# 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 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.

|  |  |  |  |  |  |  |  |  |  |
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**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.

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

**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 |
|  | Domestic Violence |  | Economic |
|  | Trafficking/Exploitation |  | Criminal Activity |
|  | Family dispute/overcrowding |  | Evicted |
|  | Loss of job |  | Medical Condition |
|  | Mental health |  | Moved to seek work |
|  | Release from jail or prison |  | Relocated |
|  | Substance abuse |  | Natural disaster/fire |
|  | Client doesn’t know |  | Client refused |
|  | Data not collected |

**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?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Avondale |  | Surprise |
|  | Buckeye |  | Tempe |
|  | Chandler |  | Tolleson |
|  | Gilbert |  | Other city in Maricopa County |
|  | Glendale |  | Outside Maricopa County but inside Arizona |
|  | Goodyear |  | Outside Arizona |
|  | Mesa |  | Client Doesn’t Know |
|  | Peoria |  | Client Refused |
|  | Phoenix |  | Data Not Collected |
|  | Scottsdale |

**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 |

# Section III: 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**)**.

**CLIENT CONTACT INFORMATION SUB-ASSESSMENT***- [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 |  |

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**CURRENT LIVING SITUATION SUB-ASSESSMENT**

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

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**DATE OF CONTACT**

|  |  |  |  |  |  |  |  |  |  |
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**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– C**hoose an ACCESS event only *- [HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**End Date** – [*IGNORE/ DO NOT USE]*

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|  |  | / |  |  | / |  |  |  |  |

**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]***:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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]***:**

|  |  |
| --- | --- |
| 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]***:**

|  |
| --- |
| 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** *[Not applicable for initial entry into Coordinated Entry]***:**

**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**

|  |  |  |  |
| --- | --- | --- | --- |
|  | SACE - AZC - Chandler I-Help Entry Point - CE |  | SACE – Mesa I-HELP Entry Point – CE |
|  | SACE - Basic Mission Entry Point - CE |  | SACE - NAC Entry Point - CE |
|  | SACE – CBI CCHP Entry Point – CE |  | SACE – PRM Outreach Entry Point – CE |
|  | SACE - CBI - Chandler Outreach Entry Point - CE |  | SACE - Single Adults Coordinated Entry |
|  | SACE - CBI Glendale Outreach Entry Point - CE |  | SACE – Tempe Entry Point – CE |
|  | SACE - CBI - Hand in Hand Entry Point - CE |  | SACE – Tempe I-HELP Entry Point – CE |
|  | SACE - CBI Mesa Outreach Entry Point - CE |  | SACE – UMOM Halle Center Entry Point – CE |
|  | SACE – CBI PATH Entry Point – CE |  | SACE – UMOM Youth Outreach Entry Point – CE |
|  | SACE – CBI Phoenix Outreach Entry Point – CE |  | FHH - Family Housing Hub - CE |
|  | SACE – CBI Veteran Connections Entry Point – CE |  | FHH - CBI Entry Point - CE |
|  | SACE – CRRC Entry Point – CE |  | FHH - COT Entry Point - CE |
|  | SACE - Diversion Program - SSO |  | FHH - Family Emergency Shelter SPL - OTHER |
|  | SACE – HSC Entry Point – CE |  | FHH - UMOM Entry Point - CE |
|  | SACE – LEAF EVMC Entry Point – CE |  | FHH - UMOM SSVF Entry Point - CE |

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 SUB-ASSESSMENT** (*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 exactly 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. **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. **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 of a difference in religious or cultural beliefs from your parents, guardians or caregivers?

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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**

|  |
| --- |
|  |

# Section III: SACE 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.

**(Please complete health care provider associated with AHCCCS ID number on the UDE Assessment)**

**AHCCCS HEALTH CARE PROVIDER**

|  |  |  |  |
| --- | --- | --- | --- |
|  | AIHP (American Indian Health Program) |  | Mercy Care (Long Term Care) |
|  | Arizona Complete Health |  | Navajo Nation |
|  | Banner-University Family Care |  | Steward Health Choice Arizona |
|  | Banner-University Family Care Plan (Long Term) |  | Tribal ALTCS |
|  | Care 1st |  | United Healthcare Community Plan |
|  | Gila River Indian Tribe |  | United Healthcare Community Plan (Long Term) |
|  | Magellan Complete Care |  | White Mountain Apache Tribe |
|  | Mercy Care |  |  |

**VERIFICATION OF HEALTH INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Self Reported Only |  | Verified: Mercy Care Portal |
|  | Not Verified: Client Insurance Card – Expired |  | Verified: Client Insurance Card – Current |
|  | Verified: Health Care Provider |  | Does not have AHCCCS |
|  | Verified: Client Insurance Card – Current |  | Verified: AHCCCS Portal |

**IS THE CLIENT SEEKING SHELTER?**

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

**IF UNABLE TO COMPLETE VI-SPDAT, WHY NOT?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cognitive Functioning |  | Family – referred to Family Housing Hub |
|  | Current Assessment NOT Expired |  | Housed |
|  | Dissappeared |  | Intoxicated |
|  | Diverted |  | Language Barrier |
|  | Refused |  |  |

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

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

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**IDENTIFICATION**

**DATE TWO VALID FORMS OF ID OBTAINED (FROM LIST BELOW)**

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

**STATE ISSUE PHOTO ID:**

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

**SOCIAL SECURITY CARD:**

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

**BIRTH CERTIFICATE:**

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

**DATE ADDITIONAL HOUSING DOCUMENTS OBTAINED (PER CLIENT NEEDS):**

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

**HOUSING DOUMENTS INCLUDE (SELECT ONE):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | DD 214 |  | Verification of Diability |
|  | Proof of Income |  |  |

**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.

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

**SSVF RAPID RESOLUTION PILOT -** *[VETERAN CLIENTS ONLY]*

**SSVF RAPID RESOLUTION PARTICIPATION STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Enrolled in SSVF & Receiving Rapid Resolution |  | Unable to Rapidly Resolve |

 **IF UNABLE TO RAPIDLY RESOLVE, WHAT IS THE REASON?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Family or Friends refused to house Veteran |  | Safety concerns if placed with family or friends |
|  | Not eligible for Rapid Resolution services |  | Unable to identify family or friends |
|  | Not eligible for SSVF |  | Veteran refused Rapid Resolution |