USE BLUE OR BLACK INK ONLY

Genesee County Coordinated Entry System Assessment (CESA)

Agency/Project: ______________________________ **Date:** __________________

Client Name:____

Email:____ **Phone:**____________________

Was a VISPDAT completed? ☐ Yes. ☐ No. ☐ Refused.
Date: ______________
Score:_____________

_______ # Adults (Age 18 and Older)
_______ # Children (Age 17 and Under)
(use additional sheets for families of 3+)

Do you have income? ☐ Yes. ☐ No Amount:________
Do you have health insurance? ☐ Yes. ☐ No Type: ___________
Are you pregnant? ☐ Yes. ☐ No

Questions:	Head of Household (HoH)	Family Member 1 (Additional Family on 3rd page)
First and Last Name:		
Relationship to Head of Household:	SELF	☐ Child ☐ Spouse ☐ Non-Married Partner ☐ Other:___________
Social Security Number:	_______ - ____ - _________ ☐ Don't Know ☐ Refused	_______ - ____ - _________ ☐ Don't Know ☐ Refused
Are you a Veteran of the US Armed Forces?	☐ Yes ☐ No	☐ Yes ☐ No
Date of birth: MM/DD/YYYY	____/____/_____	____/____/_____
Gender:	☐ Female ☐ Male ☐ Trans Female (MTF) ☐ Trans Male (FTM) ☐ Gender Non-Conforming ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Female (MTF) ☐ Trans Male (FTM) ☐ Gender Non-Conforming ☐ Client doesn't know ☐ Client refused
Preferred pronouns:	☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs	☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs
Race (select all that apply):	☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client Refused	☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client Refused
Ethnicity:	☐ Hispanic-Latino ☐ Non Hispanic Latino	☐ Hispanic-Latino ☐ Non Hispanic Latino
Do you have a disabling condition?	☐ Yes ☐ Don't Know ☐ No ☐ Refused	☐ Yes ☐ Don't Know ☐ No ☐ Refused

Current Living Situation:

☐ Literally Homeless (In a shelter, vehicle, abandoned house, outside, etc)
☐ I have a homeless pet with me needing care

☐ Institutional Setting (Foster care, group or nursing home, jail, psychiatric or substance treatment, etc.) *IF INSTITUTIONAL: Were you homeless the night before your stay?
☐ Yes ☐ No

☐ Transitional or Permanent Housing (house, apartment, with a friend or family member, halfway house, voucher-paid housing, etc.)

☐ Fleeing or attempting to flee domestic violence

☐ Other – Please explain:
____

Length of stay in current living situation:
☐ 1 night or less ☐ 2-6 Nights
☐ 1 month or less ☐ 1 month or less
☐ Less than 1 year ☐ More than 1 year

Approximate Date Homelessness Started:

____

Total number of months literally homeless in the past 3 years:
☐ One month (this is the first month)
☐ 2-11 months (___ # of months)
☐ 12 months or more
☐ N/A (not homeless)

Number of times in the past 3 years becoming literally homeless after a safe/stable living situation (including today)?
☐ One Time ☐ Three Times
☐ Two Times ☐ Four or More Times

If yes to having a disabling condition, please provide type of disability:

____

____

City of Last Permanent Address: ____

Zip Code of Last Permanent Address: ________________

County of Last Permanent Address: _____________________________________

ADMINISTRATION USE ONLY:

- ☐ **Category 1 – Literally Homeless**
- ☐ **Category 2 – Imminent Risk**
- ☐ **Category 3 – Homeless (other statutes).**
- ☐ **Category 4 – Fleeing Domestic Violence**
- ☐ **At-risk of Homelessness**
- ☐ **Stably Housed**

Any special notes for referral agency:

____
____
____
____
____

Check the box next to each agency you are giving permission to this program to share this information with.

- ☐ **Metro Community Development**
- ☐ **Genesee County Youth Corporation**
- ☐ **Treatment & Training Innovations**
- ☐ **Family Promise**
- ☐ **Hamilton Health Network**
- ☐ **Oakland Livingston Human Services Agency**
- ☐ **Flint Odyssey House, Inc.**
- ☐ **Shelter of Flint**
- ☐ **Carriage Town Ministries**
- ☐ **Young Women Christian Aassociation**
- ☐ **Genesee Health Systems**
- ☐ **Salvation Army**
- ☐ **My Brother's Keeper**
- ☐ **Genesee Intermediate School District**
- ☐ **Wellness Services**
- ☐ **Genesee County Community Action Resource Department**
- ☐ **Legal Services of Eastern Michigan**
- ☐ **Catholic Charties**

IF YOU ARE OPEN TO SHARING THE INFORMATION ON THIS FORM WITH ALL OF THEM CHECK HERE - ☐

Release of Information: I give permission for the above agency to share the information on this document in order to coordinate the most efficient referrals to meet my needs and those of my household. They may share the information with the partners marked above.

Signature: ____ **Date:** _______________________

Genesee County Coordinated Entry System Assessment (CESA) – Page 3 for family members of HoH on Page 1

Questions:	Family Member 2	Family Member 3	Family Member 4	Family Member 5
First and Last Name:				
Relationship to Head of Household:	☐ Child ☐ Spouse ☐ Non-Married Partner ☐ Other:____________	☐ Child ☐ Spouse ☐ Non-Married Partner ☐ Other:____________	☐ Child ☐ Spouse ☐ Non-Married Partner ☐ Other:____________	☐ Child ☐ Spouse ☐ Non-Married Partner ☐ Other:____________
Social Security Number:	_______ - ____ - _________ ☐ Don't Know ☐ Refused	_______ - ____ - _________ ☐ Don't Know ☐ Refused	_______ - ____ - _________ ☐ Don't Know ☐ Refused	_______ - ____ - _________ ☐ Don't Know ☐ Refused
Are you a Veteran of the US Armed Forces?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Date of birth: MM/DD/YYYY	____/____/_____	____/____/_____	____/____/_____	____/____/_____
Gender:	☐ Female ☐ Male ☐ Trans Female (MTF) ☐ Trans Male (FTM) ☐ Gender Non-Conforming ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Female (MTF) ☐ Trans Male (FTM) ☐ Gender Non-Conforming ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Female (MTF) ☐ Trans Male (FTM) ☐ Gender Non-Conforming ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Female (MTF) ☐ Trans Male (FTM) ☐ Gender Non-Conforming ☐ Client doesn't know ☐ Client refused
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Ethnicity:	☐ Hispanic-Latino ☐ Non Hispanic Latino	☐ Hispanic-Latino ☐ Non Hispanic Latino	☐ Hispanic-Latino ☐ Non Hispanic Latino	☐ Hispanic-Latino ☐ Non Hispanic Latino
Do you have a disabling condition?	☐ Yes ☐ Don't Know ☐ No ☐ Refused	☐ Yes ☐ Don't Know ☐ No ☐ Refused	☐ Yes ☐ Don't Know ☐ No ☐ Refused	☐ Yes ☐ Don't Know ☐ No ☐ Refused