

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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COHMIS Client Consent for Data Collection and Release of Information

This notice explains how information about you may be shared and used. It also tells you who can access your information. Please read it carefully and ask any questions you may have.

What is COHMIS?

The Colorado Homeless Management Information System (COHMIS) is a data system that stores information about homelessness services. The name of the software that stores this data is called Clarity Human Services. The purpose of COHMIS is to improve coordination of services that support people who are homeless or at risk of homelessness. To further ensure and navigate this coordination, data is shared statewide between the four Continuum of Care (CoC) bodies: MDHI (Metro Denver), Pikes Peak (El Paso County) Northern Colorado (Larimer and Weld Counties), and Balance of State (Remaining 54 Counties). Active agencies that participate in COHMIS are listed on <https://cohmis.zendesk.com/hc/en-us>.

What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with partner agencies that help provide housing and services. Partner agencies are required to protect the privacy of your identifying information.

You have rights regarding your information:

- You have the right to ask about who has seen your information.
- You have the right to see your information at any time and change it if it isn't correct.
- You have the right to change your authorization regarding the use of your data.
- You have the right to file a grievance if you feel your information has been misused. The Grievance Form may be requested at any time from any participating COHMIS agency.
- Right to refuse information while retaining rights of access to services.

The information to be collected and shared may include:

- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use and daily living information
- Housing and program eligibility information
- Use of crisis services, Veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by partner agencies
- Results from assessments
- Photograph or other likeness (if included)

By signing this form:

- I authorize the CoC and Clarity to share COHMIS information with partner agencies, and the COHMIS information shared will be used to coordinate services. It will also be used to help evaluate the quality of community programs.
- I understand that the partner agencies may change over time and are always responsible for keeping my information private using reasonable best efforts for privacy policies.
- I understand that agencies must adhere to federal and Colorado laws regarding my protected information.
- I may revoke this consent at any time by returning a completed revocation of consent form, available upon request, to agency staff.
- I can receive a copy of this consent form.
- I understand this consent will expire 7 years from my last COHMIS recorded activity.

Printed Name of Client or Legal Guardian: _____

Printed Names of additional minor children covered by this release: _____

Signature of Client or Representative: _____ Date: _____

Signature of Agency Witness: _____ Date: _____

Initials of Client If Declining Consent



COHMIS

CoC/ESG Intake Form for Project Types:

Permanent Housing (PSH, PH, RRH), Homelessness Prevention, Transitional Housing, Services Only

| | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|--|
| SOCIAL SECURITY NUMBER (SSN) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| QUALITY OF SSN | <input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate/partial SSN reported | | | | | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| CLIENT NAME | | | | | | | | | | | |
| Last: | <input type="text"/> | | | | | | | | | | |
| First: | <input type="text"/> | | | | | | | | | | |
| Middle: | <input type="text"/> | | | | | | Suffix: | <input type="text"/> | | | |
| QUALITY OF NAME | <input type="checkbox"/> Full name reported <input type="checkbox"/> Partial, street name, or code name reported | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | |
| DATE OF BIRTH (DOB) (MM/DD/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| QUALITY OF DOB | <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate/partial DOB reported | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | |
| GENDER | | | | | | | | | | | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly "Female" or "Male" <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | | | | | | | | |
| RACE | | | | | | | | | | | |
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | | | | | | | | |
| ETHNICITY | | | | | | | | | | | |
| <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | | | | | | | | |
| VETERAN STATUS | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | | | | | | | | |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | | | | | | | | | | | |
| <input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|-----|--|------|------------------|--|--|--|--|
| PROJECT NAME | | | | | | | | | | | |
| PROJECT START DATE (MM/DD/YYYY) | | | | | | | | | | | |
| Has the client ever experienced homelessness before? | | <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Yes <input type="checkbox"/> Client refused | | | | | | | | | |
| Housing Move-in Date (PH Only) | | | | | | | Zip Code: | | | | |
| PRIOR LIVING SITUATION (Where did the client sleep the night before entering this project?) (PICK ONLY 1) | | | | | | | | | | | |
| HOMELESS SITUATION | | | | | | | | | | | |
| <input type="checkbox"/> Place not meant for human habitation (vehicle, anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home <input type="checkbox"/> Safe Haven | | | | | | | | | | | |
| INSTITUTIONAL SITUATION | | | | | | | | | | | |
| <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center | | | | | | | | | | | |
| TRANSITIONAL & PERMANENT HOUSING SITUATION | | | | | | | | | | | |
| <div> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy </div> <div> <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div> | | | | | | | | | | | |
| LENGTH OF STAY IN PRIOR LIVING SITUATION (How long did the client stay in that situation?) | | | | | | | | | | | |
| <div> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month </div> <div> <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer </div> <div> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div> | | | | | | | | | | | |
| If Client's Prior Living Situation is any of the HOMELESS SITUATION options: | | | | | | | | | | | |
| APPROXIMATE DATE HOMELESSNESS STARTED (for the client's <u>current</u> episode of homelessness) | | | | | | | | | | | |
| | | MONTH | | DAY | | YEAR | | | | | |
| Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today (Regardless of where they stayed last night) | | | | | | | | | | | |
| <div> <input type="checkbox"/> One time <input type="checkbox"/> Two </div> <div> <input type="checkbox"/> Three times <input type="checkbox"/> Four or more </div> <div> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused </div> <div> <input type="checkbox"/> Data not collected </div> | | | | | | | | | | | |
| Total number of months homeless on the streets, in ES, or SH in the past three years | | | | | | | | | | | |
| <div> <input type="checkbox"/> One month (first time) <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months </div> <div> <input type="checkbox"/> Five months <input type="checkbox"/> Six months <input type="checkbox"/> Seven months <input type="checkbox"/> Eight months </div> <div> <input type="checkbox"/> Nine months <input type="checkbox"/> Ten months <input type="checkbox"/> Eleven months <input type="checkbox"/> Twelve months </div> <div> <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div> | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|--|---|---|---|----------------------|--|---------------------------------|--|----------------------|---------------------------------|----------------------|----------------------|----------------------|
| If Client's Prior Living Situation is any INSTITUTIONAL SITUATION: | | | | | | | | | | | | | |
| Length of Stay Less than 90 days? <i>(Indicate if the stay in the Institutional setting they lived in immediately prior to project entry was less than 90 days)</i> | | | | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes* | | | | | |
| *If YES to Length of Stay Less than 90 days | | | | | | | | | | | | | |
| On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven? <i>(On the night before the client's stay of less than 90 days in an institutional setting were they on the Streets, in an Emergency Shelter, or in a Safe Haven?)</i> | | | | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes* | | | | | |
| *If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven' | | | | | | | | | | | | | |
| APPROXIMATE DATE HOMELESSNESS STARTED <i>(for the client's current episode of homelessness)</i> | | | | | <input type="text"/> | <input type="text"/> | <input checked="" type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | | MONTH | | DAY | | YEAR | | | | |
| Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today <i>(Regardless of where they stayed last night)</i> | | | | | | | | | | | | | |
| <input type="checkbox"/> One time <input type="checkbox"/> Two times | | | <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | | | | |
| Total number of months homeless on the streets, in ES, or SH in the past three years | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (first time) <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months | | <input type="checkbox"/> Five months <input type="checkbox"/> Six months <input type="checkbox"/> Seven months <input type="checkbox"/> Eight months | | <input type="checkbox"/> Nine months <input type="checkbox"/> Ten months <input type="checkbox"/> Eleven months <input type="checkbox"/> Twelve months | | <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | | | | |
| If Client's Prior Living Situation is any TRANSITIONAL or PERMANENT HOUSING SITUATION: | | | | | | | | | | | | | |
| Length of Stay Less than 7 nights? <i>(Indicate if the stay in the Transitional or Permanent Housing setting they lived in immediately prior to project entry was less than 7 nights)</i> | | | | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes* | | | | | |
| *If YES to Length of Stay Less than 7 nights | | | | | | | | | | | | | |
| On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven? <i>(On the night before the client's stay of less than 7 nights in a Transitional or Permanent Housing setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?)</i> | | | | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes* | | | | | |
| *If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven' | | | | | | | | | | | | | |
| APPROXIMATE DATE HOMELESSNESS STARTED <i>(for the client's current episode of homelessness)</i> | | | | | <input type="text"/> | <input type="text"/> | <input checked="" type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | | | | MONTH | | DAY | | YEAR | | | | |
| Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today <i>(Regardless of where they stayed last night)</i> | | | | | | | | | | | | | |
| <input type="checkbox"/> One time <input type="checkbox"/> Two times | | | <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | | | | |
| Total number of months homeless on the streets, in ES, or SH in the past three years | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (first time) <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months | | <input type="checkbox"/> Five months <input type="checkbox"/> Six months <input type="checkbox"/> Seven months <input type="checkbox"/> Eight months | | <input type="checkbox"/> Nine months <input type="checkbox"/> Ten months <input type="checkbox"/> Eleven months <input type="checkbox"/> Twelve months | | <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | | | | | | | |

| DISABLING CONDITION | | | |
|---|--|--|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| PHYSICAL DISABILITY | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes* | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES for Physical Disability <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i> | | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| DEVELOPMENTAL DISABILITY | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| CHRONIC HEALTH CONDITION | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes* | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES for Chronic Health Condition <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i> | | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| HIV/AIDS | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| MENTAL HEALTH DISORDER | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes* | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES for Mental Health Disorder <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i> | | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| SUBSTANCE ABUSE DISORDER | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both alcohol and drug use disorder | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES for Substance Abuse Disorder <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i> | | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |

| DOMESTIC VIOLENCE VICTIM/SURVIVOR | | |
|--|--|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes* | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| *If YES to Domestic Violence Victim/Survivor | | |
| When did this experience occur? | <input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| Are you currently fleeing? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |

| CASH INCOME FOR INDIVIDUAL | |
|--|--|
| Income from Any Source? | <input type="checkbox"/> No <input type="checkbox"/> Yes* |
| <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES to Income from Any Source – Indicate all sources that apply | |
| Income Source (Check all that apply) | Monthly Amount |
| <input type="checkbox"/> Earned Income | |
| <input type="checkbox"/> Unemployment Insurance | |
| <input type="checkbox"/> Supplemental Security Income (SSI) | |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | |
| <input type="checkbox"/> VA Non-Service Connected Disability Pension | |
| <input type="checkbox"/> Private Disability Insurance | |
| <input type="checkbox"/> Worker's Compensation | |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | |
| <input type="checkbox"/> General Assistance (GA) | |
| <input type="checkbox"/> Retirement Income from Social Security | |
| <input type="checkbox"/> Pension or Retirement Income from a Former Job | |
| <input type="checkbox"/> Child Support | |
| <input type="checkbox"/> Alimony and Other Spousal Support | |
| <input type="checkbox"/> Other Cash Income (Specify: _____) | |
| Total Monthly Amount | |

| NON-CASH BENEFITS | | |
|--|--|--|
| Receiving Non-Cash Benefits? | <input type="checkbox"/> No <input type="checkbox"/> Yes* | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| *If YES to Receiving Non-Cash Benefits – Indicate all sources that apply | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Childcare Services </div> <div style="width: 48%;"> <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other Non-Cash Benefit (Specify source: _____) </div> </div> | | |

| HEALTH INSURANCE | | |
|---|--|--|
| Covered by Health Insurance? | <input type="checkbox"/> No <input type="checkbox"/> Yes* | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| *If YES to Covered by Health Insurance – Indicate all sources that apply | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance </div> <div style="width: 48%;"> <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance (Specify source: _____) </div> </div> | | |

| WELL-BEING | |
|--|--|
| Client perceives their life has value and worth: | |
| <input type="checkbox"/> Strongly agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Somewhat disagree | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| Client perceives they have support from others who will listen to problems: | |
| <input type="checkbox"/> Strongly agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Somewhat disagree | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| Client perceives they have a tendency to bounce back after hard times: | |
| <input type="checkbox"/> Strongly agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Somewhat disagree | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |

Client's frequency of feeling nervous, tense, worried, frustrated or afraid:

- | | |
|--|--|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> At least every day |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Data not collected |

GENERAL HEALTH STATUS

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Good | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Data not collected |

Would you like to share the reasons or factors you feel contributed to your homelessness?

☐ No ☐ Yes*

*If **YES** please indicate all reasons that apply:

- | | |
|--|--|
| <input type="checkbox"/> Abuse or violence in my home | <input type="checkbox"/> Lost a job, could not find work |
| <input type="checkbox"/> Alcohol or substance use problems | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Asked to leave or evicted | <input type="checkbox"/> Mental health condition |
| <input type="checkbox"/> Bad credit | <input type="checkbox"/> Moved to find work |
| <input type="checkbox"/> Client Choice | <input type="checkbox"/> Problems with public benefits |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Disabling conditions | <input type="checkbox"/> Reasons related to my race or ethnicity |
| <input type="checkbox"/> Discharged from foster care | <input type="checkbox"/> Reasons related to my sexual orientation or gender identity |
| <input type="checkbox"/> Discharged from jail | <input type="checkbox"/> Relationship problems or family breakup |
| <input type="checkbox"/> Discharged from prison | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Family member or personal illness | <input type="checkbox"/> Unable to pay rent or mortgage |
| <input type="checkbox"/> Language barrier | <input type="checkbox"/> Unable to pay utilities |
| <input type="checkbox"/> Legal problems | <input type="checkbox"/> Other reason (Please specify: _____) |

