

2018 COC NOFA

ATTACHMENT 4. CE ASSESSMENT TOOL, 1C-8

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KINGS/TULARE HOMELESS ALLIANCE

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: _____

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

Date	Signature (or Mark) of Participant	Printed Name of Participant
------	------------------------------------	-----------------------------

No, please do not take my picture.



AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section 1. Who is the Participant?

Name: _____
Date of Birth: _____ **SSN:** _____

Section 2. Use and Disclosure of Health Information

I authorize the use or disclosure of the above named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual? The following entities may use or disclose the information:

ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Health and Human Services, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Who May Be Receiving Information About the Individual? The information may be disclosed to: ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Health and Human Services, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, KingsView, Lighthouse Rescue Mission,



Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Section 3. What Information About the Individual Will Be Disclosed?

- | | | |
|---|--|--|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Lab Report | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Medication Record | <input type="checkbox"/> Progress Note |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Plan of Care | <input type="checkbox"/> Other: Written/Verbal |

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- The following expiration date (no more than 2 years from today): _____
- The following specific event (needs to happen within 2 years): _____

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.



- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.



HMIS CONSENT FORM

When you request or receive services from a participating agency, we collect information about you and your household and enter it into a database system called the Homeless Management Information System (HMIS). This system helps us to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided to the homeless and those at-risk of homelessness.

What information is collected?

Depending on your situation, you may be asked for some or all of the following:

- o Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- o Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- o Income information (sources and amounts of household income, employment information, work skills)
- o Legal history/information
- o Medical information
- o Services needed and provided; outcomes of services provided

What happens to the information collected?

- o Details of your medical/health status will **only** be shared between Partner Agencies using HMIS.
- o With your approval, information collected is shared with authorized personnel at Partner Agencies.
- o Collectively, data on the homeless population in Kings and Tulare counties (but not personal identifying information) is used in statewide reports on homelessness.

NOTE: HMIS uses many security protections to ensure confidentiality and only Partner Agencies who have signed an Interagency Network Data Sharing Agreement have access. A list of Partner Agencies can be found on our website at www.kingstularecoc.org.

Why should you agree to have your information shared with HMIS Partner Agencies?

By sharing your information with these agencies, you will help them:

- o Identify other services or programs you may be eligible for,
- o Better coordinate services for you and your household,
- o More accurately count the number of homeless persons, services available and services needed,
- o Show the people who fund homeless programs that the services are needed and
- o Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Opt Out: If you wish to opt out of having your information collected in the Kings/Tulare HMIS, please write "I do not consent", sign and date this section. Otherwise, leave blank.

_____ (Write "I do not consent") Signature Date

<input type="checkbox"/> Please treat information about my children age 17 or younger the same as mine.		
This consent will expire seven (7) years from the date signed. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.		
_____ Client Name (please print)	_____ Client Signature	_____ Date
_____ Agency Personnel Name (please print)	_____ Agency Personnel Signature	_____ Date



BASIC INFORMATION

First Name _____

Nickname _____

Last Name _____

Partial, Street Name, or Code Name Reported Client Doesn't Know Client Refused Data Not Collected

In what language do you feel best able to express yourself? _____

Date of Birth: DD/MM/YYYY ____/____/____

Age: _____

Social Security Number: ____ - ____ - _____

Client Doesn't Know Client Refused Data Not Collected

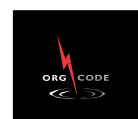
Client Doesn't Know Client Refused Data Not Collected

A. HISTORY OF HOUSING & HOMELESSNESS

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Transitional Housing _____ <input type="checkbox"/> Outdoors <input type="checkbox"/> Refused
2. How long has it been since you lived in permanent stable housing?	_____ <input type="checkbox"/> Refused
3. In the last three years, how many times have you been homeless?	_____ <input type="checkbox"/> Refused
a) Total # of months homeless in past three years?	_____ <input type="checkbox"/> Refused

B. RISKS

4. In the past six months, how many times have you.....	
a) Received health care at an emergency department/room?	_____ <input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____ <input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____ <input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ <input type="checkbox"/> Refused
e) 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?	_____ <input type="checkbox"/> 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?	_____ <input type="checkbox"/> Refused
5. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
8. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



C. SOCIALIZATION & DAILY FUNCTIONING

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
13. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

D. WELLNESS

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. <i>FOR FEMALE RESPONDENTS ONLY:</i> Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. 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:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. <i>YES OR NO:</i> Has your 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 have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

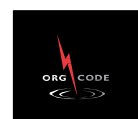


E. DEMOGRAPHICS

Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	<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 <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female	<input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Doesn't Identify as Male, Female or Transgender	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Disabling Condition:	<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
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

FOLLOW UP

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: _____
SURVEYOR: Take picture. Any final notes that you'd like to convey?	



KINGS/TULARE HOMELESS ALLIANCE

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: _____

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

_____ Date	_____ Signature (or Mark) of Participant	_____ Printed Name of Participant <input type="checkbox"/> <i>No, please do not take my picture.</i>
---------------	---	--

_____ Date	_____ Signature (or Mark) of Participant	_____ Printed Name of Participant <input type="checkbox"/> <i>No, please do not take my picture.</i>
---------------	---	--



AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Section 1. Who is the Participant?

Name: _____
Date of Birth: _____ **SSN:** _____

Section 2. Use and Disclosure of Health Information

I authorize the use or disclosure of the above named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual? The following entities may use or disclose the information:

ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Health and Human Services Agency, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Who May Be Receiving Information About the Individual? The information may be disclosed to: ABLE Industries, Adventist Health, Aspiranet, Bethlehem Center, CA Department of Rehabilitation, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions Recovery Alternative Program, City of Hanford, City of Porterville, City of Tulare, City of Visalia, Community Services and Employment Training, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, Kings Community Action Organization, Kings County Housing Authority, Kings County Health and Human Services Agency, Kings County Mental Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way,



KingsView, Lighthouse Rescue Mission, Open Gate Ministries, PAAR Center, Resources for Independence, Salvation Army, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, The Warehouse, Tulare County, Tulare County Housing Authority, Tulare Regional Medical Center, Turning Point of Central California, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Westcare

Section 3. What Information About the Individual Will Be Disclosed?

- | | | |
|---|--|--|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Lab Report | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Medication Record | <input type="checkbox"/> Progress Note |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Plan of Care | <input type="checkbox"/> Other: Written/Verbal |

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- The following expiration date (no more than 2 years from today): _____
- The following specific event (needs to happen within 2 years): _____

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.



- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.



BASIC INFORMATION

PARENT 1	First Name	Nickname	Last Name

	<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		
	In what language do you feel best able to express yourself? _____		
Date of Birth: DD/MM/YYYY ____/____/_____ Age: _____ Social Security Number: ____-____-_____			
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

PARENT 2	First Name	Nickname	Last Name

	<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		
	In what language do you feel best able to express yourself? _____		
Date of Birth: DD/MM/YYYY ____/____/_____ Age: _____ Social Security Number: ____-____-_____			
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

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? Yes No Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Date of Birth	Age	SSN



A. HISTORY OF HOUSING & HOMELESSNESS

5. Where do you and your family sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Outdoors	<input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Refused
6. How long has it been since you and your family lived in permanent stable housing?	_____	<input type="checkbox"/> Refused
7. In the last three years, how many times have you and your family been homeless?	_____	<input type="checkbox"/> Refused
a) Total # of months homeless in past three years for you and your family?	_____	<input type="checkbox"/> Refused

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?	_____	<input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____	<input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____	<input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____	<input type="checkbox"/> Refused
e) 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?	_____	<input type="checkbox"/> 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?	_____	<input type="checkbox"/> Refused
9. Have you or your family been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
10. Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
11. Do you or anyone in your family 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



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

FAMILIES	AMERICAN VERSION 2.0
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. Is your family’s current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
D. WELLNESS	
19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health of you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for you or your family to live independently because help would be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
28. Does any single member of your household have a medical condition, mental health concerns, and experience with substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
36. <i>IF THERE ARE SCHOOL-AGED CHILDREN:</i> Do your children attend school more often than not each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
41. <i>IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:</i> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Refused



F. DEMOGRAPHICS

Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Disabled (Y or N)	Veteran Served on active Duty (Y or N)
SELF					

Gender Codes:

- (F) Female
- (M) Male
- (TGMF) Transgendered Female to Male
- (TGFM) Transgendered Male to Female
- (DI) Doesn't Identify as Male, Female or Transgender
- (REF) Client Refused
- (D/K) Client Doesn't Know
- (DNC) Data Not Collected

Race Codes *(select all that apply):*

- (AM) American Indian/Alaskan Native
- (AS) Asian
- (BL) Black/African American Native
- (HA) Hawaiian/Other Pacific Islander
- (W) White
- (REF) Client Refused
- (D/K) Client Doesn't Know
- (DNC) Data Not Collected

FOLLOW UP

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: _____

SURVEYOR:

Take pictures (adults only).

Any final notes that you'd like to convey?

