



Coordinated Entry for Homeless Services

Monroe County, NY

Homeless Assessment Tool (HAT) 10.0

Before Beginning the assessment, please look up as much information as possible in HMIS.

- Please check the person's immigration status. Coordinated Entry can only serve people who are United States citizens.
- If a Homeless Assessment Tool (HAT) was completed in the last 6 months, please use that score unless some other life-changing event has occurred in the person's life.
- Look for any documented disability information (This is not required right now but will be helpful for future referrals).
- If they have identification, use it to answer questions #2 and #3. You can also verify their date of birth in HMIS and confirm it with them.
- Look at questions 4,5 and 6 as they relate to household size and income. Answer as much as possible from HMIS and confirm with the person that the information is correct.
- If you need any resources, please see the last page.
- **You do not need to calculate points at this time. Calculations will be done automatically when answers are entered into the HAT on the Partner's Ending Homelessness website.**

Please remember that the person does not need documentation of a disabling condition to answer "yes" on the disability questions on the HAT, however, they may need it later to obtain additional resources. If the person has documentation with them, please enter it into HMIS.

Possible introduction script for interviewers:

- Thank you for meeting with me today. I'm here to help connect you with housing and resources that best meet your needs.
- I'll be asking questions about your housing situation, health, well-being, and any support you may need. Some questions may feel personal or difficult. The more I understand your situation, the better I can help identify the housing assistance you may qualify for. The assessment usually takes about 15 minutes.
- If you're not comfortable answering a question, you can say "pass," and we can come back to it later if you'd like. Your information is kept confidential in a secure database and is only shared with people who need it to help coordinate your services.
- Before we begin, is there anything I can do to help you feel more comfortable? Do you have any questions or concerns? Are you ready to get started?



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Name: _____

HMIS# _____

Interviewer email: _____

Getting to know you: Lets get started with some basic questions. Then we'll move on to questions that help find out if there are things that might put you at risk more than others.

- 1) **Would you rather have these questions asked in another language (i.e. Spanish)?**(if the person answers yes, please stop the assessment and provide interpretation services before proceeding) **Yes / No / Prefers not to answer**

- 2) **Do you have any identification (ID)?** Yes / No / Prefers not to answer

- 3) **Enter person's age or ask, "How old are you?"** _____.
 - a. **If between the ages of 18-24:** were you ever homeless as a child (under age 18) Yes / No / Prefers not to answer
 - b. **If between the ages of 18-24:** Have you ever been in foster care or entered the foster care system? Yes / No / Prefers not to answer

- 4) **What is your current monthly household income?** ____ (Please include all the people's income in household.)

- 5) **How many people are moving into permanent housing?** ____

- 6) **Do you require a 3-bedroom unit or larger based on your household size?**
Yes / No / Prefers not to answer



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- 7) Do you have reliable childcare so you can attend appointments and search for housing? Yes / No / Not Applicable / Prefers not to answer
- 8) In the last year have you stayed in a place like a car, a park, the sidewalk, or an abandoned building, a place where people don't typically stay? Yes / No / Prefers not to answer
- 9) Has there ever been a time when you felt pressured to do something you didn't want to do, or put you at risk just to have a place to stay? Yes / No / Prefers not to answer

Disabilities: It's important to note that this next section of questions is not only about you but relates to any member of your household who lives with you. **Documentation is not needed at this time** but may be needed in the future to obtain certain resources.

In the [Defining "Chronically Homeless" Final Rule \(2015\)](#) Disability is defined as one or more of the following:

- 1) *Physical, mental or emotional impairment, post-traumatic stress disorder, brain injury or a chronic physical illness that:*
 - *Is expected to be long-continuing or of indefinite duration; **and***
 - *Substantially impedes the person's ability to live independently; **and***
 - *Could be improved by more suitable housing.*
- 10) Has a medical provider told you or any member of your household that you have a terminal medical condition, meaning that you may need more support, like hospice or end-of-life planning in the next 12 months? Yes / No / Prefers not to answer
- 11) Do you or any member of your household have any chronic health issues, which could include but are not limited to heart disease, cancer, diabetes, stroke, HIV/ AIDS, or arthritis? Yes / No / Prefers not to answer



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12) Does any member of the household have a disabling condition which limits your ability to complete daily functions? Yes / No / Prefers not to answer

If yes, please select all that apply:

- a. ☐ **Physical disability (e.g. Chronic back problems, heart condition, etc.)**
- b. ☐ **Mental health diagnosis**
- c. ☐ **Substance abuse diagnosis**
- d. ☐ **Intellectual or developmental disabilities (e.g. Autism Spectrum Disorder, Cerebral Palsy, Down Syndrome)**

13) Do you or any member of your household have a physical disability that limits your access to housing? (e.g. Requires a handicap-accessible unit with ramps, hard-of-hearing doorbells and alarm system, or railings, etc.) Yes / No / Prefers not to answer

14) Has your substance misuse ever affected your housing or your relationship with others? Yes / No / Not Applicable / Prefers not to answer

15) Has there been any mental health or behavioral health issues that have affected your housing or your relationships with others? Yes / No / Not Applicable / Prefers not to answer

General Personal Vulnerabilities: These questions are to find out what would make finding housing easier for you.

