

## 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	City (Location): _____
Enrollment: _____ Assessment Contact Type: <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In-Person		

### 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 into 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
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*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, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central La Familia Advocacy Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, Clean the World, CSET, Employment Connection, EA Family Services, Exodus Recovery, Family Healthcare Network, Family Services of Tulare County, HealthNet, Helping Hands, Home and Health Management, Housing Authorities of Kings and Tulare Counties, Kaweah Delta Healthcare District, KCAO, Kings County Behavioral Health, Kings County HSA, Kings County Office of Education, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, LaSar, Libertana Home Health, Lighthouse Rescue Mission, Master-Care Inc, MedZed, Open Gate Ministries, Pacific Clinics, Pheonix Transitional Housing Plus, Resources for Independence Central Valley, RH Community Builders, Salt + Light, Salvation Army, Schrank's Clubhouse, Self-Help Enterprises, Serene Health, Sierra View District Hospital, Social Security Administration, St. Vincent Preventative Family Care, TC Hope, The Warehouse, Titanium Healthcare, Tulare County HHSA, Tulare County Office of Education, Tulare Regional Medical Center, Tule River Indian Housing Authority, TURN Behavioral Health Care Systems, Turning Point of Central California, United Way of Tulare County, UpHoldings, Veterans Administration, Visalia Homeless Center, Visalia Rescue Mission, West Fresno Family Resources, and Westcare.

**Who May Be Receiving Information About the Individual?**

The information may be disclosed to: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central La Familia Advocacy Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, Clean the World, CSET, Employment Connection, EA Family Services, Exodus Recovery, Family Healthcare Network, Family Services of Tulare County,



HealthNet, Helping Hands, Home and Health Management, Housing Authorities of Kings and Tulare Counties, Kaweah Delta Healthcare District, KCAO, Kings County Behavioral Health, Kings County HSA, Kings County Office of Education, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, LaSar, Libertana Home Health, Lighthouse Rescue Mission, Master-Care Inc, MedZed, Open Gate Ministries, Pacific Clinics, Pheonix Transitional Housing Plus, Resources for Independence Central Valley, RH Community Builders, Salt + Light, Salvation Army, Schrank's Clubhouse, Self-Help Enterprises, Serene Health, Sierra View District Hospital, Social Security Administration, St. Vincent Preventative Family Care, TC Hope, The Warehouse, Titanium Healthcare, Tulare County HHSA, Tulare County Office of Education, Tulare Regional Medical Center, Tule River Indian Housing Authority, TURN Behavioral Health Care Systems, Turning Point of Central California, United Way of Tulare County, UpHoldings, Veterans Administration, Visalia Homeless Center, Visalia Rescue Mission, West Fresno Family Resources, and 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.*





**A. SAFETY**

1. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
2. Have you experienced violence or threats of violence in the last six months, that has had an impact of feeling safe where you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
3. Is your current situation 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
4. I do not need any details, just a <b>YES</b> or <b>NO</b> : is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

**B. LONG TERM HOUSING STABILITY**

5. 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 stay housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Do you 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
7. Have you harmed yourself or anyone else in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
8. Is anyone currently forcing you to do something you don't want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
9. If female, are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

**C. HISTORY OF HOUSING AND HOMELESSNESS**

10. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
a. <b>IF YES:</b> How many times has that occurred in the last three years?	_____ <input type="checkbox"/> Refused
b. <b>IF YES:</b> What is the total length of time that has happened if you add all of the different times together in the last three years?	_____ <input type="checkbox"/> Refused
11. In the last six months, have you accessed supports from any churches, other faith groups, or a non-profit organization to get supports to stay housed such as financial assistance, help working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
12. Within the last six months in your current housing, how many complaints have there been about you from neighbors, the landlord or tenant/owner, or the police?	_____ <input type="checkbox"/> Refused
13. Do any of the following issues make it hard for you to find or stay in permanent housing or connect with other resources that can help you do that:	
a. Accessible housing because you have a disability that requires a special type of housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. A poor credit history?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. Restrictions on where you can live because of legal stuff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. No references for your housing or poor references on your housing history?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
e. Difficulties understanding or communicating in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. Difficulties with math that make it hard to budget or take care of your finances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



g. Safety issues which may include keeping where you live unknown to a past abuser?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
14. Are you currently living in an overcrowded situation (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
15. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months, if that is legally possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

**D. PERSONAL ADMINISTRATION & MONEY MANAGEMENT**

16. Is there any person, landlord, business, utility company, 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
a. <b>IF YES:</b> What is the total amount of money that others think is owed?	_____ <input type="checkbox"/> Refused
17. Do you get any money or assistance from the government like SSI, SSDI, TANF, or Food Stamps, or do you have a pension, inheritance, get money from a regular job or working under the table, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
a. <b>IF YES:</b> What is the next date you <b>know</b> you will receive money?	_____ <input type="checkbox"/> Refused
b. <b>IF YES:</b> What is the total amount you will expect to receive?	_____ <input type="checkbox"/> Refused
18. What is the total amount of money you currently have, including any money in the bank or investments?	_____ <input type="checkbox"/> Refused
19. Is there anyone currently helping you manage your finances, like a payee, guardianship, or trustee, because a judge or the government said you have to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. In the last year, how many times have you received a cash advance or loan from a business, bank, or person, where you have not repaid the full amount <b>and</b> the interest owed is 15% or more?	_____ <input type="checkbox"/> Refused
21. Have other members of your family or friends provided emergency financial assistance to you in the last three years to help you stay housed like helping you with rent, paying off arrears, paying a utility company to keep your lights on or anything like that, where they still expect you to pay them back but you have not been able to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

**E. MEANINGFUL DAILY ACTIVITY**

22. Do you have planned activities, other than just surviving, that makes you feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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**F. SELF CARE AND DAILY LIVING SKILLS**

23. 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
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**G. INTERACTIONS WITH EMERGENCY SERVICES**

24. In the past six months, how many times have you...	
a. Receive 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 the police because you witnessed a crime, were the victim of a crime, or the	_____ <input type="checkbox"/> Refused



alleged perpetrator of a crime, or because the police told you that you must move along?	
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

**H. WELLNESS**

25. Have you ever had to leave an apartment, residential program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Do you have any chronic health issue where you are not accessing appropriate care or that is making it difficult to stay housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. Do you have any physical disabilities that limit the type of housing you can access, or make it hard to live independently because help is needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
28. When you are sick, do you avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
29. Has your drinking or drug use cased you to be kicked out of an apartment or residential program or other place in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
30. Does drinking or drug use make it difficult to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
31. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, residential 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
32. Do you have any mental health or brain issues that make it hard for you to live independently because help is needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
33. DID THE INDIVIDUAL SCORE 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Refused
34. 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
35. Are there any medications like painkillers that you do not take the way the doctor prescribed or where the medication is sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

