



Multnomah County Coordinated Access Verbal Release Form

- Assessor, read the following script to the participant at the time of MSST assessment.
- Only use this form for Coordinated Access.
- Check the correct box under the Participant's Decision header.

“To best assist you, we will enter the information you share as part of this process into a database. The database helps us manage our services. We protect your information using reasonable safeguards. If you let us, we will share your information to the Coordinated Access network of providers. Allowing your information to be viewed allows us to better serve you. You will have improved access to services such as housing.

Do you have any questions?

Do you agree to share your information with the Coordinated Access network?”

(end of script)

Assessor, answer any questions the participant may have. For a full disclosure of a participant's data rights, visit <https://johs.us/hmis-links-for-providers>. Then view the Privacy & Security Notice. The Privacy & Security Notice must be made available to participants upon request.

Date:

Participant's Name:

Participant's Decision *(check only one box)*

- Yes, share** participant's information with the Coordinated Access (CA) network.
- No, do not share** participant's information with the Coordinated Access (CA) network.

Assessor:

Enter two ROIs into HMIS: one for your login provider and one for the MSST provider. MSST data sharing occurs within HMIS for 7 years. Retain this form for 7 years.

Multnomah County Coordinated Access: TRIAGE

Triage

Opening Questions

1. If possible, would you prefer to talk in a language other than English? Yes No/No preference

1a. If yes, what language? _____ 1b. Do you need an interpreter? Yes No

2. (Phone only): Are you in a place where you feel like you can speak freely and openly? Yes No

3. Do you have any immediate physical, medical, or safety needs that need to get addressed right away, before we talk about anything else? (Common needs are medical care, food, or clothing)

Yes No Don't know Prefer not to answer

If YES, provide referral to meet immediate need (see below).

If participant reports (or you observe evidence of) immediate danger or a life-threatening situation, ask if they would like you to help them connect with 911, if it is safe to do so, and if you have consent to call on their behalf.

4. What is your full name?

First _____

Middle _____

Last _____

Suffix _____

5. What are your pronouns?

She/ Her

He/Him

They/Them

Other (write in): _____

Don't know

Prefer not to answer

The term "domestic violence" refers to any pattern of behaviors that creates an unsafe environment for you or other members of your household. This includes (but is not limited to) physical, emotional, verbal, psychological, financial, or sexual abuse. This also includes stalking or using threats of harm to control you.

6. Are you or anyone in your household a survivor of domestic violence?

Yes No Don't know Prefer not to answer

6a. When was the last time someone engaged in any patterns of domestic violence behaviors toward you or someone in your household?

Less than 3 months ago 3 to 6 months ago
 6 to 12 months ago More than 1 year ago
 Don't know Prefer not to answer

6b. Are you or anyone in your household currently fleeing/trying to escape domestic violence?

Yes No Don't know Prefer not to answer

6c. If available, would you be interested in a confidential shelter option or other services? (Not reported in HMIS. For service connection only)

Yes No

If yes to 6c, share the information below.

For immediate crisis services:

- Call to Safety: **503.235.5333**
- El Programa Hispano Proyecto UNICA: **503.232.4448**

For restraining order questions and 1-on-1 support with experienced advocates who will help you develop a plan or connect you with other services:

- Volunteer of America Oregon Home Free Restraining Order Hotline: **503.802.0506**
- The Gateway Center: **503.988.6400**

Multnomah County Coordinated Access: TRIAGE

Prior/Current Living Situation	
<p>7. Where did you sleep last night?</p> <p>Assessor Note: DO NOT read response options aloud. Make <u>one</u> selection from the list on the right based on participant’s response. Provide additional information below if unsure which option to select.</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">DO NOT READ THESE OPTIONS ALOUD.</p> <p style="text-align: center;"><u>Homeless Situation</u></p> <p><input type="checkbox"/> Unsheltered homeless situation: Outside or other place not meant for human habitation (e.g., street, car, camp, bus/train/airport, etc.)</p> <p><input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with an emergency shelter voucher</p> <p style="text-align: center;"><u>Institutional Situation</u></p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p style="text-align: center;"><u>Temporary Housing Situation</u></p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Staying or living in a friend’s room, apartment, or house</p> <p><input type="checkbox"/> Staying or living in a family member’s room, apartment, or house</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Transitional housing for homeless persons or youths</p> <p style="text-align: center;"><u>Permanent Housing Situation</u></p> <p><input type="checkbox"/> Owned by client, WITHOUT ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, WITH ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, WITHOUT ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, WITH ongoing housing subsidy</p>
<p>8. How long have you been sleeping there?</p> <p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Participant doesn’t know</p> <p><input type="checkbox"/> Participant prefers not to answer</p>	
<p>If participant is in an <u>institutional/temporary/permanent housing situation:</u></p> <p>9. On the night before you started sleeping where you are now, did you stay on the streets or in a shelter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Prefer not to answer</p>	
<p>If participant is in an <u>institutional/temporary/permanent housing situation:</u></p> <p>10. Are you currently at risk of losing your housing and becoming literally homeless within 14 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Prefer not to answer</p>	
<p>11. Are you seeking shelter/ a safe place to sleep tonight?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know <input type="checkbox"/> Prefer not to answer</p> <p>11a. If shelter is not available (or if not seeking shelter), where do you plan to sleep tonight?</p>	

