KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name: _____

Agency: _____

☐ Team
☐ Staff
☐ Volunteer

Survey Date: DD/MM/YYYY _____/_____/_____

Survey Time: ___ : ___ AM / PM

City (Location): _____

Enrollment: CE – Every Door Open

Assessment Contact Type: ☐ Phone ☐ Virtual ☐ 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

☐ *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?

☐ Diagnosis	☐ Lab Report	☐ Immunization Record
☐ History & Physical	☐ Medication Record	☐ Progress Note
☐ Assessment	☐ Plan of Care	☐ 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:

- 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)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- Details of your medical/health status will **only** be shared between Partner Agencies using HMIS.
- With your approval, information collected is shared with authorized personnel at Partner Agencies.
- 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 full access. A list of Partner Agencies can be found on our website at www.kthomelessalliance.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:

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

☐ **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 Prefers Not to Answer ☐ 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 Prefers Not to Answer ☐ Data Not Collected		☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected

Race & Ethnicity:	☐ American Indian/Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American or African ☐ Hispanic/Latina(e)(o)	☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Additional Race and Ethnicity Detail_____	☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected
Gender:	☐ Man (Boy if Child) ☐ Woman (Girl if Child) ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Transgender	☐ Non-Binary ☐ Questioning ☐ Different Identity _____	☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected
Sex Listed on Birth Certificate:	☐ Male ☐ Female	☐ Non-Binary ☐ Decline to State	
Sexual Orientation:	☐ Straight/Heterosexual ☐ Gay ☐ Bisexual ☐ Lesbian	☐ Queer ☐ Another Sexual Orientation ☐ Questioning ☐ Two-Spirit	☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected
Disabling Condition:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Prefers Not to Answer	☐ Data Not Collected
Veteran Status:	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Prefers Not to Answer	☐ Data Not Collected
Relationship to Head of Household:	☐ Self (head of household) ☐ Head of household's child	☐ Head of household's spouse/partner ☐ Head of household's other relation member	☐ Other: non-relation member
Living Situation:	☐ Place not meant for habitation (vehicle, street, parks, abandoned buildings, or anywhere outside) ☐ Emergency Shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter) ☐ Safe Haven		
Length of Stay in Prior Living Situation:	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month	☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer	☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected

Approximate Date *This Episode* of Homelessness Started _____ /_____ /_____

# of Times Client has been Homeless on the Streets, in ES, or SH in the past three years:	☐ One time ☐ Two times ☐ Three times	☐ Four or more times ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected

# of Months Homeless on the streets, ES, or SH in past three years:	☐ One Month (first month) ☐ 2-12 months (#____)	☐ More than 12 months ☐ Client Doesn't Know	☐ Client Prefers Not to Answer ☐ Data Not Collected

Covered by Health Insurance	*If Yes, Which Source(s)*	
☐ No	☐ Medicaid (Medi-Cal)	☐ Health Insurance obtained through COBRA
☐ Yes	☐ Medicare	☐ Private Pay Health Insurance
☐ Client Doesn't Know	☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults
☐ Client Prefers Not to Answer	☐ Veteran's Health Administration (VHA)	☐ Indian Health Services Program
☐ Data Not Collected	☐ Employer Provided Health Insurance	☐ Other _____

HISTORY OF HOUSING & HOMELESSNESS

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

RISKS

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

	a) Received health care at an emergency department/room?	_____ ☐ Refused
	b) Taken an ambulance to the hospital?	_____ ☐ Refused
	c) Been hospitalized as an inpatient?	_____ ☐ Refused
	d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ ☐ Refused
	e) Talked to police because 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?	_____ ☐ Refused
	f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ ☐ Refused
5.	Have you been attacked or beaten up since you've become homeless?	☐ Yes ☐ No ☐ Refused
6.	Have you threatened to or tried to harm yourself or anyone else in the last year?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ Refused
8.	Does anybody force or trick you to do things that you do not want to do?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ Refused

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?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ Refused
12.	Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ Refused
14.	Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family/friends caused you to become evicted?	☐ Yes ☐ No ☐ Refused

WELLNESS

15.	Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ Yes ☐ No ☐ Refused
16.	Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ Refused
19.	When you are sick or not feeling well, do you avoid getting help?	☐ Yes ☐ No ☐ Refused
20.	*FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ Refused
22.	Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ Refused
	b) A past head injury?	☐ Yes ☐ No ☐ Refused
	c) A learning disability, developmental disability, or other impairment?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ Refused
25.	Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	☐ Yes ☐ No ☐ Refused
26.	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	☐ Yes ☐ No ☐ Refused
27.	*YES OR NO:* 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	☐ Yes ☐ No ☐ Refused

have experienced?	

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?	Prioritization Status: ☐ Placed on Prioritization List ☐ Not Placed on Prioritization List