

# Coordinated Entry System: Shelter Matching Tool

CES STAFF\VOLUNTEER TO COMPELTE:

Client Name: \_\_\_\_\_ HMIS# \_\_\_\_\_

DOB? \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Expecting\Pregnant: Y N (circle one)

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Date: \_\_\_\_\_ HUB Location: \_\_\_Northland \_\_\_HCCH \_\_\_UAP \_\_\_Goodwill Other: \_\_\_\_\_

*“You’ve previously mentioned that you were interested in shelter. Please understand that completing this shelter tool does not guarantee shelter. I need to get some basic information from you to help provide a potential path into shelter. Just so you know; there are many diverse people staying and working in the shelters of many different ages, genders and religious background. Before we begin, is this something that will work for you and your family? For the purposes of this screening, we only work with shelters in Orange County and Seminole County. Are you okay with staying in Orange or Seminole County? ”*

Yes  No

*If yes- proceed*

*If no- Explain other non- CES participating shelters- provide resource sheet*

1. (Refer to Triage Tool) What is your current living situation? (Where you slept last night)
  - Unshielded (park, woods, tent, bus station- think no roof)
  - Shielded (car, abandon building, airport, agency pay hotel, timing out of DV shelter-think roof)
  - At Risk (losing home, unable to pay in self-pay hotel or being kicked out, all within 7 days)
  - attempting to flee a dangerous situation (Domestic Violence, Human Trafficking, etc.)
  
2. In which county did you sleep last night?
  - Orange County
  - Seminole County
  - Osceola County
  - Other \_\_\_\_\_
  
3. (Refer to Triage Tool) How long have been in the above homeless situation?
  - 1 night or less
  - 2-6 nights
  - 1 week or more but less than a month
  - 1 month- 90 days
  - 91+ days but less than a year
  - 1 year or longer
  
4. We work with three shelters, do any of them create health or safety concerns?  No  Yes  
*(If yes, which one)*
  - Coalition
  - Salvation Army
  - Family Promise
  - Rescue Outreach Mission
  
5. How many children and adults will enter shelter with you? (Please indicate who is the head of house)

Name	Date of Birth	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Have you been in a situation that is unsafe and you do not wish to return within the past 5 days?

*If yes: Is it due to?*

Domestic Violence     Yes     No

Human Trafficking     Yes     No

Other: (explain)

---

---

7. Do you or your children have a medical condition in which your current living situation is impacting your ability to maintain a treatment plan?     Yes     No

8. Do you or children have any disabilities that makes you vulnerable to harm or danger?

Yes     No

9. Do you or your child/children have a service need animal that you want to enter shelter with?

Yes     No

*(If yes)*

9b. does the animal help someone with a disability?     Yes     No

*(If yes)*

9c. what task has the animal been trained to do? \_\_\_\_\_

10. Do you or your children have any access needs that might limit you when getting around stairs, hallways or shared spaces?     Yes     No

*If yes, please specify*

---

---

11. Are you willing to rotate on a weekly basis from one shelter to another?

Yes     No

12. If we are unable to get ahold of you and with your permission, who can we contact to get an immediate hold of you?

Name

Relationship

Phone #

_____	_____	_____
_____	_____	_____

## Thanks for visiting us!

You have completed the Coordinated Entry System (CES) Shelter Matching Tool for you and your family. This tool is for families who are interested in emergency shelter, if space becomes available.



### Our goal is...

- To connect you and your family with emergency shelter.
- To explore other options because shelter beds are very limited not guaranteed



### From the CES Shelter Matching Tool...

- We have a better understanding of your needs
- We can determine what shelters can best accommodate your needs



### What's next?

- Keep contact info up to date, if still in need of shelter, by contacting our CES Hotline (407) 917-2377
- If and when you are contacted for a shelter bed, treat that contact with urgency as their will only be a 2 hour maximum timeframe to respond and a 24 hour period to enter shelter



### Please keep in mind...

- ***Shelter beds are very limited and not guaranteed***
- Completing the Shelter Matching Tool ***does not*** guarantee shelter, and you should continue to explore other options. We encourage you to reach out to your supports and different resources available in our community.