Multnomah County Coordinated Access: TRIAGE

Household Size and Composition

Note for Assessors (Do not read to participants): These questions are used to determine if a household is eligible for resources from the adult system, family system, or both. Please make sure these responses are as accurate as possible.

11. Including yourself, how many people currently live in your household? _____

12. How many children under the age of 18 are in your household? _____

12a. How many of those children are younger than 5 years old? _____

13. Are there any children under 18 that are not currently in your household but are likely to join your household in the future?

This includes any children who would live with you if you moved to a different housing situation.

- Yes No
- Don't know Prefer not to answer

14. Is anyone in your household currently pregnant or expecting a new child in the next 9 months?

- Yes No
- Don't know Prefer not to answer

15. Including yourself, how many adults in your household are 55 years old or older?

IMPORTANT: Read the instructions below to determine whether to proceed with the assessment.

All households: If household is in a homeless situation, **PROCEED.**

All households: If household answered "Yes" to 6b (fleeing/attempting to flee domestic violence), **PROCEED.**

For single adults and adult-only households: If household is institutional/temporary/permanent housing situations, they must respond "Yes" to questions 9 (stayed on the streets or in a shelter) **AND** 10 (at risk of losing housing and becoming homeless within 14 days). Otherwise, **DO NOT PROCEED.**

However, adult-only households in Rapid Rehousing programs who qualify for/need Permanent Supportive Housing **MAY PROCEED.**

For households with minor children: If household is institutional/temporary/permanent housing situations **AND** responded "No" 10 (at risk of losing housing and becoming homeless within 14 days), **DO NOT PROCEED.**

REFER TO 211 OR OTHER PROVIDERS IF CURRENTLY IN OWN RENTAL UNIT (NAME ON LEASE) & NEEDS RENT ASSISTANCE.

Coordinated Access to Housing: Housing Barriers Assessment

Introductory Script

Welcome to the Coordinated Access to Housing assessment. This assessment is designed to understand your household's current housing situation as well as any housing-related barriers that your household has faced. Your responses will not be used to prevent you from accessing services. You are free to skip questions, but leaving questions unanswered is likely to affect our ability to identify the services and resources that are most likely to be available for your household. This assessment typically takes 15-30 minutes to complete.

Please note: Housing resources in the Coordinated Access System are limited. Therefore, other strategies, services, and referrals may be recommended as part of a plan to get you stably housed.

Housing History/Prior Living Situation

If currently in homeless situation:

16. What is the approximate date you became homeless most recently?

____/____/____ [mm/dd/yyyy]

Don't know Prefer not to answer

If currently in homeless situation:

17. Regardless of where you stayed last night, how many times have you been on the street, in shelters, on someone's couch, or anything like that **in the past three years?**

1 time 2 times 3 times 4+ times
 Never Don't know Prefer not to answer

If currently in homeless situation:

18. What is the total number of months you have been on the street, in shelters, on someone's couch, or anything like that **in the past three years?**

Total Months: _____

Don't know Prefer not to answer

19. In what neighborhood or part of town do you usually stay?

Name of neighborhood or part of town:

Don't know Prefer not to answer

Households WITHOUT minor children ONLY:

20. Have you or any of your ancestors (including parent, guardian, or grandparent) ever lived in North or Northeast Portland?

Yes No
 Don't know Prefer not to answer

If yes to question 20:

20a. Have you applied for housing through the City's North/Northeast Portland Preference Policy?

Yes No
 Don't know Prefer not to answer

Multnomah County Coordinated Access: HOUSING BARRIERS ASSESSMENT

Income

Understanding your household income and the sources of that income will help us better understand your housing needs and determine which services might be a good fit for your household.

