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)	☐☐☐-☐☐-☐☐☐☐
QUALITY OF SSN	☐ Full SSN reported ☐ Approximate/partial SSN reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected
CLIENT NAME	
Last:	
First:	
Middle:	Suffix:
QUALITY OF NAME	☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected
DATE OF BIRTH (DOB) (MM/DD/YYYY)	☐☐-☐☐-☐☐☐☐
QUALITY OF DOB	☐ Full DOB reported ☐ Approximate/partial DOB reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected

GENDER

☐ Female
☐ Male
☐ A gender that is not singularly "Female" or "Male"
☐ Transgender
☐ Questioning
☐ Client doesn't know
☐ Client refused
☐ Data not collected

RACE

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Client doesn't know
☐ Client refused
☐ Data not collected

ETHNICITY

☐ Non-Hispanic/Non-Latin(a)(o)(x)
☐ Hispanic/Latin(a)(o)(x)
☐ Client doesn't know
☐ Client refused
☐ Data not collected

VETERAN STATUS

☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused
☐ Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD

☐ Self (head of household)
☐ Head of household's child
☐ Head of household's spouse or partner
☐ Head of household's other relation member
☐ Other: non-relation member

PROJECT NAME	
PROJECT START DATE (MM/DD/YYYY)	
Has the client ever experienced homelessness before?	☐ No ☐ Client doesn't know ☐ Data not collected ☐ Yes ☐ 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

- ☐ Place not meant for human habitation (vehicle, anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home
- ☐ Safe Haven

INSTITUTIONAL SITUATION

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-phychiatric medical facility
- ☐ Jail, prison or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

TRANSITIONAL & PERMANENT HOUSING SITUATION

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that situation?)*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

If Client's Prior Living Situation is any of the HOMELESS SITUATION options:

APPROXIMATE DATE HOMELESSNESS STARTED
*(for the client's **current** 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)*

- ☐ One time
- ☐ Two
- ☐ Three times
- ☐ Four or more
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

- ☐ One month (first time)
- ☐ Two months
- ☐ Three months
- ☐ Four months
- ☐ Five months
- ☐ Six months
- ☐ Seven months
- ☐ Eight months
- ☐ Nine months
- ☐ Ten months
- ☐ Eleven months
- ☐ Twelve months
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

If Client's Prior Living Situation is any INSTITUTIONAL SITUATION:

Length of Stay Less than 90 days?
(Indicate if the stay in the Institutional setting they lived in immediately prior to project entry was less than 90 days)

☐ No
☐ Yes*

***If YES to Length of Stay Less than 90 days**

On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven?
(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?)

☐ No
☐ Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

APPROXIMATE DATE HOMELESSNESS STARTED
*(for the client's **current** 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)*

☐ One time
☐ Two times
☐ Three times
☐ Four or more times
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

☐ One month (first time)
☐ Two months
☐ Three months
☐ Four months
☐ Five months
☐ Six months
☐ Seven months
☐ Eight months
☐ Nine months
☐ Ten months
☐ Eleven months
☐ Twelve months
☐ More than 12 months
☐ Client doesn't know
☐ Client refused
☐ Data not collected

If Client's Prior Living Situation is any TRANSITIONAL or PERMANENT HOUSING SITUATION:

Length of Stay Less than 7 nights?
(Indicate if the stay in the Transitional or Permanent Housing setting they lived in immediately prior to project entry was less than 7 nights)

☐ No
☐ Yes*

***If YES to Length of Stay Less than 7 nights**

On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven?
(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?

☐ No
☐ Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

APPROXIMATE DATE HOMELESSNESS STARTED
*(for the client's **current** 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)*

☐ One time
☐ Two times
☐ Three times
☐ Four or more times
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

☐ One month (first time)
☐ Two months
☐ Three months
☐ Four months
☐ Five months
☐ Six months
☐ Seven months
☐ Eight months
☐ Nine months
☐ Ten months
☐ Eleven months
☐ Twelve months
☐ More than 12 months
☐ Client doesn't know
☐ Client refused
☐ Data not collected

DISABLING CONDITION

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

PHYSICAL DISABILITY

- ☐ No
- ☐ Yes*
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

***If YES for Physical Disability**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

DEVELOPMENTAL DISABILITY

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

CHRONIC HEALTH CONDITION

- ☐ No
- ☐ Yes*
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

***If YES for Chronic Health Condition**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

HIV/AIDS

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

MENTAL HEALTH DISORDER

- ☐ No
- ☐ Yes*
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

***If YES for Mental Health Disorder**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

SUBSTANCE ABUSE DISORDER

- ☐ No
- ☐ Alcohol use disorder
- ☐ Drug use disorder
- ☐ Both alcohol and drug use disorder
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

***If YES for Substance Abuse Disorder**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

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

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Income from Any Source – Indicate all sources that apply**

Income Source (Check all that apply)	Monthly Amount
☐ Earned Income	
☐ Unemployment Insurance	
☐ Supplemental Security Income (SSI)	
☐ Social Security Disability Insurance (SSDI)	
☐ VA Service-Connected Disability Compensation	
☐ VA Non-Service Connected Disability Pension	
☐ Private Disability Insurance	
☐ Worker's Compensation	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Retirement Income from Social Security	
☐ Pension or Retirement Income from a Former Job	
☐ Child Support	
☐ Alimony and Other Spousal Support	
☐ Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS

Receiving Non-Cash Benefits?

