General Information

Getting Connected to a Skilled Assessor Information
In response to the COVID-19 Pandemic, many skilled assessors are working remotely. Presently, the Coordinated Entry Call Center is the easiest and preferred way for someone experiencing homelessness to connect with a skilled assessor. Information below will provide further direction regarding the Call Center and provide updates on previous methods of getting connected with a skilled assessor.

**Call Center**
Anyone sleeping in a shelter, outside, in a vehicle, or any place not meant for human habitation can call the Coordinated Entry Call Center at 312-361-1707 to connect with a skilled assessor and complete a housing assessment. The call center is open Monday through Friday from 8:30am – 4:00pm.

**Access Points**
Access Points are experiencing frequent closures in response to the COVID-19 Pandemic. Clients should complete assessments via the Coordinated Entry Call Center rather than visiting Access Points in person. Please refer to this link to the Coordinated Entry website for up to date information on Access Point closures and reopening.

**Large Shelter Assessors**
Prior to the COVID-19 pandemic, large shelters (such as Pacific Garden Mission and Franciscan Outreach) had regularly scheduled skilled assessors who completed assessments for households staying in the shelter. Presently, all shelters are being asked to conduct assessments via the Coordinated Entry Call Center. For more information, contact Stephanie Sideman (information in link).

Starting the Assessment Information

**Alternative Resource Guide**
Helpful guide for households when not eligible for the CE assessment due to not experiencing literal homelessness.

**HMIS Consent** (p. 3-4)
All individuals completing the CE assessment must complete a HMIS consent. The HMIS consent determines how much (if any) of their personal information the individual wants to share with the CoC. Individuals should be made aware that by choosing Option C (not sharing any of their information with anyone) they will not be eligible for housing through CES.

**Successfully Assessing Veterans Guide**
Helpful guide for ensuring all veteran sections of HMIS are completed properly to connect veterans to housing more quickly.
**Skilled Assessor HMIS Workflow**
This workflow walks through the steps of completing the CE Standardized Housing assessment on HMIS.

**Skilled Assessor Talking Guide**
This document prepares Skilled Assessors for how to introduce the assessment, explain the HMIS consent options, and touch base on when an assessment should be updated.

**Assessment**
The Standardized Housing Assessment is accompanied by one of three Vulnerability Index tools. Adults who are 25 and older without children 18 or younger should complete the Individual VI. Youth who are between the ages of 18-24 with or without children should complete the Youth VI. Families with one or more children under the age of 18 and pregnant women should complete the Family VI.

The observational assessment will be conducted by specific assessors tasked with this responsibility. For more information, please contact The Center for Housing and Health by e-mailing Justine Allenbach JAllenbach@housingforhealth.org.

**Observational Assessment**
- Standardized Housing Assessment
- Individual Vulnerability Index
- Family Vulnerability Index
- Youth Vulnerability Index

**After the Assessment Information**
**Participant Handout**
This handout offers a space for Skilled Assessor’s to share their contact information and answers frequently asked questions that may be helpful to people who have been assessed through CES.

**Uploading Documents to HMIS** (Post-Assessment Step)
Once a household has been assessed, they should gather all documents required for housing. State IDs and proof of income (or proof of no income) are always required. Proof of disability for the head of household (only required by supportive housing providers), social security card, and birth certificate. It is important that documents are collected for every member of household excluding disability information this only required for the head of household if matched to supportive housing.

**Diversion Information**
**General Diversion Information** (p. 11)
Diversion prevents homelessness by quickly identifying safe and immediate non-shelter-based housing solutions while connecting households with supportive services. The purpose of diversion is to prevent the need for homeless resources with connections to mainstream resources, support with identifying potential members of the applicant’s support network, and conflict resolution or mediation if needed.
**Youth Diversion**
Youth diversion services are provided by Catholic Charities. People between the ages of 18-24 should be screened for diversion through the standard housing assessment and referred to Catholic Charities. They can be contacted at the email in the above link or via phone at 312-655-7165.

**Family Diversion**
Family diversion services are provided by Salvation Army. Families seeking shelter at The Salvation Army Shield of Hope (924 N. Christiana) will be screened for diversion by Salvation Army and enrolled when appropriate. Families placed into shelter from the field will be screened for diversion by the Catholic Charities mobile outreach team.

**Veteran Diversion**
Veterans should connect the Jesse Brown VA Medical Center Community Resource and Referral Center (CRRC) for a referral and additional supports.

a. Clients can call or visit the CRRC in person at 1141 South California Ave. Chicago, IL 60612
b. CRRC Mainline: 312-569-5750
i. Please note, clients can walk-in but call ahead appointments are preferred.
ii. CRRC Hours: M-F 8:00am – 4:00pm.

**Other Important Contact Information**

**Justine Allenbach**
Coordinated Entry Specialist, Center for Housing and Health
JAllenbach@housingforhealth.org
Direct Line: 312-784-9047
Mainline: 312-922-2322 ext. 237

**HMIS Assistance**
Contact the Help Desk at All Chicago at this hyperlinked e-mail.

**Suicide Prevention Line**
1-800-273-8255. Press 1 for veteran crisis line.