Note: Income includes any cash received, including earned income or cash benefits like social security. It does not include food stamps or other non-cash benefits.

21. Tell me about your household income. Do you have a steady/ regular source of income?

- Yes No
 Don't know Prefer not to answer

21a. (If yes to 21): How much do you receive before taxes on a monthly basis?

\$ _____ x 12 =\$ _____

21b. (If no to 21): Please estimate how much income you usually receive weekly, monthly, or annually:

Weekly: \$ _____ x 52 =\$ _____

Monthly: \$ _____ x 12 =\$ _____

Annually: \$ _____

22. ASSESSOR ONLY: Please refer to the chart below to determine income category.

- 30% AMI or less 31%- 50% AMI 51% AMI or greater

2025 Area Median Income (AMI) Percentages

Household Size	Annual Income	
	30% AMI	50% AMI
1 person	\$26,100	\$43,450
2 people	\$29,800	\$49,650
3 people	\$33,550	\$55,850
4 people	\$37,250	\$62,050
5 people	\$40,250	\$67,050
6 people	\$43,250	\$72,000
7 people	\$46,200	\$76,950
8 people	\$49,200	\$81,950

Multnomah County Coordinated Access: HOUSING BARRIERS ASSESSMENT

Demographic Information

23. Please provide your date of birth.
 (MM/DD/YYYY): ___/___/_____
 Don't know Prefer not to answer

IF FULL DOB NOT PROVIDED:

24. What is your age range?
 18-24 25-44 45-54 55-69 70+

25. What is your social security number?
 ___ - ___ - ____
 Don't know Prefer not to answer

26. Do you or anyone in your household identify as LGBTQIA2S+?
 Yes, me Yes, a household member
 No Don't know Prefer not to answer

27. Which of these genders best describes how you identify? (Select all that apply.)

Woman (girl if child)
 Man (boy if child)
 Transgender
 Questioning
 Non-Binary (e.g., genderfluid, agender)
 Culturally-Specific identity (e.g., Two-Spirit)
 Different Identity (Write in) _____
 Don't know Prefer not to answer

28. What is your race and ethnicity? (Select all that apply.)

American Indian, Alaska Native, or Indigenous
 Asian or Asian American
 Black, African American, or African
 Hispanic / Latin(a)(o)(e)(x)
 Middle-Eastern or North African
 Native Hawaiian or Pacific Islander
 White
 Additional Race and Ethnicity detail: _____
 Don't know Prefer not to answer

Veteran Screener Questions

The next few questions will help us better understand your eligibility for services that exclusively work with former members of the United States Armed Forces.

29. Have you ever served one day or more in the U.S. armed services (U.S. Military)? This includes the Army, Navy, Marine Corps, Coast Guard, or Space Force).
 Yes No Don't know Prefer not to answer

*If the participant says yes, but did not provide their social security number above, be sure to let the veteran know that providing a **full** social security number will help determine their eligibility for certain programs and funding.*

29a. Has anyone else in your household served one day or more in the U.S. Armed Services (U.S. Military)? This includes the Army, Navy, Marine Corps, Coast Guard, or Space Force).
 Yes No Don't know Prefer not to answer

Veteran Follow-up Questions (ONLY ASK IF YES TO #29 or #29a)

29b. Were you ever called into active duty as a member of the National Guard or as a Reservist?
 Yes No Don't know Prefer not to answer

29c. Are you receiving any type of benefit through the Department of Veteran Affairs?
 Yes No Don't know Prefer not to answer

Multnomah County Coordinated Access: HOUSING BARRIERS ASSESSMENT

Health

Sharing information about your household’s health conditions will help us better understand your housing needs.

30. Do **you** have disabling conditions or other health conditions that impact your ability to secure housing?

(It doesn’t have to be diagnosed. Examples of disabling conditions include physical disabilities, mental health conditions, vision or hearing impairments, brain injury, learning disabilities, substance use disorders (alcohol/drugs/other substances), HIV, and other health conditions of long-duration).

- Yes No
 Don’t know Prefer not to answer

31. Do **any other household members** have disabling conditions or other health conditions that impact your ability to secure housing? It doesn’t have to be diagnosed.

(Examples of disabling conditions include physical disabilities, mental health conditions, vision or hearing impairments, brain injury, learning disabilities, substance use disorders (alcohol/drugs/other substances), HIV, and other health conditions of long-duration).

- Yes No
 Don’t know Prefer not to answer

For households with minor children:

32. In total, how many health or disabling conditions are present in the entire household that might impact your ability to secure housing?