- ☐ No
- ☐ Yes*
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

***If YES to Receiving Non-Cash Benefits – Indicate all sources that apply**

- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Childcare Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Non-Cash Benefit (Specify source:_____)

HEALTH INSURANCE

Covered by Health Insurance?

- ☐ No
- ☐ Yes*
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply**

- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration (VA) Medical Services
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance Obtained Through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other Health Insurance (Specify source:_____)

WELL-BEING

Client perceives their life has value and worth:

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree or disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Client perceives they have support from others who will listen to problems:

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree or disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Client perceives they have a tendency to bounce back after hard times:

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree or disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

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

- ☐ Not at all
- ☐ Once a month
- ☐ Several times a month
- ☐ Several times a week
- ☐ At least every day
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

GENERAL HEALTH STATUS

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Client doesn't know
- ☐ Client refused
- ☐ 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:**

- ☐ Abuse or violence in my home
- ☐ Alcohol or substance use problems
- ☐ Asked to leave or evicted
- ☐ Bad credit
- ☐ Client Choice
- ☐ COVID-19
- ☐ Disabling conditions
- ☐ Discharged from foster care
- ☐ Discharged from jail
- ☐ Discharged from prison
- ☐ Family member or personal illness
- ☐ Language barrier
- ☐ Legal problems
- ☐ Lost a job, could not find work
- ☐ Medical Expenses
- ☐ Mental health condition
- ☐ Moved to find work
- ☐ Problems with public benefits
- ☐ PTSD
- ☐ Reasons related to my race or ethnicity
- ☐ Reasons related to my sexual orientation or gender identity
- ☐ Relationship problems or family breakup
- ☐ Traumatic brain injury
- ☐ Unable to pay rent or mortgage
- ☐ Unable to pay utilities
- ☐ 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)	☐☐☐-☐☐-☐☐☐☐
QUALITY OF SSN	☐ Full SSN reported ☐ Approximate/partial SSN reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected

CLIENT NAME

Last:		Alias:	
First:			
Middle:		Suffix:	

QUALITY OF NAME	☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected
DATE OF BIRTH (DOB) (MM/DD/YYYY)	☐☐-☐☐-☐☐☐☐
QUALITY OF DOB	☐ Full DOB reported ☐ Approximate/partial DOB reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected

GENDER

☐ Female
☐ Male
☐ A gender that is not singularly 'Female' or 'Male'
☐ Transgender
☐ Questioning
☐ Client doesn't know
☐ Client refused
☐ Data not collected

RACE

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Client doesn't know
☐ Client refused
☐ Data not collected

ETHNICITY

☐ Non-Hispanic/Non-Latin(a)(o)(x)
☐ Hispanic/Latin(a)(o)(x)
☐ Client doesn't know
☐ Client refused
☐ Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD

☐ Head of household's child
☐ Head of household's spouse or partner
☐ Head of household's other relation member
☐ Other: non-relation member

PROJECT NAME	
PROJECT START DATE (MM/DD/YYYY)	☐☐-☐☐-☐☐☐☐

DISABLING CONDITION

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

PHYSICAL DISABILITY

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Physical Disability**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

DEVELOPMENTAL DISABILITY

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

CHRONIC HEALTH CONDITION

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Chronic Health Condition**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

HIV/AIDS

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

MENTAL HEALTH DISORDER

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Mental Health Disorder**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

SUBSTANCE USE DISORDER

☐ No
☐ Alcohol use disorder
☐ Drug use disorder
☐ Both alcohol and drug use disorder

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Substance Use Disorder**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

HEALTH INSURANCE		
Covered by Health Insurance?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply**

☐ Medicaid	☐ Health Insurance Obtained Through COBRA
☐ Medicare	☐ Private Pay Health Insurance
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults
☐ Veteran's Administration (VA) Medical Services	☐ Indian Health Services Program
☐ Employer-Provided Health Insurance	☐ Other Health Insurance (Specify source:_____)

