

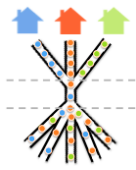


Chicago Coordinated Entry System Skilled Assessor Agreement

Skilled Assessors are qualified to engage people experiencing homelessness, observe symptoms that indicate an individual’s experience of a disabling condition, and administer the Standardized Housing Assessment including the Vulnerability Index (VI).

All Skilled Assessors use the Homeless Management Information System (HMIS) to administer the assessment and conduct follow-up, since housing matches are made through HMIS. Skilled Assessors are expected to understand and comply with the following objectives:

Category	Standards
Confidentiality	<ul style="list-style-type: none"> • As a Skilled Assessor, I have access to privileged information shared by a consenting participant. Serving in this capacity, I am committed to maintaining the confidentiality of applicants, in line with HMIS data standards. • I understand that I can share information with providers within the Collaborative solely for the purposes of coordinating housing, and that I may only share the minimum necessary information to promote the household’s housing success. • I agree, when writing case notes in HMIS, to only include information related to housing and will not include health-related or personal information. If there is any health or personal information relevant to the household’s eligibility and housing match not already captured in the assessment or VI, I will contact the appropriate System Integration Team (SIT) Lead. • I will explain the data sharing consent form in full to each household with whom I intend to complete an assessment. I will not push consent, regardless of how it might positively affect the household’s housing options.
Access	<ul style="list-style-type: none"> • I am committed to contributing to the goal of assessing at least 90% of all households currently enrolled in my agency’s project. • If I am part of a street outreach team, I will participate in assessment surges when requested and when my team has capacity to do so. • When I go on vacation, or if I have a leave of absence, I will notify ChicagoCES@housingforhealth.org to coordinate and prepare for access to CES while I am out. • I am committed to providing fair and nondiscriminatory service delivery.



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Quality	<ul style="list-style-type: none">• I recognize that providing complete, correct information in the Coordinated Entry Assessment directly impacts the likelihood of a successful housing match for participating households.• I am committed to fully completing all assessments I begin.<ul style="list-style-type: none">○ No more than three assessments that I initiate will be deemed incomplete per quarter.• I will follow the diversion protocol and will only assess households that are eligible for CES.• If I am unable to complete an assessment, I will indicate the date of first attempt on the assessment, and email ChicagoCES@allchicago.org with a notification.
Training	<ul style="list-style-type: none">• Every year, I will participate in a minimum of two training sessions that promote professional development related to the process of assessing households and screening for disabilities.• I will attend the quarterly Skilled Assessor meeting hosted by the Center for Housing & Health to ensure that I am up-to-date on system changes and have an opportunity to collaborate with partnering entities. If I am unable to attend, I will notify ChicagoCES@housingforhealth.org beforehand.
Observed Disabilities	<ul style="list-style-type: none">• At least 75% of the assessments I complete will have accurate information regarding observed disabilities.

Skilled Assessor Agreement

I understand and agree to the standards set above and the requirements associated with being a Skilled Assessor for the Coordinated Entry System in Chicago. I understand that if I am not able to adhere to the above expectations, I will be removed from the Skilled Assessor Project. I understand that I can contact CES Leads with questions, concerns and for support anytime with regards to my tenure as a Skilled Assessor.

Name (printed): _____

Agency: _____

Email Address: _____

Signature: _____

Supervisor's Name (printed): _____

Supervisor's Signature: _____

Date: _____