(see previous question for examples)

- One Two Three Four or More
 None Don’t know Prefer not to answer

For households WITHOUT minor children:

33. Has the impact of a health condition ever led you or anyone in your household to lose housing?

- Yes No
 Don’t know Prefer not to answer

Eviction History

Past evictions can make it difficult to find housing in the future. Learning more about your household’s eviction history will help us understand your housing needs and determine which services might be a good fit for your household.

34. In the last five years, how many times have you or anyone in your household been formally evicted? (e.g., had a sheriff or law enforcement notice taped to front door—anything that might show up in a credit report, court records, or tenant screening databases) ***If more than one adult was evicted in the last five years, report the number of evictions received by the adult in the household with the highest number of evictions.***

- No rental evictions One rental eviction
 Two or more rental evictions
 Don’t know Prefer not to answer

Documentation Accessibility

It can be challenging to access and maintain housing when you have difficulty accessing certain important documents. Understanding whether your household has difficulty obtaining certain documents helps to understand your housing needs.

35. Would you or anyone in your household have difficulty accessing any of the following documents? (Select all that apply)

- Birth Certificate
 State Issued ID (Adults only)
 Social Security Card
 Verification of Disability
 Verification of Income
 Other documents needed for housing (specify if participant mentions something else here):

 Don’t know Prefer not to answer

Multnomah County Coordinated Access: HOUSING BARRIERS ASSESSMENT

Legal Challenges

Issues with the legal system can often lead to housing instability. Understanding the legal issues that your household faces will help to understand your housing needs.

36. Have you or anyone in your household ever been arrested or spent time in jail or prison?

- Yes No
 Don't know Prefer not to answer

37. (If yes to #36) Has being arrested or spending time in jail ever led you or anyone in your household to lose housing?

- Yes No
 Don't know Prefer not to answer

Culturally-Specific Services

38. If available, would you like to be considered for culturally-specific services?

Culturally-specific services means services provided by and for people who speak your language, share your culture, or share your experiences. NOTE: THIS DOES NOT MAKE PARTICIPANTS INELIGIBLE FOR OTHER HOUSING SERVICES.

- Yes No
 Don't know Prefer not to answer

39. If available, would you be interested in culturally specific services for any of the following groups? (Select all that apply.)

- African-Americans
 American Indian, Alaska Native or Indigenous
 Hispanic/Latino/Latina/Latinx folks
 Immigrants and Refugees
 LGBTQIA2S+

Social Support

40. Do you feel that there is anyone you can count on to help you when you need it? (e.g., family, friends, other communities of support that provide emotional support, occasionally provide financial assistance or a place to stay)?

- Yes No
 Don't know Prefer not to answer

Contact Information

How can we contact you to follow up in the future?

Participant's Information:

Primary Phone: _____

Safe to leave a phone message? Yes No

Ok to send texts? Yes No

Secondary Phone: _____

Email: _____

Physical Location: _____

Other: _____

Secondary contact person (optional):

Name: _____

Phone: _____

Email: _____

Multnomah County Coordinated Access: HOUSING BARRIERS ASSESSMENT

Thank you for taking the time to complete the Coordinated Access assessment with me.

Assessor Information and Observations

Date of Assessment: _____

Assessor Name: _____

Assessor Organization: _____

Assessor Phone: _____

Assessor Email: _____

From your interactions and observations, do you have reason to believe that information from this assessment was underreported, misreported, or not collected accurately?

Yes No

If yes, please explain:

HOUSING PROBLEM SOLVING QUESTIONNAIRE

Date of Conversation: _____

Note: Please enter responses to these questions in the "Problem Solving and Referral Events" assessment on HMIS. Use the "Coordinated Entry Event" sub-assessment to answer Questions 1 and 2. Use the "Housing Problem Solving" sub-assessment to enter questions 3-5.

Coordinated Entry Event

1. Did you have a housing problem solving conversation with the participant?

Yes No

2. Was the participant housed/re-housed in a safe alternative **as a result of the housing problem solving conversation**?

Yes No

Housing Problem Solving

3. What was the outcome of the housing problem solving conversation?

- Housing crisis temporarily/permanently resolved **without** financial assistance
- Housing crisis temporarily/permanently resolved **with** financial assistance
- Housing crisis was **NOT** resolved (participant's current housing situation remains unsafe or unstable)

4. If participant's housing crisis was resolved with financial assistance, how much was needed? *If no HPS-related financial assistance was needed at this time, enter \$0.*

Dollar amount of financial assistance requested: \$_____

5. Notes:
