



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"/>
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:						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"/>
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											
<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 <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											
LENGTH OF STAY IN PRIOR LIVING SITUATION (How long did the client stay in that situation?)											
<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 <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 <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 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)											
<input type="checkbox"/> One time <input type="checkbox"/> Two <input type="checkbox"/> Three times <input type="checkbox"/> Four or more <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 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)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)*

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <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"/> Five months | <input type="checkbox"/> Nine months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Two months | <input type="checkbox"/> Six months | <input type="checkbox"/> Ten months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three months | <input type="checkbox"/> Seven months | <input type="checkbox"/> Eleven months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Twelve months | <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?

(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)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)*

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <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"/> Five months | <input type="checkbox"/> Nine months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Two months | <input type="checkbox"/> Six months | <input type="checkbox"/> Ten months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three months | <input type="checkbox"/> Seven months | <input type="checkbox"/> Eleven months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Twelve months | <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* <div style="float: right; text-align: right;"> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div>
*If YES to Receiving Non-Cash Benefits – Indicate all sources that apply	
<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	<input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other Non-Cash Benefit (Specify source: _____)

HEALTH INSURANCE	
Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <div style="float: right; text-align: right;"> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div>
*If YES to Covered by Health Insurance – Indicate all sources that apply	
<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	<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: _____)

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

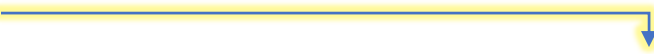
Zip Code

Signature of applicant stating all information is true and correct

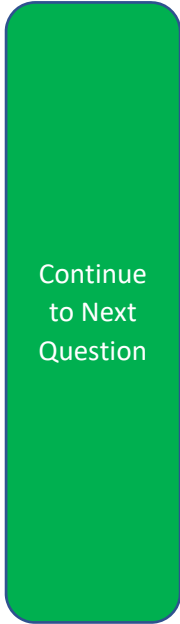
Date

Current Living Situation

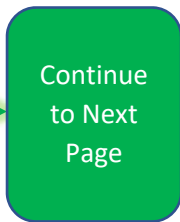
Date: ____/____/____

Select one 

Homeless Situations	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/>
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>
	Safe Haven	<input type="checkbox"/>
Institutional Situations	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	<input type="checkbox"/>
Temporary and Permanent Housing Situations	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 housing subsidy	<input type="checkbox"/>
	Rental by client, with VASH housing subsidy	<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 based)	<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"/>	
Other	Other	<input type="checkbox"/>
	Worker unable to determine	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>



Is client going to have to leave their current living situation within 14 days?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>



Has a subsequent residence been identified?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>

Does individual or family have resources or support networks to obtain other permanent housing?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>

Has the client moved 2 or more times in the last 60 days?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>
	Data not collected	<input type="checkbox"/>





Colorado Springs/El Paso County Coordinated Assessment for Transitional Aged Youth (18-24)

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 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.

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.

VULNERABILITY INDEX SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT) for Transitional Aged Youth (18-24)

1. Where do you sleep most frequently? *(Let the client answer in their own words, then check one)*

- Shelters *(including domestic violence shelter or hotel paid by a charitable source)*
- Transitional Housing
- Safe Haven
- Couch Surfing *(note that adults that are couch surfing are typically not considered literally homeless)*
- Outdoors *(including in a tent, abandoned building, etc.)*
- Other (specify):
- Client doesn't know
- Client prefers not to answer

2. How long has it been since you lived in permanent stable housing? *(if client needs clarification, had the right to receive mail at a place they lived for more than 90 days. If the answer is less than one year, indicate the number of months in addition to the categories below)*

- 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

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 been homeless?

- 0 times
- 1 times
- 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)

4. In the past six months, how many times have you:

Received health care at an emergency room? <i>(including freestanding ER but NOT urgent care centers)</i>	
---	--

Been taken by an ambulance to the hospital? <i>(respondent must be a patient, riding with a friend or family member who is receiving care does not count)</i>	
Been hospitalized as an inpatient? <i>(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.)</i>	
Used a crisis service, including sexual assault crisis, mental health crisis, family or intimate violence, distress centers and suicide prevention hotlines? <i>(including phone, chat, or in person crisis centers)</i>	
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? <i>(note: this is number of events, not number of days)</i>	

5. Have you been attacked or beaten up since you'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

6. Have you threatened to or tried to harm yourself 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

7. Do you have any legal stuff going on right now that may result in you 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)*

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

8. Were you ever incarcerated when younger than age 18? *(this could include alternatives to juvenile detention, such as mental health hospital, IF the admission was specifically ordered as an alternative to a criminal detention center)*

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

9. Does anybody force or trick you to do things that you do not want to do? *(this could be physical force, emotional guilt, or doing something they normally wouldn't in exchange for something they need)*

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

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? *(emphasize if necessary that we do not need to know specifics, just if they do this type of thing)*

- No
- Yes

- Client doesn't know
- Client prefers not to answer

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you 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

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? *(Clarification if needed: regular recurring income, not a one time gift or occasional support from family)*

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

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

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

14. Are you 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? *(clarification if needed: this refers to both the physical ability to do these things and access to the resources necessary)*

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

15. Is your current lack of stable housing *(clarification if needed: each 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) Because you ran away from your family home, a group home or a foster home?

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

b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?

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

c) Because your family or friends caused you to become homeless? *(such as parents getting evicted through no fault of the youth)*

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

d) Because of conflicts around gender identity or sexual orientation?

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

e) Because of violence at home between family members? *(this does not need to include the youth)*

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

f) Because of an unhealthy or abusive relationship, either at home or elsewhere? *(this is a relationship between the youth and someone else, and does not have to be a romantic relationship)*

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

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? *(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

17. Do you 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

18. 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? *(Clarification if needed: 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

19. Do you 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

20. When you are sick or not feeling well, do you avoid getting medical help? *(clarification if needed: 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

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

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

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? *(this could be for either financial or behavioral reasons)*

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

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

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

24. If you've ever used marijuana, did you ever try it at age 12 or younger?

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

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of: *(clarification if needed: each question should be answered on its own merit, not dependent on the responses from other parts of the 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

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

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

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you 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

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? *(this could include taking more OR less than prescribed)*

- 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 "Next Step Tool for Homeless Youth"

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