

Milwaukee CoC – Coordinated Entry Housing Questionnaire

Interviewer's name: _____ Agency: _____

Interviewer's contact information: _____ Date: _____

Client name: _____ Nickname: _____

Identified gender: _____ Sexual Orientation: _____

Date of birth: _____

Client Contact Information (Please Include Multiple Forms of Contact Information)

Phone 1: _____

Phone 2: _____

Email: _____

Location (Address): _____

Social Media Site/Alias: _____

Do you have someone who works with you on housing or other basic needs Yes No

Case manager name: _____

Agency: _____

Phone/email: _____

Date of last contact: _____

Are you currently pregnant? Yes No If yes, projected birth date: _____

Were you ever in foster care? Yes No

If yes, what age did you leave the foster care system? _____

Have you experienced Intimate Partner Violence? Yes No

If yes, are you currently fleeing? Yes No

Does anyone try to get you to do things you do not want to do in exchange for money, food, protection, or housing? Yes No

Are you experiencing an eviction? Yes No If yes, date of eviction: _____

Do you have any health concerns that could make finding housing difficult? Yes No

(Physical, Psychological, Developmental, Substance Abuse, HIV/AIDS)

Do you have any income? Yes No If yes, monthly amount: _____

Do you have interest today in an emergency shelter referral? Yes No

Last revised 5/7/2019