



COORDINATED ASSESSMENT SCREENING TOOL

Homeless Alliance for the Lower Shore (HALS) CoC

Agency Name _____ Date _____

Person Completing Form _____

Name _____ SSN _____ Race _____

Street _____ City, State, Zip _____

County _____ Phone Number _____ DOB _____ Age _____

Number of household members _____ Number of Minor Children _____

Do you have income? Yes No | Source _____ Amount _____ weekly monthly

Where did you stay last night? _____

How long have you stayed there? _____ When must you leave? _____

Why do you want/need to leave? _____

Are you receiving assistance from any agencies/organization(s)? Yes No

⇒ If **yes**, please list _____

Do you have a disabling condition (physical, mental*, substance abuse) which require assistance? Yes No

⇒ If **yes**, please list _____

****if mental health services are needed, refer to PATH for assistance and continue with assessment***

Are you or a member of your family a **veteran**? Yes No

Are you experiencing or fleeing **domestic violence**? Yes No

Are you **under 25, not living with a parent/guardian** and **without adequate nighttime residence**? Yes No

Are you willing to stay in a **shelter**? Yes No

Do you need assistance to **stay in your current housing** or with **finding alternate housing**? Yes No

Do you need housing assistance as a result of **COVID-19**? Yes No

Additional Notes or Comments

Referrals Made

Date _____ Agency _____ Referral Reason _____

Date _____ Agency _____ Referral Reason _____

Date _____ Agency _____ Referral Reason _____

Outcome of Services Offered _____

Final Date of Contact _____

COORDINATED ASSESSMENT RESOURCES

Homeless Alliance for the Lower Shore (HALS) CoC

PLEASE CHECK ALL RESOURCES PROVIDED IN EACH CATEGORY

PATH (*mental health: please call the appropriate county number*)

- Somerset (Ray Lockamy): 443-386-9323
- Wicomico (Christine Chestnutt/Joe Ruffo): 443-754-1119
- Worcester (Ivonne Lomax): 443-614-0499

Veterans

- VA National Call Center for Homeless Veterans: 1-877-4AIDVET (1-877-424-3838) **24/7 access**
- VA Health Care for Homeless Veterans Eastern Shore: 443-206-2435
- 24-hour Veteran Crisis Hotline: 1-800-273-8255

Diakonia: 410-213-0923

- Supportive Services for Veteran Families (SSVF)
- Shelter Services

St. James: 410-742-4950

- Supportive Services for Veteran Families (SSVF)
- Homeless Veterans Reintegration Program (HVRP: employment services)

Domestic Violence (*24/7 availability*)

- Life Crisis Center: 410-749-HELP (410-749-4357) or dial 211 (housing) **24/7 access**

Homeless Youth

- Fenix Youth Project: 443-736-8029 or visit www.fenixyouthproject.org/center

Shelter Resources (*please check each shelter contacted about bed availability*)

-Emergency Shelters-

Wicomico

- Christian Shelter, Salisbury: 410-749-5673
- HALO Shelter for Men, Women & Children, Salisbury: 410-742-9356

Worcester

- Samaritan Shelter, Pocomoke: 410-957-4310
- Diakonia Emergency Shelter for Men, Women, Families & Veterans, West Ocean City: 410-213-0923

Somerset

- Lower Shore Shelter, Princess Anne: 443-888-6160 or 443-888-6972

-Transitional Shelters-

- Joseph House Workshop Transitional Shelter for Men, Salisbury: 410-749-8150
- Village of Hope Transitional Shelter for Women & Children, Salisbury: 410-860-5981

Permanent Supportive Housing

Wicomico Only

- PSH for Chronically Homeless: City of Salisbury Community Development: 410-334-3031

Somerset, Wicomico & Worcester

- HALS CoC Funded Permanent Supportive Housing Program: 443-523-1700

COORDINATED ASSESSMENT RESOURCES

Homeless Alliance for the Lower Shore (HALS) CoC

Prevention and Rapid Re-Housing

Somerset & Wicomico

Seton Center Homeless Solutions Program (HSP) Princess Anne: 410-651-9608

Wicomico & Worcester

Diakonia Homeless Solutions Program (HSP) West Ocean City: 410-213-0923

Prevention

Somerset County Department of Social Services: 410-677-4200

Wicomico County Department of Social Services: 410-713-3900

Worcester County Department of Social Services: 410-632-9915

COVID-19 CDBG Eviction Prevention/Rental Assistance/Utility Assistance

Somerset

Somerset County Government: 410-651-1424 or email dtcs@somersetmd.us

Wicomico (outside of Salisbury city limits)

Habitat for Humanity: 410-546-1551 x103 or visit www.wicomicohabitat.org

Wicomico Local Management Board: 443-359-2265 or email wicorental@wicomicocounty.org

Worcester

Diakonia: 410-213-0923

Emergency Rental Assistance Program (ERAP) Funding

Somerset

Somerset County Government: 410-651-1424 or email dtcs@somersetmd.us

Wicomico

Wicomico County Government: 410-548-4860 or visit www.wicomocounty.org/728/Emergency-Rental-Assistance-Program

Habitat for Humanity (*rental assistance*): 410-546-1551 x103 or visit www.wicomicohabitat.org/wicomico-county-emergency-rental-assistance/

Shore Up! (*utility assistance*): 410-749-1142 x1056 or visit shoreup.org/emergency-rental-assistance-program/

Worcester

Diakonia: 410-213-0923

Worcester County Department of Social Services: 410-677-6806



Participant Name _____

DOB ____/____/____ Assessment Date ____/____/____

Program Name _____

Assessment Type: Initial Interim Exit

Domain	0 n/a	1 In Crisis	2 Vulnerable	3 Safe	4 Building Capacity	5 Empowered	Score	Participant Goal? (✓)
Housing	<i>Response Required</i>	Homeless or threatened with eviction	In transitional, temporary, or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income)	In stable housing that is safe but only marginally adequate	Household is in safe, adequate, subsidized housing	Household is in safe, adequate, unsubsidized housing		
Employment	Not applicable	No job	Temporary, part-time or seasonal; inadequate pay, no benefits	Employed full time; inadequate pay; few or no benefits	Employed full time with adequate pay and benefits	Maintains permanent employment with adequate income and benefits		
Income	<i>Response Required</i>	No income	Inadequate income and/or spontaneous or inappropriate spending	Can meet basic needs with subsidy; appropriate spending	Can meet basic needs and manage debt without assistance	Income is sufficient, well managed; has discretionary income and is able to save		
Food/Nutrition	<i>Response Required</i>	No food or means to prepare it; significant reliance on other sources of free or low-cost food	Household is on food stamps	Can meet basic food needs but requires occasional assistance	Can meet basic needs without assistance	Can choose to purchase any food household desires		
Child Care	Not applicable	Needs childcare, but none is available/accessible and/or child is not eligible	Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available	Affordable subsidized childcare is available but limited	Reliable, affordable childcare is available; no need for subsidies	Able to select quality childcare of choice		
Children's Education	Not applicable	One or more school-aged children not enrolled in school	One or more school-aged children enrolled in school, but not attending classes	Enrolled in school, but one or more children only occasionally attending	Enrolled in school and attending classes most of the time	All school-aged children enrolled and attending on a regular basis		
Adult Education	<i>Response Required</i>	Literacy problem and/or no high school diploma or GED are serious barriers to employment	Enrolled in literacy program and/or GED and/or has sufficient command of English to the point where language is not a barrier to employment	Has high school diploma/GED	Needs additional education/ training to improve employment situation and/or to resolve literacy problems so they are able to function effectively in society	Has completed education/training needed to become employable; no literacy problems		
Health Care Coverage	<i>Response Required</i>	No medical coverage with immediate need	No medical coverage and great difficulty accessing medical care when needed; some household members may be in poor health	Some household members (e.g. children) on public health plan	All members can get medical care when needed, but may strain budget	All members are covered by affordable, adequate health insurance		
Life Skills	<i>Response Required</i>	Unable to meet basic needs such as hygiene, food, activities of daily living	Can meet a few but not all needs of daily living without assistance	Can meet most but not all daily living needs without assistance	Able to meet all basic needs of daily living without assistance	Able to provide beyond basic needs of daily living for self and family		
Family Relations	<i>Response Required</i>	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support	Strong support from family or friends; household members support each other's efforts	Has healthy/expanding support network; household is stable and communication is consistently open		



Participant Name _____

DOB ____/____/____

Assessment Date ____/____/____

Program Name _____

Assessment Type: Initial Interim Exit

Domain	0 n/a	1 In Crisis	2 Vulnerable	3 Safe	4 Building Capacity	5 Empowered	Score	Participant Goal? (✓)
Mobility	<i>Response Required</i>	No access to transportation, public or private; may have car that is inoperable	Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured	Transportation is generally accessible to meet basic travel needs	Transportation is readily available and affordable, car is adequately insured		
Community Involvement	<i>Response Required</i>	Not applicable due to crisis situation; in "survival" mode	Socially isolated and/or no social skills and/or lacks motivation to become involved	Lacks knowledge of ways to become involved	Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues	Actively involved in community		
Parenting Skills	Not applicable	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed		
Legal	<i>Response Required</i>	Current outstanding tickets or warrants	Current charges/trial pending, non-compliance with probation/parole	Fully compliant with probation/parole terms	Has successfully completed probation/parole within past 12 months, no new charges filed	No active criminal justice involvement in more than 12 months and/or no felony criminal history		
Mental Health	<i>Response Required</i>	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns		
Substance Use and Addictive Behaviors	Not applicable	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (e.g. disruptive behavior or housing problems); problems have persisted for at least one month	Client has use during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use	No drug use/alcohol abuse in last 6 months		
Safety	<i>Response Required</i>	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened / temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable		
Disabilities and Physical Health	Doesn't know/declined to answer	Acute or chronic symptoms are currently affecting housing, employment, social interactions, etc.	Sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Asymptomatic; condition is controlled by services or medication	No identified disability or health concerns		