CONTACT INFORMATION (Optional – entered on the **Contacts** tab) Personal ☐ Work ☐ Message ☐

Phone number

Email

ADDRESS (Optional – entered on the **Locations** tab) Mailing Address ☐ Last Permanent Address ☐

Street

City

State

Zip Code

Signature of applicant stating all information is true and correct

Date



COHMIS

Child Intake Form

For all non-RHY funded projects

| | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| SOCIAL SECURITY NUMBER (SSN) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| QUALITY OF SSN | <input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate/partial SSN reported | | | | | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| CLIENT NAME | | | | | | | | | | | |
| Last: | <input type="text"/> | | | | Alias: | <input type="text"/> | | | | | |
| First: | <input type="text"/> | | | | | | | | | | |
| Middle: | <input type="text"/> | | | | | Suffix: | <input type="text"/> | | | | |
| QUALITY OF NAME | <input type="checkbox"/> Full name reported <input type="checkbox"/> Partial, street name, or code name reported | | | | | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| DATE OF BIRTH (DOB) (MM/DD/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| QUALITY OF DOB | <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate/partial DOB reported | | | | | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| GENDER | | | | | | | | | | | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning | | | | | | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| RACE | | | | | | | | | | | |
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | | | | | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| ETHNICITY | | | | | | | | | | | |
| <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x) | | | | | | | | | | | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | | | | | | | | | | | |
| <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member | | | | | | | | | | | |

| | | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| PROJECT NAME | <input type="text"/> | | | | | | | | | |
| PROJECT START DATE (MM/DD/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| DISABLING CONDITION | | |
|---|--|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| PHYSICAL DISABILITY | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes* | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES for Physical Disability <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| DEVELOPMENTAL DISABILITY | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| CHRONIC HEALTH CONDITION | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes* | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES for Chronic Health Condition <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| HIV/AIDS | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| MENTAL HEALTH DISORDER | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes* | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES for Mental Health Disorder <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| SUBSTANCE USE DISORDER | | |
| <input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both alcohol and drug use disorder | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| *If YES for Substance Use Disorder <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |

| HEALTH INSURANCE | | |
|---|--|--|
| Covered by Health Insurance? | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> Yes* | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | |
| *If YES to Covered by Health Insurance – Indicate all sources that apply | | |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Health Insurance Obtained Through COBRA | |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Pay Health Insurance | |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> State Health Insurance for Adults | |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | <input type="checkbox"/> Indian Health Services Program | |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other Health Insurance | |
| | (Specify source:_____) | |

Signature of parent/guardian stating all information is true and correct

Date

Administration

| | | |
|---|---|---|
| Interviewer's Name _____ | Agency _____ | <input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer |
| Survey Date DD/MM/YYYY ____/____/____ | Survey Time ____ : ____ AM/PM | Survey Location _____ |

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

| | | | |
|---|---|---------------------|--|
| PARENT 1 | First Name | Nickname | Last Name |
| | _____ | | |
| | In what language do you feel best able to express yourself? _____ | | |
| | Date of Birth DD/MM/YYYY ____/____/____ | Age _____ | Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PARENT 2 | <input type="checkbox"/> No second parent currently part of the household | | |
| | First Name | Nickname | Last Name |
| | _____ | | |
| | In what language do you feel best able to express yourself? _____ | | |
| | Date of Birth DD/MM/YYYY ____/____/____ | Age _____ | Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. | | | SCORE: <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 5px;"></div> |

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

| First Name | Last Name | Age | Date of Birth |
|------------|-----------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - ☐ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ **Outdoors**
 - ☐ **Other (specify):** _____
 - ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? _____ ☐ Refused
- b) Taken an ambulance to the hospital? _____ ☐ Refused
- c) Been hospitalized as an inpatient? _____ ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

SCORE:

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**

SCORE:

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**

SCORE:

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ **Y** ☐ **N** ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ **Y** ☐ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ **Y** ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ **Y** ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ **Y** ☐ **N** ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ **N** ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ **N** ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ **Y** ☐ **N** ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ **N** ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ **N** ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

| DOMAIN | SUBTOTAL | RESULTS |
|--------------------------------------|----------|---|
| PRE-SURVEY | /2 | Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First |
| A. HISTORY OF HOUSING & HOMELESSNESS | /2 | |
| B. RISKS | /4 | |
| C. SOCIALIZATION & DAILY FUNCTIONS | /4 | |
| D. WELLNESS | /6 | |
| E. FAMILY UNIT | /4 | |
| GRAND TOTAL: | /22 | |

Follow-Up Questions

| | |
|---|---|
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | phone: (____) _____ - _____ email: _____ |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning