# HMIS Data Collection for Project START

**This form can be used by all project types.** Some project types are also required to track other information such as contacts, engagement, or move-in date. See supplemental forms for Outreach, PATH, HOPWA, RHY and SSVF projects.

# Section I: Client Information

**NAME** *- [ALL CLIENTS] - [ALL PROJECTS]*

Use a client’s full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

|  |  |
| --- | --- |
| First name |  |
| Middle name |  |
| Last name |  |
| Suffix  |  |
| Alias |  |

**CLIENT ID -** *(If known; for new clients this is system-generated)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**NAME DATA QUALITY** *- [ALL CLIENTS] - [ALL PROJECTS]*

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a “made up name” for such an initial identification, indicate that here.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full name reported |  | Client Doesn’t Know |
|  | Partial, street name, or code name reported |  | Client Refused |

**SOCIAL SECURITY NUMBER** *- [ALL CLIENTS] - [ALL PROJECTS]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | - |  |  | - |  |  |  |  |

**SOCIAL SECURITY NUMBER DATA QUALITY** *- [ALL CLIENTS] - [ALL PROJECTS]*

For clients without a SSN, enter ‘client doesn’t know’.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full SSN reported |  | Client doesn’t know  |
|  | Approximate or partial SSN reported |  | Client refused  |

**VETERAN STATUS** *- [ALL CLIENTS] - [ALL PROJECTS]*

Veteran Status is only collected on adults who are 18 years of age or older. When a minor turns 18 this field must be completed. Projects may also default to ‘No’ for minors, if they wish. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

* For the **Army, Navy, Air Force, Marine Corps,** and **Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.
* For the **Reserves** and **National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.
* Or Anyone who was disabled in the line of duty during a period of active duty training.
* Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused  |
|  | Data not collected |

# Section II: Coordinated Entry and Vulnerability Assessment

This section is used to intake clients into the Coordinated Entry system. **(**This process documents the coordination of intake and provisional referrals within a geographic area and how well the “no wrong door” approach in which a homeless family or individual can present and be assessed at any Access Point using the same tool and methodology**)**.

**CURRENT LIVING SITUATION SUB-ASSESSMENT**

**START DATE** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  |  | / |  |  |  |  |

**DATE OF CONTACT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**CURRENT LIVING SITUATION** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Record the location the client stated as living at the time of assessment - not where the client was last night; e.g., the client lived in a family member’s house last night, but tonight is/will be homeless.

|  |
| --- |
| \*\*\*HOMELESS SITUATIONS\*\*\* |
|  | Place not meant for habitation (HUD) |  | Emergency shelter, including hotel/motel paid for w/ ES voucher, or RHY-funded Host Home Shelter (HUD) |
|  | Safe Haven |

|  |
| --- |
| \*\*\*INSTITUTIONAL SITUATIONS\*\*\* |
|  | Foster care home or foster care group home (HUD) |  | Hospital or other residential non-psychiatric medical facility (HUD) |
|  | Jail, prison or juvenile detention facility (HUD) |  | Long-term care facility of nursing home (HUD) |
|  | Psychiatric hospital or other psychiatric facility (HUD) |  | Substance abuse treatment facility or detox center (HUD) |

|  |
| --- |
| \*\*\*TEMPORARY AND PERMANENT HOUSING SITUATIONS\*\*\* |
|  | Residential project or halfway house with no homeless criteria (HUD) |  | Hotel or motel paid for without emergency shelter voucher (HUD) |
|  | Transitional housing for homeless persons (including homeless youth) (HUD) |  | Host Home (non-crisis) (HUD) |
|  | Staying or living in a friend’s room, apartment or house (HUD) |  | Staying or living in a family member’s room, apartment or house (HUD) |
|  | Rental by client, with GPD TIP housing subsidy (HUD) |

If “Other”, Specify *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |
| --- |
|  |

Location details *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |
| --- |
|  |

Living situation verified by (CE Projects Only) *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |
| --- |
|  |

**If Current Living Situation falls under “Institutional Situations” or “Temporary and Permanent Housing Situations” complete below** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Is client going to have to leave their current living situation within 14 days?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |  |  |

**If YES, complete below**

Has a subsequent residence been identified?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |  |  |

Does individual or family have resources or support networks to obtain other permanent housing?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |  |  |

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |  |  |

Has the client moved 2 or more times in the last 60 days?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |

#

**COORDINATED ENTRY EVENT SUB-ASSESSMENT –** Complete for Head of Household and choose an ACCESS event only *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

**START DATE** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  |  | / |  |  |  |  |  |

**End Date** – [*IGNORE/ DO NOT USE]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**DATE OF EVENT *[The date the event occurred]***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**EVENT** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Choose an Access Event OR a Referral Event only for each completion of this form. \*\*\*

|  |
| --- |
| \*\*\*ACCESS EVENTS\*\*\* |
|  | Referral to Prevention Assistance Project |  | Problem Solving/Diversion/Rapid Resolution or service |
|  | Referral to scheduled Coordinated Entry Crisis Needs Assessment |  | Referral to scheduled Coordinated Entry Housing Needs Assessment |

**\*\*\*A Referral Event SHOULD NOT be selected. By definition, clients coming into Coordinated Entry need to have an ACCESS EVENT recorded ONLY\*\*\***

|  |
| --- |
| \*\*\*REFERRAL EVENTS\*\*\* |
|  | Referral to post-placement/follow-up case management |  | Referral to Street Outreach project or services |
|  | Referral to Housing Navigation project or services |  | Referral to Non-continuum services: Ineligible for continuum services |
|  | Referral to Non-continuum services: No availability in continuum services |  | Referral to Emergency Shelter bed opening  |
|  | Referral to Joint TH-RRH project/unit/resource opening |  | Referral to RRH project resource opening  |
|  | Referral to PSH project resource opening |  | Referral to Other PH project/unit/resource opening |

**If Event was “Problem Solving/Diversion/Rapid Resolution or service result”, please answer the following question:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative: |  | Yes |  | No |

**If Event was “Referral to post-placement/follow-up case management result', please answer the following question** *[Not applicable for initial entry into coordinated entry project]:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative: |  | Yes |  | No |

**If Event was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question** *[Not applicable for initial entry into coordinated entry project]:*

|  |  |
| --- | --- |
| Location of Crisis Housing or Permanent Housing Referral |  |

**If Event was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question** *[Not applicable for initial entry into coordinated entry project]:*

|  |
| --- |
| Referral Result |
|  | Successful referral: client accepted |
|  | Unsuccessful referral: client rejected |
|  | Unsuccessful referral: provider rejected |

**If Event was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:**

**DATE OF RESULT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**COORDINATED ENTRY SUB-ASSESSMENT: Complete for all Heads of Household** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

The Coordinated Entry Assessment element is only used in projects that are doing coordinated assessments as part of a Continuum of Care's coordinated entry system to capture information and efforts made to house the client for planning purposes.

**DATE OF ASSESSMENT (Month / Day / Year)**

The date the assessment occurred.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |  |

End Date (Month / Day / Year**)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |  |  |

**Assessment location**

|  |  |  |  |
| --- | --- | --- | --- |
|  | AHS (ACHIEVE Human Services) La Paz |  | AHS (ACHIEVE Human Services) Yuma |
|  | AZYP (Arizona Youth Partnership) Mohave |  | AZYP (Arizona Youth Partnership) Yavapai |
|  | BCH (Bisbee Coalition for the Homeless) Cochise |  | BOSCEH (BOS Coordinated Entry Hotline) Gila |
|  | BOSCEH (BOS Coordinated Entry Hotline) Graham |  | BOSCEH (BOS Coordinated Entry Hotline) Greenlee |
|  | BOSCEH (BOS Coordinated Entry Hotline) Santa Cruz |  | CAHRA (Community Action Human Resources Agency) Pinal |
|  | CBI (Community Bridges, Inc.) Cochise |  | CBI (Community Bridges, Inc.) Pinal |
|  | CBI (Community Bridges, Inc.) Yuma |  | CC (Catholic Charities) Coconino |
|  | CC (Catholic Charities) Mohave |  | CC (Catholic Charities) Yavapai |
|  | CCJ (Coalition for Compassion and Justice) Yavapai |  | CHA (Community Health Associates) Yuma |
|  | CIHS (Corazon Integrated Healthcare Services) Cochise |  | CIHS (Corazon Integrated Healthcare Services) Pinal |
|  | CIHS (Corazon Integrated Healthcare Services) Santa Cruz |  | CPIH (Community Partners Integrated Healthcare) Cochise |
|  | CPIH (Community Partners Integrated Healthcare) Graham |  | CPIH (Community Partners Integrated Healthcare) Greenlee |
|  | CPIH (Community Partners Integrated Healthcare) Pinal |  | CPIH (Community Partners Integrated Healthcare) Yuma |
|  | CPSA (Community Partnership of Southern Arizona) Cochise |  | CPSA (Community Partnership of Southern Arizona) Graham |
|  | CPSA (Community Partnership of Southern Arizona) Greenlee |  | CPSA (Community Partnership of Southern Arizona) Pinal |
|  | CRM (Crossroads Mission) Yuma |  | CSM (Cornerstone Mission) Mohave |
|  | Empowerment Systems |  | FSS (Flagstaff Shelter Services) Coconino |
|  | GCCSD (Gila County Community Services Division) Gila |  | GNA (Good Neighbor Alliance) Cochise |
|  | HACC (Housing Authority of Cochise County) Cochise |  | HWW (Horizon Health and Wellness) Pinal |
|  | HWW (Horizon Health and Wellness) Yuma |  | JAVC (Jerry Ambrose Veterans Center) Mohave |
|  | LFE (La Frontera Empact) |  | MCC-CCP (Magellan Complete Care Plan) Gila |
|  | Mohave County Housing & Community Development |  | Northern Arizona VA Healthcare System) Apache |
|  | Northern Arizona VA Healthcare System) Coconino |  | Northern Arizona VA Healthcare System) Mohave |
|  | Northern Arizona VA Healthcare System) Navajo |  | Northern Arizona VA Healthcare System) Yavapai |
|  | NAVRC (Northern Arizona Veterans Resource Center) Apache |  | NAVRC (Northern Arizona Veterans Resource Center) Coconino |
|  | NAVRC (Northern Arizona Veterans Resource Center) Gila |  | NAVRC (Northern Arizona Veterans Resource Center) Mohave |
|  | NAVRC (Northern Arizona Veterans Resource Center) Navajo |  | NAVRC (Northern Arizona Veterans Resource Center) Yavapai |
|  | NAVRC (Northern Arizona Veterans Resource Center) Apache |  | NAVRC (Northern Arizona Veterans Resource Center) Yuma |
|  | NC (Northland Cares) Yavapai |  | OCCAC (Old Concho Community Assistance Center) Apache |
|  | OCCAC (Old Concho Community Assistance Center) Navajo |  | PASS (Prescott Area Shelter Services) Yavapai |
|  | PHC (Pinal Hispanic Council) Pinal |  | PMHO (Pacheco/Martinez Homeless Outreach) Gila |
|  | Primavera – Cochise |  | Primavera – Graham |
|  | Primavera – Greenlee |  | Primavera – Santa Cruz |
|  | RCFBH (Regional Center for Border Health) Yuma |  | SAAF (Southern Arizona AIDS Foundation) |
|  | SAVAHCS (Southern VA Health Care System) Cochise |  | SAVAHCS (Southern VA Health Care System) Pinal |
|  | SAVAHCS (Southern VA Health Care System) Yuma |  | SBH (Southwest Behavioral & Health Services) Gila |
|  | SBH (Southwest Behavioral & Health Services) Mohave |  | SBH (Southwest Behavioral & Health Services) Yavapai |
|  | SEABHS (Southeastern Arizona Behavioral Health Services) Cochise |  | SEABHS (Southeastern Arizona Behavioral Health Services) Graham |
|  | SEABHS (Southeastern Arizona Behavioral Health Services) Santa Cruz |  | SRM (Sunshine Rescue Mission) |
|  | TGC (The Guidance Center) |  | U.S. Vets Yavapai |
|  | WACOG (Western Arizona Council of Governments) La Paz |  | WACOG (Western Arizona Council of Governments) Mohave |
|  | WACOG (Western Arizona Council of Governments) Yuma |  | WYGC (West Yavapai Guidance Clinic) Yavapai |
|  |  |  |  |

Assessment Type

|  |  |  |  |
| --- | --- | --- | --- |
|  | Phone |  | Virtual |
|  | In Person |

Assessment Level

|  |  |  |  |
| --- | --- | --- | --- |
|  | Crisis Needs Assessment: Assessment conducted for immediate, crisis-based needs; initial, short, focused assessment to help case workers identify immediate resolutions to address emergency needs, including shelter.  |  | Housing Needs Assessment: Assessment conducted for housing needs; more in-depth, housing focused assessment to help case workers direct clients to resources for stabilization of their housing situation. |

Prioritization Status

|  |  |  |  |
| --- | --- | --- | --- |
|  | Placed on Prioritization List:The result of the assessment is the client was placed on the community’s prioritization list for housing resources.  |  | Not Placed on Prioritization List: The result of the assessment is the client was not placed on the community’s prioritization list for housing resources.  |

**COMPLETE ONLY 1 OF THE FOLLOWING VI-SPDAT SUB-ASSESSMENT VERSIONS**

**COMPLETE ONLY THE ONE THAT IS CORRECT FOR YOUR CLIENT:**

1. **VI-SPDAT v2.0 – Single adult individuals (Heads of households)**
2. **TAY VI-SPDAT v1.0 – Single adult individuals between the ages of 18-24.**

# VI-FSPDAT V.2.0 – Heads of households that include children under the age of 18.

**VI-SPDAT v2.0** (*Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT), version 2.0*) – *[SINGLE ADULT INDIVIDUALS] – [COORDINATED ENTRY]*

 **\*Should be completed for single adult individuals**

**\*These questions should be asked of the client as they are written.**

**START DATE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

1. **HISTORY OF HOUSING AND HOMELESSNESS**
2. **Where do you sleep most frequently? (choose one)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Shelters |  | Transitional  |
|  | Safe Haven |  | Outdoors |
|  | Other (specify) |  | Refused |

**If Other, please specify**

|  |
| --- |
|  |

1. **How long has it been since you lived in permanent stable housing?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Currently in stable housing |  | Less than 1 year |
|  | 1 year or more |  | Refused |

1. **In the last three years, how many times have you been homeless?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

1. **HISTORY OF HOUSING AND HOMELESSNESS**
2. ***In the past six months, how many times have you…***

4.a) Received health care at an emergency department/room?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.b) Taken an ambulance to the hospital?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.c) Been hospitalized as an inpatient?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

1. **Have you been attacked or beaten up since you've become homeless?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Have you threatened to or tried to harm yourself or anyone else in the last year?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **Does anybody force or trick you to do things you do not want to do?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **SOCIALIZATION & DAILY FUNCTIONING**
2. **Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **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 |

1. **When you are sick or not feeling well, do you avoid getting help?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. ***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:***

23.a) A mental health issue or concern?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

23.b) A past head injury?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **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 have experienced?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

**PRE-SURVEY**

1. **HISTORY OF HOUSING AND HOMELESSNESS**

|  |
| --- |
|  |

1. **RISKS**

|  |
| --- |
|  |

1. **SOCIALIZAITON & DAILY FUNCTIONS**

|  |
| --- |
|  |

1. **WELLNESS**

|  |
| --- |
|  |

**GRAND TOTAL**

|  |
| --- |
|  |

**TAY VI-SPDAT v1.0** *-* (*Transition Age Youth (TAY) Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT), version 1.0*) – *[SINGLE ADULT INDIVIDUALS] – [COORDINATED ENTRY]*

 **\*Should be completed for single adult individuals BETWEEN THE AGES OF 18-24.**

**\*These questions should be asked of the client as they are written.**

**START DATE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | / |  |  | / |  |  |  |  |

1. **HISTORY OF HOUSING AND HOMELESSNESS**
2. **Where do you sleep most frequently? (choose one)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Shelters |  | Transitional  |
|  | Safe Haven |  | Outdoors |
|  | Other (specify) |  | Refused |

**If Other, please specify**

|  |
| --- |
|  |

1. **How long has it been since you lived in permanent stable housing?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Currently in stable housing |  | Less than 1 year |
|  | 1 year or more |  | Refused |

1. **In the last three years, how many times have you been homeless?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

1. **RISKS**
2. ***In the past six months, how many times have you…***

4.a) Received health care at an emergency department/room?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.b) Taken an ambulance to the hospital?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.c) Been hospitalized as an inpatient?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

4.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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

1. **Have you been attacked or beaten up since you've become homeless?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Have you threatened to or tried to harm yourself or anyone else in the last year?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **Were you ever incarcerated when you were younger than age 18?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Does anybody force or trick you to do things you do not want to do?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **SOCIALIZATION & DAILY FUNCTIONING**
2. **Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. ***Is your current lack of stable housing…***

15.a) Because you ran away from your family home, a group home or a foster home?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

15.c) Because your family or friends caused you to become homeless?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

15.e) Because of violence at home between family members?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

15.f) Because of an unhealthy or abusive relationship, either at home or elsewhere

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **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 |

1. **When you are sick or not feeling well, do you avoid getting medical help?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **If you've ever tried marijuana, did you ever try it at age 12 or younger?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. ***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:***

25.a) A mental health issue or concern?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

25.b) A past head injury?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

1. **Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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 |

**PRE-SURVEY**

1. **HISTORY OF HOUSING AND HOMELESSNESS**

|  |
| --- |
|  |

1. **RISKS**

|  |
| --- |
|  |

1. **SOCIALIZAITON & DAILY FUNCTIONS**

|  |
| --- |
|  |

1. **WELLNESS**

|  |
| --- |
|  |

Please record the TAY-VI-SPDAT score here and use the screening document for reference to enter the data into HMIS.

**GRAND TOTAL**

|  |
| --- |
|  |

**VI-FSPDAT v2.0** (*Vulnerability Index (VI) & Family Service Prioritization Decision Assistance Tool (FSPDAT), version 2.0*) – *[HEADS OF HOUSEHOLD] – [COORDINATED ENTRY]*

 **\*Should be completed for Heads of households THAT INCLUDE CHILDREN BETWEEN THE AGES OF 18-24.**

**\*These questions should be asked of the client as they are written.**

**START DATE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | / |  |  | / |  |  |  |  |

**BASIC INFORMATION**

1. **Is either head of household 60 years of age or older?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **How many parents are included in this family?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 or more |
|  | Refused |

**CHILDREN**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 or more |
|  | Refused |

1. **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?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 or more |
|  | Refused |

1. **IF HOUSEHOLD INCLUDES A FEMALE**: Is any member of the family currently pregnant?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. ***If your family includes children, are any of them…***

4.a) ages 6 or younger?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

4.b) ages 11 or younger?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

4.c) You may use this area to provide a list of children’s names and ages:

|  |
| --- |
|  |

1. **HISTORY OF HOUSING AND HOMELESSNESS**
2. **Where do you and your family sleep most frequently? (choose one)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Shelters |  | Transitional  |
|  | Safe Haven |  | Outdoors |
|  | Other (specify) |  | Refused |

**If Other, please specify**

|  |
| --- |
|  |

1. **How long has it been since you and your family lived in permanent stable housing?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Currently in stable housing |  | Less than 1 year |
|  | 1 year or more |  | Refused |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

1. **RISKS**
2. ***In the past six months, how many times have you or anyone in your family…***

8.a) Received health care at an emergency department/room?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

8.b) Taken an ambulance to the hospital?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

8.c) Been hospitalized as an inpatient?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

8.d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

8.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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

8.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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |
|  | 4 |  | 5 |  | 6 |
|  | 7 |  | 8 |  | 9 |
|  | 10 |  | Greater than 10 |  | Refused |

 **RISKS (continued)**

1. **Have you or anyone in your family been attacked or beaten up since you've become homeless?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **SOCIALIZATION & DAILY FUNCTIONING**
2. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **WELLNESS**
2. **Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health or your or anyone in your family?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **When someone in your family is sick or not feeling well, does your family avoid getting medical help?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Has drinking or drug use by anyone in your family led your family being kicked out of an apartment or program where you were staying in the past?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. ***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:***

26.a) A mental health issue or concern?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

26.b) A past head injury?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

 **D. WELLNESS (continued)**

1. **Do you or anyone in your family 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 |

1. ***If the family answered Yes to ANY Physical Health questions 19 through 23, AND Yes to ANY Substance Use questions 24 through 25, AND Yes to ANY Mental Health questions 26 through 27:***

28.a) Does any single member of your household have a medical condition, mental health concern, and experience with problematic substance use?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | N/A or Refused |

 **D. WELLNESS (continued)**

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **FAMILY UNIT**
2. **Are there any children that have been removed from the family by a child protection service within the last 180 days?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Has any child in the family experienced abuse or trauma in the last 180 days?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | N/A or Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. **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?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. ***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...***

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Refused |

1. ***IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:***

41.a) Do your older kids spend 2 or more hours on a typical day helping their younger siblings(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | N/A or Refused |

**SCORING SUMMARY**

**PRE-SURVEY**

|  |
| --- |
|  |

1. **HISTORY OF HOUSING AND HOMELESSNESS**

|  |
| --- |
|  |

1. **RISKS**

|  |
| --- |
|  |

1. **SOCIALIZAITON & DAILY FUNCTIONS**

|  |
| --- |
|  |

1. **WELLNESS**

|  |
| --- |
|  |

1. **FAMILY UNIT**

|  |
| --- |
|  |

**GRAND TOTAL**

|  |
| --- |
|  |

# Section III: BOS Coordinated Entry Custom Assessment

This section is used to intake clients into the Coordinated Entry system. It provides questions that the community has agreed are important for coordination and housing.

**PROJECT START DATE (Month / Day / Year)** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**INTERVIEW DATE (Month / Day / Year)** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**INTERVIEWER NAME** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |
| --- |
|  |

**INTERVIEWER AGENCY** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |
| --- |
|  |

**INTERVIEW COUNTY** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Apache (Eager) |  | Cochise (Sierra Vista) |
|  | Coconino (Flagstaff) |  | Gila (Payson) |
|  | Graham (Safford) |  | Greenlee (Clifton) |
|  | La Paz (Parker) |  | Mohave (Kingman) |
|  | Navajo (Winslow) |  | Pinal (Casa Grande) |
|  | Santa Cruz (Nogales) |  | Yavapai (Prescott) |
|  | Yuma (Yuma) |

**PREFERRED REFERRAL COUNTY** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Apache (Eager) |  | Cochise (Sierra Vista) |
|  | Coconino (Flagstaff) |  | Gila (Payson) |
|  | Graham (Safford) |  | Greenlee (Clifton) |
|  | La Paz (Parker) |  | Mohave (Kingman) |
|  | Navajo (Winslow) |  | Pinal (Casa Grande) |
|  | Santa Cruz (Nogales) |  | Yavapai (Prescott) |
|  | Yuma (Yuma) |

 **DOES THE CLIENT HAVE TIES TO THE PREFERRED REFERRAL COUNTY?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**PREGNANCY STATUS** *- [HEADS OF HOUSEHOLD AND ALL ADULTS] - [ALL PROJECTS]*

COORDINATED ENTRY: Indicate if a client is pregnant. RHY: Indicate if any female adult in the household, or minor female head of household (i.e., the female head of household (any age) and/or female youth (age 18+)) is pregnant. If so, record the expected due date below. RHY NOTE: Update this field on an Interim/Update Assessment if the client becomes pregnant DURING their program stay.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |

**If yes – Expected Due Date?**

If the expected due date is unknown, projects are encouraged to record as much of the date as known. Default to January, the first day of the month, and current year for any part of the expected due date not known.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  |  | / |  |  |  |  |  |

**SELF-REPORTED SMI DETERMINATION** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**COORDINATED ASSESSMENT CLIENT CONTACT INFORMATION** *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

|  |  |  |  |
| --- | --- | --- | --- |
| Client Phone Number |  | Secondary Phone |  |
| Client Street Address or Cross Streets (area normally found) |  |
| Additional Notes |  |

**START DATE *(Required field)*** *- [ALL CLIENTS] - [ALL PROJECTS]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

|  |  |
| --- | --- |
| Case Conferencing Notes |  |

# Section III: Universal Data Elements

**PROJECT START DATE (Month / Day / Year)** *- [ALL CLIENTS] - [ALL PROJECTS]*

The ‘Project Start Date’ will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**RELATIONSHIP TO HEAD OF HOUSEHOLD***- [ALL CLIENTS] - [ALL PROJECTS]*

In a household of a single individual, that person must be identified as the head of household. In multi-person households, only one person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Self (head of household) |  | Head of household’s other relation member (other relation to head of household)  |
|  | Head of household’s child |  | Other: non-relation member  |
|  | Head of household’s spouse or partner |  | Data not collected |

**DATE OF BIRTH (Month / Day / Year)** *- [ALL CLIENTS] - [ALL PROJECTS]*

Collect the month, day, and year of birth for every person served. If a client cannot remember the year of birth, ask the person’s age and calculate the approximate year of birth. If a client cannot remember the month or day of birth, communities may record an approximate date of ‘‘01’’ for month and ‘‘01’’ for day.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**DATE OF BIRTH TYPE***- [ALL CLIENTS] - [ALL PROJECTS]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full date of birth reported |  | Client doesn’t know  |
|  | Approximate or partial date of birth reported |  | Client refused  |

**PRIMARY RACE** *- [ALL CLIENTS] - [ALL PROJECTS]*

More than one race is permitted. Client doesn’t know and Client refused should only be selected if no other response is selected. If the client wishes to indicate “Hispanic or Latino,” please indicate that in Ethnicity and then select the appropriate race category here.

* AMERICAN INDIAN or ALASKA NATIVE is defined as: a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
* ASIAN is defined as: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
* BLACK OR AFRICAN AMERICAN is defined as: a person having origins in any of the black racial groups of Africa.
* NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
* WHITE is defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

|  |  |  |  |
| --- | --- | --- | --- |
|  | American Indian or Alaska Native |  | White |
|  | Asian |  | Client doesn’t know |
|  | Black or African American |  | Client refused |
|  | Native Hawaiian or Other Pacific Islander |  | Data Not Collected |

**SECONDARY RACE** *- [ALL CLIENTS] - [ALL PROJECTS]*

The secondary race is the next closest racial grouping that the client identifies with. If the client does not identify with more than one racial group then leave this question blank.

|  |  |  |  |
| --- | --- | --- | --- |
|  | American Indian or Alaska Native |  | White |
|  | Asian |  | Client doesn’t know |
|  | Black or African American |  | Client refused |
|  | Native Hawaiian or Other Pacific Islander |  | Data Not Collected |

**ETHNICITY** *- [ALL CLIENTS] - [ALL PROJECTS]*

The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Non-Hispanic / Non-Latino  |  | Client doesn’t know  |
|  | Hispanic / Latino |  | Client refused  |
|  | Data Not Collected |

**GENDER** *- [ALL CLIENTS] - [ALL PROJECTS]*

Which of these genders best describes how the client identifies?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Female |  | Gender Non-Conforming (i.e. not exclusively male or female) |
|  | Male |  | Client doesn’t know |
|  | Trans Female (MTF, or male to female) |  | Client refused |
|  | Trans Male (FTM, or female to male) |  | Data not collected |

**DISABLING CONDITION** *- [ALL CLIENTS] - [ALL PROJECTS]*

A disabling condition is any of the following disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long–continued and indefinite duration and substantially impairs ability to live independently.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused  |
|  | Data not collected |

**ZIP CODE OF LAST PERMANENT ADDRESS** *- [ALL CLIENTS] - [ALL PROJECTS]*

The five-digit zip code where the client last lived for 90 days or more.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**EVICTION** – [*ALL ADULTS AND HEADS OF HOUSEHOLD] – [ALL PROJECTS]*

Did the client experience an eviction from housing in the last 12 months?

|  |  |
| --- | --- |
|  | No |
|  | Yes |

 **IF YES, select the type of eviction the client experienced:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Non-Payment of Rent (COVID-19 Hardship) |  | Other Issue (Non-Rent) |
|  | Non-Payment of Rent (Non-COVID-19 Related) |  |  |

**HOMELESSNESS PRIMARY REASON** *- [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Record the primary reason for the current episode of homelessness.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Aged out of foster care |  | Client NOT homeless |
|  | COVID-19/Coronavirus |  | Exploitation/Human Trafficking |
|  | Family Dispute/Overcrowding/Kicked-Out |  | Loss of Employment |
|  | Loss of non-Employment Income or No Financial Resources |  | Medical Problems |
|  | Mental Health Concerns |  | Moved to Seek Work |
|  | Natural Disaster/Fire |  | New to Area |
|  | Release From Jail/Prison/Juvenile Hall |  | Substance Use/Alcohol Dependency Concerns |
|  | Transient/Choice |  | Unable to Find Affordable Housing |
|  | Unsafe Living Environment – Not Violence Related |  | Unsafe Living Environment – Violence/Domestic Abuse |
|  | Other |  | Client refused |

**RESIDENCE PRIOR TO PROJECT ENTRY** *- [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

What type of place was the client residing in prior to the project start?

|  |  |
| --- | --- |
| Homeless Situations | Other |
|  | Place not meant for habitation |  | Client doesn’t know |
|  | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter |  | Client refused |
|  | Safe Haven |  | Data not collected |
| Institutional Situations |
|  | Foster care home or foster care group home |  | Long-term care facility or nursing home  |
|  | Hospital or other residential non-psychiatric medical facility |  | Psychiatric hospital or other psychiatric facility |
|  | Jail, prison, or juvenile detention facility |  | Substance abuse treatment facility or detox center |
| Transitional and Permanent Housing Situations |
|  | Hotel or motel paid for without emergency shelter voucher |  | Residential project or halfway house with no homeless criteria |
|  | Owned by client, no ongoing housing subsidy |  | Staying or living in a family member’s room, apartment, or house |
|  | Owned by client, with ongoing housing subsidy |  | Staying or living in a friend’s room, apartment, or house |
|  | Permanent housing (other than RRH) for formerly homeless persons |  | Transitional housing for homeless persons (including homeless youth) |
|  | Rental by client, with no ongoing housing subsidy |  | Host home (non-crisis) |
|  | Rental by client, with GPD TIP housing subsidy |  | Rental by client, with RRH or equivalent subsidy |
|  | Rental by client, with VASH housing subsidy |  | Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) |
|  | Rental by client, with other ongoing housing subsidy  |  | Rental by client in a public housing unit |

**LOCATION OF PRIOR RESIDENCE -** *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]*

For the client’s prior residence, which Maricopa city (or outside region) was this located in?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Apache (Eager) |  | Cochise (Sierra Vista) |
|  | Coconino (Flagstaff) |  | Gila (Payson) |
|  | Graham (Safford) |  | Greenlee (Clifton) |
|  | La Paz (Parker) |  | Mohave (Kingman) |
|  | Navajo (Winslow) |  | Pinal (Casa Grande) |
|  | Santa Cruz (Nogales) |  | Yavapai (Prescott) |
|  | Yuma (Yuma) |  | Maricopa (Phoenix) |
|  | Pima (Tucson) |  | Outside Arizona |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |

**LENGTH OF STAY IN PRIOR LIVING SITUATION** *- [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

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

**PRIOR RESIDENCE SUB-SECTION - START**

*[ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH, TH, SSO, HP, CE]*

**EMERGENCY SHELTERS, STREET OUTREACH, AND SAFE HAVEN PROJECTS – SKIP THIS SECTION**

|  |
| --- |
| **Question 1: Was your client’s previous residence a Homeless Situation?** |
|  | No – (Go to “Question 2”) |
|  | Yes – (Continue to question “Date the Client Started Being Homeless This Time”) |

|  |
| --- |
| **Question 2: Was your client’s previous residence an Institutional Situation?** |
|  | No – (Go to “Question 3”) |
|  | Yes – (Continue with “Question 2b”) |
|  | **Question 2b: Did the client stay less than 90 days?** |
|  |  | No – (Continue to “Housing Move-in Sub-Section”) |
|  |  | Yes – (Continue to “Question 2c”) |
|  |  | **Question 2c: On the night before did the client stay on the streets, ES or SH?** |
|  |  |  | No – (Continue to “Housing Move-in Sub-Section”) |
|  |  |  | Yes – (Continue to question “Date the Client Started Being Homeless This Time”) |

|  |
| --- |
| **Question 3: Was your client’s previous residence a Transitional or Permanent Housing Situation?** |
|  | No – (Continue to “Housing Move-in Sub-Section”) |
|  | Yes – (Continue with “Question 3b”) |
|  | **Question 3b: Did the client stay less than 7 days?** |
|  |  | No – (Continue to “Housing Move-in Sub-Section”) |
|  |  | Yes – (Continue with “Question 3c”) |
|  |  | **Question 3c: On the night before did the client stay on the streets, ES or SH?** |
|  |  |  | No – (Continue to “Housing Move-in Sub-Section”) |
|  |  |  | Yes – (Continue to question “Date the Client Started Being Homeless This Time” |

**PRIOR RESIDENCE SUB-SECTION - END**

**DATE THE CLIENT STARTED BEING HOMELESS THIS TIME (Month / Day / Year)** - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

At project entry, what is the start date for the client's current period of 'literal' homelessness? This can be determined by including any continuous time moving around between the streets, ES, or SH. Stays of less than 7 consecutive nights in permanent or temporary housing do NOT break the period. Also, institutional stays of less than 90 days do NOT break the period (i.e. jail, mental health treatment facility, etc).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS** - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Count all the different periods of homelessness (i.e. times the client was on the streets, in an emergency shelter, or in a safe haven) in the last 3 years where there are full breaks in between (i.e. breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

|  |  |  |  |
| --- | --- | --- | --- |
|  | One time (this time) |  | Four or more times |
|  | Two times |  | Client doesn’t know |
|  | Three times |  | Client refused  |
|  | Data not collected |

**TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS** *- [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Count the number of months in which a person was "homeless" (i.e. on the streets, in an ES, or SH) in the last 3 years. Include stays in an institution <90 days or in permanent/transitional housing <7 days.

* If any day of a given month is spent "homeless", count the full month (e.g. if client sleeps on the street for 1/31 and 2/01, count 2 months).

|  |  |  |  |
| --- | --- | --- | --- |
|  | One month or less (this is the first time) |  | 2 |
|  | 3 |  | 4 |
|  | 5 |  | 6 |
|  | 7 |  | 8 |
|  | 9 |  | 10 |
|  | 11 |  | 12 |
|  | More than 12 months |  | Client doesn’t know |
|  | Client refused |  | Data not collected |

**HOUSING MOVE-IN SUB-SECTION - START**

**COMPLETED ONLY BY PSH AND RRH PROJECTS – ALL OTHER PROJECTS SKIP THIS SECTION**

**HOUSING MOVE-IN DATE (Month / Day / Year)** *– [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]*

The date the client moved into PERMANENT housing. This may be the same date as Project Start if the client moves into PERMANENT housing on the date they were accepted into the program.

* For RRH projects, a Housing Move-In Date will be entered regardless of the funding source or whether the project is providing the rental assistance.
* For PSH projects, if a client is housed by another project the client should be exited from the program to the appropriate destination. A Housing Move-In Date should not be recorded in this case.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |

**LOCATION OF HOUSING MOVE-IN** *– [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]*

Select the BOS county (or outside region) the client moved into when PERMANENTLY housed. This applies to PSH and RRH projects only.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Apache (Eager) |  | Cochise (Sierra Vista) |
|  | Coconino (Flagstaff) |  | Gila (Payson) |
|  | Graham (Safford) |  | Greenlee (Clifton) |
|  | La Paz (Parker) |  | Mohave (Kingman) |
|  | Navajo (Winslow) |  | Pinal (Casa Grande) |
|  | Santa Cruz (Nogales) |  | Yavapai (Prescott) |
|  | Yuma (Yuma) |  | Maricopa (Phoenix) |
|  | Pima (Tucson) |  | Outside Arizona |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |

**HOUSING MOVE-IN SUB-SECTION - END**

# Section IV: Program Data Elements

**DOMESTIC VIOLENCE -** *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Mark YES if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused  |
|  | Data Not Collected |

 **IF YES, When did the experience occur?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Within the past three months |  | One year ago or more |
|  | Three to six months ago (excluding six months exactly) |  | Client doesn’t know |
|  | Six months to one year ago (excluding one year exactly) |  | Client refused |

**IF YES, Is the client currently fleeing?**

Mark YES if the person is fleeing, or is attempting to flee, the domestic violence situation or is afraid to return to their primary nighttime residence.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused  |
|  | Data Not Collected |

**INCOME FROM ANY SOURCE** *– [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Is the client receiving income from any source at this time?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused  |
|  | Data Not Collected |

*Identify if the client is receiving each type of income type.\*\**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Yes** | **Source of income** | **If yes, monthly amount from source (round to nearest dollar)** |
|  |  | Earned income (i.e., employment income) |  |
|  |  | Unemployment Insurance |  |
|  |  | Supplemental Security Income (SSI) |  |
|  |  | Social Security Disability Insurance (SSDI) |  |
|  |  | VA Service-Connected Disability Compensation |  |
|  |  | VA Non-Service-Connected Disability Pension |  |
|  |  | Private disability insurance |  |
|  |  | Worker’s Compensation |  |
|  |  | Temporary Assistance for Needy Families (TANF)  |  |
|  |  | General Assistance (GA)  |  |
|  |  | Retirement Income from Social Security |  |
|  |  | Pension or retirement income from a former job |  |
|  |  | Child support |  |
|  |  | Alimony or other spousal support |  |
|  |  | Other source If yes, specify source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | **Total monthly income from all sources** |  |

**\*\****What is the sum of this client's regular, recurrent monthly income? Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household’s information (income from employment of a minor can be excluded from the household income).*

* *Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and ARE NOT considered monthly income.*
* *Lump sum amounts received by a family, such as inheritances, insurance settlements, or proceeds from sale of property, or back pay from Social Security are considered assets, not income, and ARE NOT recorded in HMIS.*

**NON-CASH BENEFITS -** *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household’s information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused  |
|  | Data Not Collected |

*Identify if the client is receiving each type of non-cash benefit.*

|  |  |  |
| --- | --- | --- |
| **No** | **Yes** | **Source** |
|  |  | Supplemental Nutrition Assistance Program (SNAP) |
|  |  | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
|  |  | TANF Child Care services |
|  |  | TANF transportation services |
|  |  | Other TANF-Funded Services |
|  |  | Other source – Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HEALTH INSURANCE -** *[ALL CLIENTS] – [ALL PROGRAMS EXCEPT ES-nbn]*

Is the client currently covered by health Insurance?

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused  |
|  | Data Not Collected |

*Identify if the client is receiving each type of health insurance.*

 Applied; decision pending

 Applied; client not eligible

 Client did not apply

 Insurance type N/A for this client

 Client doesn’t know

 Client refused

 Data not collected

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **If No, Reason** | **Source** |
|  |  |  | Medicaid |
|  |  |  | Medicare |
|  |  |  | State Children’s Health Insurance Program (or use local name) |
|  |  |  | Veteran’s Administration (VA) Medical Services |
|  |  |  | Employer-Provided Health Insurance |
|  |  |  | Health insurance obtained through COBRA |
|  |  |  | Private Pay Health Insurance |
|  |  |  | State Health Insurance for Adults (or use local name) |
|  |  |  | Indian Health Services Program |
|  |  |  | Other If Yes, specify source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DISABILITIES -** *[ALL CLIENTS] - [ALL PROJECTS]*

CDK = Client Doesn’t Know CR = Client Refused DNK = Data Not Collected

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability Type** | **No** | **Yes** | **CDK** | **CR** | **DNC** |
| Alcohol Abuse |  |  |  |  |  |
|  | **IF YES**, is it expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently? |  |  |  |  |  |
| Both Alcohol and Drug Abuse |  |  |  |  |  |
|  | **IF YES**, is it expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently? |  |  |  |  |  |
| Chronic Health Condition |  |  |  |  |  |
|  | **IF YES**, is it expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently? |  |  |  |  |  |
| Developmental |  |  |  |  |  |
|  | \*\*Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client’s ability to live independently |  |  |  |  |  |
| Drug Abuse |  |  |  |  |  |
|  | **IF YES**, is it expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently? |  |  |  |  |  |
| HIV/AIDS |  |  |  |  |  |
|  | \*\*Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client’s ability to live independently |  |  |  |  |  |
| Mental Health Problem |  |  |  |  |  |
|  | **IF YES**, is it expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently? |  |  |  |  |  |
| Physical |  |  |  |  |  |
|  | **IF YES**, is it expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently? |  |  |  |  |  |