Alzheimer's Disease and Related Dementias</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<b>Chronic Alcoholism or other Substance Use Disorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<b>Intellectual or Developmental Disabilities</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<b>Mental Illness</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<b>Traumatic Brain Injuries</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

**Current Community** "In what area do you currently live?"

- Anchorage       Homer       Kenai       Kodiak       Nome       Other:
- Fairbanks       Juneau       Ketchikan       Mat-Su Valley       Soldotna      \_\_\_\_\_

**"Where did you sleep last night?"** (Select only one.)

- Homeless Situation       Institutional Situation       Transitional and Permanent Housing Situation

**Homeless Situation**

Place not meant for habitation

Emergency shelter, including hotel or motel paid for with emergency shelter voucher

"How long have you been in this current homeless situation?"

One night or less

One month or more, but less than 90 days

Two to six nights

90 days or more, but less than one year

One week or more, but less than a month

One year or longer

**If Yes, Approximate Date Homelessness started:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*The approximate date that the client's current episode of homelessness started.*

**Institutional Situation**

Foster care home or foster care group home

Long-term care facility or nursing home

Hospital or other residential medical facility

Psychiatric hospital or other psychiatric facility

Jail, prison, or juvenile detention facility

Substance abuse treatment facility or detox center

"How long have you been in this institutional situation?"

One night or less

One month or more, but less than 90 days

Two to six nights

90 days or more, but less than one year

One week or more, but less than a month

One year or longer

"If the stay was less than 90 days, on the night before entering the 'institutional situation,' were you **on the streets** or **in emergency shelter**?"

Yes

No

**If Yes, Approximate Date Homelessness started:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*The approximate date that the client's current episode of homelessness started.*

**Transitional & Permanent Housing Situation**

Hotel paid for without voucher

Rental by client, GPD TIP subsidy

Owned by client, no ongoing subsidy

Rental by client, other subsidy including RRH

Owned by client, ongoing subsidy

Residential project, no homeless criteria

Permanent housing for homeless persons- no RRH

Staying or living with family

Rental by client, no subsidy

Staying or living with friends

Rental by client, VASH subsidy

Transitional housing for homeless persons

"How long have you been in this transitional or permanent housing situation?"

One night or less

One month or more, but less than 90 days

Two to six nights

90 days or more, but less than one year

One week or more, but less than a month

One year or longer

"If the stay was less than 7 nights, on the night before entering the 'transitional or permanent housing situation,' were you **on the streets** or **in emergency shelter**?"

Yes

No

**If Yes, Approximate Date Homelessness started:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*The approximate date that the client's current episode of homelessness started.*

**Living Situation** \*(Only complete if "Approximate Date Homelessness started" was answered above.)

\*"Regardless of where you stayed last night, how many times have you been **on the streets** or **in emergency shelter** in the last 3 years?"

- One time     Two times     Three times     Four or more times

\*"How many months have you been **on the streets** or **in emergency shelter** in the last 3 years?"

Select a number up to 12 months and then "more than 12 months":  
\_\_\_\_\_

**In which communities are you interested in being housed?** (Select all that apply.)

- Anchorage     Homer     Kenai     Kodiak     Nome     Other: \_\_\_\_\_  
 Fairbanks     Juneau     Ketchikan     Mat-Su Valley     Soldotna    \_\_\_\_\_  
\_\_\_\_\_

**Please note:** This does not guarantee housing in a client's preferred location, nor does it provide transportation to that community. If a client wishes to be housed in Anchorage, please contact ACEH (907-343-6371) in order to be placed on the Anchorage list.