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

Date

Current Living Situation Date: _____/_____/_____

Select one

Homeless Situations	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	☐
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	☐
	Safe Haven	☐
Institutional Situations	Foster care home or foster care group home	☐
	Hospital or other residential non-psychiatric medical facility	☐
	Jail, prison or juvenile detention facility	☐
	Long-term care facility or nursing home	☐
	Psychiatric hospital or other psychiatric facility	☐
	Substance abuse treatment facility or detox center	☐
Temporary and Permanent Housing Situations	Residential project or halfway house with no homeless criteria	☐
	Hotel or motel paid for without emergency shelter voucher	☐
	Transitional housing for homeless persons (including homeless youth)	☐
	Host Home (non-crisis)	☐
	Staying or living in a friend's room, apartment or house	☐
	Staying or living in a family member's room, apartment or house	☐
	Rental by client, with GPD TIP housing subsidy	☐
	Rental by client, with VASH housing subsidy	☐
	Permanent housing (other than RRH) for formerly homeless persons	☐
	Rental by client, with RRH or equivalent subsidy	☐
	Rental by client, with HCV voucher (tenant or project based)	☐
	Rental by client in a public housing unit	☐
	Rental by client, no ongoing housing subsidy	☐
	Rental by client, with other ongoing housing subsidy	☐
	Owned by client, with ongoing housing subsidy	☐
	Owned by client, no ongoing housing subsidy	☐
Other	Other	☐
	Worker unable to determine	☐
	Client doesn't know	☐
	Client refused	☐
	Data not collected	☐

STOP

Continue to Next Question

STOP

Is client going to have to leave their current living situation within 14 days?	Yes	☐
	No	☐
	Client doesn't know	☐
	Client refused	☐
	Data not collected	☐

STOP

Continue to Next Page

Has a subsequent residence been identified?	Yes	☐
	No	☐
	Client doesn't know	☐
	Client refused	☐
	Data not collected	☐

Does individual or family have resources or support networks to obtain other permanent housing?	Yes	☐
	No	☐
	Client doesn't know	☐
	Client refused	☐
	Data not collected	☐

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	Yes	☐
	No	☐
	Client doesn't know	☐
	Client refused	☐
	Data not collected	☐

Has the client moved 2 or more times in the last 60 days?	Yes	☐
	No	☐
	Client doesn't know	☐
	Client refused	☐
	Data not collected	☐

COHMIS
Colorado Homeless Management Information System

Colorado Springs/ El Paso County Coordinated Assessment for Families

Every assessor in our community regardless of organization completing the VI-SPDAT should use an 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 should take less than 10 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or prefers not to answer
- 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.

Example text:

Hi, I'm _____ and I work[volunteer] for _____. I would like to go through a short survey with you that will provide us with more information about your situation. The answers will help us determine how we can best support you. Some of the survey questions are personal in nature, but they only require a Yes, No, or one word answer. I really only need that one word answer. Please don't feel any pressure to provide more detail. There is no "right" or "wrong" answer and you don't need to conceal information because we can only help if we know your situation. We appreciate your honesty and understand if you want to skip or refuse a question. If you don't understand one of the questions I ask you, you can ask for clarification at any time. Please know the information collected will go into a data system which homeless community agencies access to coordinate the best services based on your information. If you don't provide us honest answers we might miss connecting you to opportunities that are most appropriate for you (and your family). Does this make sense or do you have any questions before we get started?

Interviewer's Name: Agency:

Assessment Date:

Assessment Location:

- ○ Agency office
- ○ Outdoors

Assessment method:

- ○ Phone
- ○ In person
- ○ Virtual/online

Assessment Level: *(this will always be Housing needs assessment, not Crisis needs in our CoC)*

Primary Language: _____

NOTE: text in *BLUE ITALICS* is supplemental information to guide the interviewer and not part of the original VI-SPDAT, and should not be read aloud to the client unless they request clarification on a question. Please note that some questions say ANY person in the family, and others say EVERY person in the family-please be clear when reading the questions to the respondent.

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

Children

1. How many children under the age of 18 are currently with you?

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? *(this includes VOLUNTARY placement of children with family or friends, but not situations where DHS has revoked custody and will require a multiple step process before the client regains custody. A full intake form should be filled out for each child included)*

3. Is any member of the family currently pregnant? *(this reference to "family" includes any member of the household that is or expects to be housed together)*

4. Please provide a list of children's names and ages: *(it is important to remember three categories: under 6 years old, 6-12, and 13-17.)*

_____ _____

_____ _____

_____ _____

5. Where do you and your family sleep most frequently? *(Let the client answer in their own words, then check one. If the family is currently experiencing separate sleeping arrangements, have the respondent answer for themselves)*

- Shelters *(including domestic violence shelter or hotel paid by a charitable source)*
- Transitional Housing
- Safe Haven
- Outdoors (*including in a tent, abandoned building, etc.)*
- Couch Surfing *(note that adults that are couch surfing are typically not considered literally homeless)*
- Car *(including an RV or other vehicle if there is no running water)*
- Other (specify):
- Client doesn't know
- Client prefers not to answer

6. How long has it been since you and your family lived in permanent stable housing? *(if client needs clarification, had the right to receive mail at a place they lived together as a family for more than 90 days.)*

- Less than a week
- 1 week to 3 months
- 3-6 months
- 6 months to one year
- 1-2 years
- 2 years or more
- Client doesn't know
- Client prefers not to answer

(For the next question, help the client pick a date six months ago, and tell them to answer the following)

Details for "How long…?"

- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 1 – 2 years
- 2 years or more
- Client doesn't know
- Client prefers not to answer

In the last three years, how many times have you and your family been homeless?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

(For the next question, help the client pick a date six months ago, and tell them to answer the following.)

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

Received health care at an emergency room? *(including freestanding ER but NOT urgent care centers)*	
Been taken by an ambulance to the hospital? *(one point per patient, riding with a friend or family member who is receiving care does not count, but two patients in one ambulance would count as two points)*	
Been hospitalized as an inpatient? *(including "outpatient observation" status, if client needs clarification, we would include any time they stayed overnight in a bed somewhere other than the ER. This would also include hospitalization for mental health.)*	
Used a crisis service, including sexual assault crisis, mental health crisis, family or intimate violence, distress centers and suicide prevention hotlines? *(including phone, chat, or in person crisis centers)*	
Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	
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? *(note: this is number of events, not number of days)*	

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? *(this is any period of homelessness, not just the past six months)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? *(the last 12 months regardless of if they were homeless or not at the time)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this could include civil or criminal legal issues. This does not include family/divorce court issues like custody or restraining orders, there is a separate question for that later)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(Client does not need to agree that they owe the money)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working *(regular recurring income, not a one time gift or occasional support from family)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? *(this does not need to be the same thing for everybody)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this refers to both the physical ability to do these things and access to the resources necessary, as developmentally appropriate.)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(remind client if necessary they do not need to tell us the details of the event. If it is within your scope of training to assist the client in processing social relationship issues, please wait until after the spdat is complete to do so)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(Clarification if needed: examples could include a mobility issue, mold or other environmental issues exacerbating health conditions, lack of electricity to run necessary medical equipment, etc)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? *(these five body systems only)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this should only be yes if someone in the household needs support with medical care for HIV)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(example: wheelchair access)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? *(this is for any reason, and we do not need the reason stated. Examples include lack of transportation, cost, distrust of medical system, etc)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this could be financial or behavioral reasons)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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: *(question should be answered on its own merit, not dependent on the responses from other parts of the question. One issue in particular could prompt a "yes" response to more than one section of this question)*

a) A mental health issue or concern?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

b) A past head injury?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

c) A learning disability, developmental disability, or other impairment?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(example: forgetting to pay bills, debilititating anxiety about conflict with neighbors or landlord)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this could include but is not limited to reasons like cannot afford the medication, don't like the side effects, or don')t agree the medication is necessary)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this could include taking more OR less than prescribed)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? *(use the same 6 month benchmark as the first set of questions about the last six months)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(example: custody agreements or restraining orders)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? *(this is for voluntary placement, removal by CPS is covered in question 32.)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

35. Has any child in the family experienced abuse or trauma in the last 180 days? *(example: child bullied at school or lost an extremely important item during an eviction)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? *(assuming school is in session: during school holidays, you can preface this question with "when school is in session")*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(reminder: we do not need details of how the family has changed. By Family, we mean the members of the household that are living together as a family unit)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? *(If yes, strongly consider if that person needs to be on the initial CE enrollment. We want to make sure that the housing we find is sufficiently sized for the household. If you cannot add to the initial enrollment, such as an unborn baby, please note in the referral that the household size will change)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this is time spent together as a family unit, not individual activities)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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 *(responsible adult: a person over 18 who would be capable of handling an emergency such as an injury requiring medical attention)*

a) 3 or more hours per day for children aged 13 or older?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

b) 2 or more hours per day for children aged 12 or younger?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(note that this says typical day, indicating a regular responsibility/chore, not an occasional babysitting situation among siblings)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Post VI-SPDAT questions:

On a regular day, where is it easiest to find you and what time of day is easiest to do so? (Enter this information on the Contact tab in HMIS)

Is there a phone number and /or email where someone can safely get in touch with you or leave you a message? (Enter this information on the Contact tab in HMIS)

Number/Email: _____

Contact type:

- Direct client contact
- Messages only

This form was adapted from the Service Prioritization Decision Assistance Tool-Prescreen Triage Tool for Families