Sonoma County Coordinated Entry Assessment

Assessor: Complete the following yourself:

1. Date of Assessment: _____
2. Access Point completing Assessment: _____
3. Sonoma Location of Assessment: ☐ North County, ☐ Sonoma Valley, ☐ West County, ☐ Santa Rosa, ☐ South County/Petaluma, ☐ Rohnert Park

Assessor: Ask the following questions for every assessment:

1. In your entire life, how many months (how much time) have you been without stable housing? Examples include: staying in a RV/vehicle or any structure without basic utilities/amenities, a shelter, or anywhere outside. _____ # of months ☐ Refused
2. Has experiencing unsheltered homelessness caused you to have medical conditions due to weather exposure? (If the client asks for examples, say frostbite, hypothermia or heat stroke) ☐ Yes ☐ No ☐ Refused
3. In the past year, have you been admitted to the hospital for at least one night? ☐ Yes ☐ No ☐ Refused If Yes: How many times? _____ # of times
4. Have you or any member of your immediate household ever been taken to a medical center for a mental health crisis? ☐ Yes ☐ No ☐ Refused
5. Have you attempted to, or been able to, talk to a mental health or behavioral health professional or counselor in the past six months? ☐ Yes ☐ No ☐ Refused
6. Do you have or feel you have a learning disability or developmental disability? ☐ Yes ☐ No ☐ Refused
7. Have you been prescribed medications while unhoused that you misplaced or didn't take for any reason? ☐ Yes ☐ No ☐ Refused
8. In the past six months, how many times have you talked to law enforcement for any reason? _____ # of times ☐ Refused
9. Have you ever been to jail, prison, or juvenile hall? ☐ Yes ☐ No ☐ Refused
10. Have you, or any member of your immediate household, ever overdosed or experienced any other challenges with alcohol or other drugs? ☐ Yes ☐ No ☐ Refused
11. Have you experienced any situations where you felt unsafe or were harmed since you became homeless? ☐ Yes ☐ No ☐ Refused
12. Have you ever experienced significant barriers to securing housing, employment, or education due to discrimination? ☐ Yes ☐ No ☐ Refused
13. Where did you live prior to becoming homeless? ☐ Sonoma Co, ☐ Northern Ca, ☐ Other part of CA, ☐ Other _____(SPECIFY), ☐ refused

14. What type of living arrangement did you have prior to becoming homeless? ☐ A home rented or owned by you or your partner, ☐ With Friends/Relatives, ☐ Motel/Hotel, ☐ Jail/Prison, ☐ Subsidized Housing or Permanent Supportive Housing
15. Do you have a disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)? ☐ Yes ☐ No ☐ Refused
16. Are you open to a private bedroom in a shared permanent housing environment? ☐ Yes ☐ No ☐ Refused
17. Do you currently have an animal you intend to live with? ☐ Yes ☐ No ☐ Refused

Assessor: Is the participant under 25 years of age without minor children? If so, ask the following questions:

1. Have you ever had to leave your housing because of your health or safety? ☐ Yes ☐ No ☐ Refused
2. In the past six months, how many times have you received health care at an emergency department/room? _____ # of times ☐ Refused
3. In the past six months, how many times have you been transported to the hospital in an ambulance? _____ # of times
4. Do you have any serious health issues? ☐ Yes ☐ No ☐ Refused
5. Are there any physical disabilities or challenges that impact your housing preferences and ability to live independently? Would you need help to live independently? ☐ Yes ☐ No ☐ Refused
6. Are there any mental health or other challenges that you feel might impact your ability to live independently and require additional support? ☐ Yes ☐ No ☐ Refused
7. In the past six months, how many times have you used a crisis service? # of times ☐ Refused
8. Were you ever in the foster care system or did you ever live with other relatives or friends? ☐ Yes ☐ No ☐ Refused

Assessor: Does the participant have a minor child they intend to live with? If so, ask the following questions:

1. Have you or any member of your immediate household ever had head trauma/stroke/concussion? ☐ Yes ☐ No ☐ Refused
2. Have you or any member of your family experienced any abuse or trauma that may have contributed to your housing crisis? ☐ Yes ☐ No ☐ Refused
3. Have you or any family member had any recent involvement with Child Protective Services or child welfare? (Assessor: Reiterate that the question is not to get you in

trouble, it is designed to understand your family's vulnerability. If asked about the definition of recent, say 6 months or less) ☐ Yes ☐ No ☐ Refused

4. Have you had any recent interaction with family court? (Assessor: If asked about the definition of recent, say 6 months or less) ☐ Yes ☐ No ☐ Refused