16) Do you need help with taking care of yourself (e.g. Bathing, changing clothes, using a restroom, making meals, etc.)? Yes / No / Prefers not to answer

17) Are you pregnant or have you had a baby in the last 3 months? Yes / No / Prefers not to answer

18) Do you ever need help reading and/or understanding paperwork or mail? Yes / No / Prefers not to answer



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19) Do you have a GED or Diploma? Yes / No / Prefers not to answer

20) In the last 2 years have you ever been asked to leave your housing or been legally evicted? Yes / No / Prefers not to answer

21) Have you ever lost your housing due to criminal activity in your household? Yes / No / Prefers not to answer

22) In the past 6 months have you felt unsafe where you were living (e.g. Due to issues like neighbor or family conflict, or gang violence?) Yes / No / Prefers not to answer

Interactions with the Criminal Justice system: This next question is about any past involvement with the legal system. I understand this question may feel uncomfortable, but it helps us determine which housing options and resources may be available to you.

23) Have you ever been convicted of a crime? Yes / No / Prefers not to answer

If the person says “yes”, check the sex offender registry after the interview and record the results in the Coordinated Entry Prioritization List Application.

Domestic Violence: There are only two questions left, and they may be difficult to answer. Please take your time and share only what you feel comfortable sharing. While you are not required to answer, any information you provide can help ensure the assessment is as complete as possible and helps support connecting you with appropriate services and resources.

24) In the last 60 days have you or any household member been threatened, physically harmed, or subject to verbal, mental or physical abuse by someone they live with? Yes / No / Prefers not to answer

25) Are you or anyone in the household afraid of someone knowing where you live (e.g. Someone threatening your life or stalking you)? Yes / No / Prefers not to answer



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Thank you for your time. Would you like any additional support or resources regarding any of the things I asked you about today? Do you have any questions or concerns after completing the assessment? Are there any questions that you would like to go back to?

Please remember that this assessment is not a guarantee that you will receive a referral for housing placement, and that you should continue to search for other housing options in the community.

As a reminder, **you do not need to calculate points at this time.** Calculations will be done automatically when answers are entered into the HAT on the Partner's Ending Homelessness website.



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HAT Resource Page

Center for Youth Hotline: 585-271-7670

Health Reach: <https://www.regionalhealthreach.org/>

New York State Child Protective Hotline: 1-800-342-3720

Adult Protective Services: 1-844-697-3505 (M-F 8:30 am to 8:00 pm)

McKinney Vento Homeless Education Fact Sheet:

https://www.nysed.gov/sites/default/files/programs/essa/essa-mckinney-vento-fact-sheet.final_6.29.22.pdf

Hospice Services:

- University of Rochester: 1-800-253-4439
<https://www.urmc.rochester.edu/home-care/hospice-care>
- Rochester Regional: 585-214-1000
<https://www.rochesterregional.org/services/hospice-care/our-services>

NYS Sex Offender Registry: <https://www.criminaljustice.ny.gov/nsor/>

Willow Domestic Violence Hotline: 1800-799-7233 or 585-222-SAFE (7233)

HUD Definition of Disability: <https://www.hudexchange.info/homelessness-assistance/coc-esgvirtual-binders/coc-esg-homeless-eligibility/determining-and-documenting-disability/disabilitydefinition>

FY 2026 Income Limits Summary:

Median Family Income	FY 2026 Income Limit Category	Persons in Family								Download .csv
		1	2	3	4	5	6	7	8	
\$107,000	Very Low (50%) Income Limits (\$)	\$37,450	\$42,800	\$48,150	\$53,500	\$57,800	\$62,100	\$66,350	\$70,650	
	Extremely Low Income Limits (\$)*	\$22,500	\$25,700	\$28,900	\$33,000	\$38,680	\$44,360	\$50,040	\$55,720	
	Low (80%) Income Limits (\$)	\$59,950	\$68,500	\$77,050	\$85,600	\$92,450	\$99,300	\$106,150	\$113,000	