

Naming Convention: _____

CHICAGO CONTINUUM OF CARE – OBSERVATIONAL ASSESSMENT

Observational Assessment Information: Assessor

Assessor's Name:	Email address:	Phone number:
Date of Assessment: ___/___/___	Agency Name:	
Please Specify the Location of Assessment:		

Observational Assessment Information: Observed Applicant

ASSESSORS: Please complete this form based upon your observations. You may also include information known to you from previous encounters with the individual.

FOR SINGLE INDIVIDUALS ONLY

First Name (If Known)	Middle Initial (If Known)	Last Name (If Known)
Name Data Quality: <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Data not collected (unknown)		
In what language does the individual communicate? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Other <input type="checkbox"/> Unknown - If Other, please list language: _____		
Observed Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
Observed Age: <input type="checkbox"/> Minor (18 or younger) <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-49 <input type="checkbox"/> 50-64 <input type="checkbox"/> 65 -79 <input type="checkbox"/> 80 or older If the applicant is younger than 18, please STOP HERE and connect to a Minor Access Point found at www.csh.org/chicagoces		
Is the individual a U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please STOP HERE and connect to the following program: Jesse Brown VA Outreach Team at (312) 569-5750. CRRC is a Veteran drop-in center located at 1114 S. California.		
Do you have any contact information for the individual? (e.g. phone number, email address, social media, or any other information that will help locate the individual)		
To your knowledge, is the individual currently enrolled in any social service programs? If so, please list the program and/or case manager's name or contact information.		
Additional information and comments:		

Observed Vulnerability Assessment

ASSESSORS: Please complete this form based upon your observations. You may also include information known to you from previous encounters with the individual.

Mental Health

Do you observe signs of a severe and persistent mental health condition? Notes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Alcohol and Substance Use

Do you observe physical symptoms or other signs related to alcohol or drug abuse? Notes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Physical Health

Do you observe signs of a physical disability? Notes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Domestic Violence

To your knowledge, has this person been impacted by domestic violence? Notes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Risk of Harm to Self and/or Others

Have you observed in the past or are you observing now signs of harm to self and/or others? This includes being unable to protect oneself from the elements or being a target of violence because of the perceived mental health condition. Notes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Hospital and Jail Systems Resources Use

To your knowledge, is the individual a frequent user of the hospital and/or jail system (i.e. frequent incarcerations and/or hospitalizations)? Notes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Observed Length of Homelessness

Do you believe that the individual has been experiencing homelessness for at least 1 year continuously?
 Yes No

To your knowledge, has the individual been mostly sleeping on the streets/unsheltered? Yes No

Individual’s estimated cumulative length of homelessness in past five years Year(s)___ Month(s)___

If you are aware of individual’s living situations due to working with this person for a period of time, please note that the HMIS assessment form will ask for the following information:

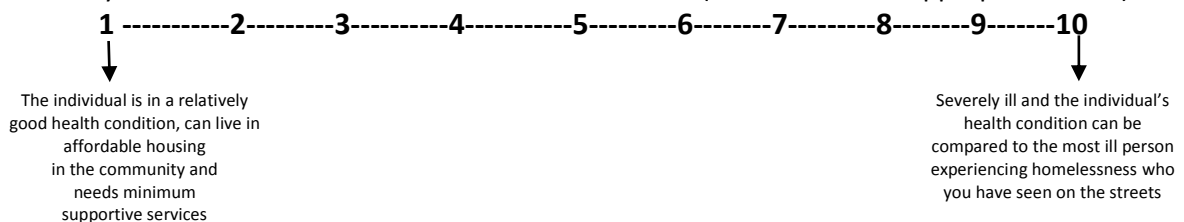
Episode Start Date: _____ End Date: _____ Type* of Location: _____

*Type = 1. Emergency Shelter or Safe Haven Project; Transitional Housing Project; 2. Family or Friend’s residence; 3. Own apartment or house; 4. Institution (nursing home, hospital or other treatment facility, jail/prison)

Do you believe that the individual is experiencing chronic homelessness? Yes No

Overall Health Condition

How would you rate the individual’s overall health condition? (Please circle the appropriate score)



Notes:

Policies and Procedures

When to Complete an Observational Assessment

Observational Assessments should only be completed on behalf of individuals who display signs of a severe and persistent mental health condition and are not able to complete a Standardized Housing Assessment due to their mental health condition.

Outreach professionals need to attempt to complete a Standardized Housing Assessment on at least two occasions on two separate days before requesting an Observational Assessment. These attempts can be made by different staff members. These attempts demonstrate that this practice of observing people and completing an assessment on their behalf is the last resort.

How to Request an Observational Assessment

Observational Assessors may complete this assessment after attempts have been made to engage a person with the standard process.

All other outreach professionals may request an Observational Assessment after making two attempts to complete a Standardized Housing Assessment by contacting [Nicole Goon](#) at the Center for Housing and Health.

How to Complete an Observational Assessment

Observational Assessments must be completed on paper and only non-identifying information should be transferred to HMIS without an HMIS consent. All information may be transferred if the person has consented to share their basic information and assessment details on HMIS.

Naming Convention

Individuals may not provide their complete and/or accurate name at the start of the outreach and engagement process. A Naming Convention allows for the recording of an individual's identity until their full name is provided.

Details:

First Name: Date of Assessment (Written out with no space)

Middle Name:

Last Name: Distinguishing Characteristic (No space)

Example: *First Name:* MaySixth *Last Name:* RedHat

Once a name or identifiable alias is provided, the Naming Convention will be entered into HMIS in the Alias section (do not delete). The name will then be entered into the First and Last Name fields previously occupied by the Naming Convention.

Record Keeping

Observational Assessors shall write the Unique Identifier on the paper copy of the assessment and safely store the assessment so that the person can be contacted for housing when a match is offered.

VI Scoring System

Points will be assigned for observations made in the following areas:

- Mental health
- Alcohol and/or substance use disorder
- Physical health disability
- Risk of harm to self and/or others
- Frequent hospital and/or jail utilization
- Age 60 or older

Prioritization

Only people with an observational assessment will be matched to Safe Havens in order of their VI score with unsheltered as the tie-breaker.

People assessed with an observational assessment will be matched to PSH based on the length of their homelessness with the following tie breakers:

- Unsheltered
- VI
- Domestic Violence