

HMIS Data Collection for Maricopa County Single Adults Coordinated Entry

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)

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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.

<input type="checkbox"/>	Full name reported	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Partial, street name, or code name reported	<input type="checkbox"/>	Client prefers not to answer

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

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

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

<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial SSN reported	<input type="checkbox"/>	Client prefers not to answer

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

Veteran Status is only collected on adults who are 18 years of age or older. When a minor turn 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, Space Force** 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.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	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.

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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.

<input type="checkbox"/>	Self (head of household)	<input type="checkbox"/>	Head of household's other relation member (other relation to head of household)
<input type="checkbox"/>	Head of household's child	<input type="checkbox"/>	Other: non-relation member
<input type="checkbox"/>	Head of household's spouse or partner	<input type="checkbox"/>	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]

<input type="checkbox"/>	Full date of birth reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial date of birth reported	<input type="checkbox"/>	Client prefers not to answer

Race and Ethnicity - [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, ALASKA NATIVE, OR INDIGENOUS 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 or ASIAN AMERICAN 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, AFRICAN AMERICAN, OR AFRICAN is defined as: a person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or 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.

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	Middle Eastern or North African
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	White
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Hispanic/Latina /e/o	<input type="checkbox"/>	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.

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Data Not Collected

GENDER - [ALL CLIENTS] - [ALL PROJECTS]

Which of these genders best describes how the client identifies?

<input type="checkbox"/>	Woman (Girl if child)	<input type="checkbox"/>	Different Identity
<input type="checkbox"/>	Man (Boy if child)	<input type="checkbox"/>	Questioning
<input type="checkbox"/>	Culturally Specific Identity (e.g., Two Spirit)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Non-Binary	<input type="checkbox"/>	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.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Data not collected		

TRANSLATION ASSISTANCE NEEDED -

<input type="checkbox"/>	Yes Specify:	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	No	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Client prefers not to answer		

PREFERRED LANGUAGE -

<input type="checkbox"/>	Specify:	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	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. (Do not use 85007 as zip code for intake**)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EVICTION – Heads of Households and All Adults

Did you experience an eviction from housing in the last 12 months

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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IF YES, please select the type of eviction you experienced:

<input type="checkbox"/>	Non-payment of Rent (COVID-19 Hardship)	<input type="checkbox"/>	Non-payment of Rent (Non-COVID-19 Hardship)
<input type="checkbox"/>	Other Issue (Non-Rent)		

Client Prior Residence- Head of Households and ALL Adults

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

Record the primary reason for the current episode of homelessness.

<input type="checkbox"/>	Aged out of foster care	<input type="checkbox"/>	Client NOT homeless
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Economic
<input type="checkbox"/>	Exploitation/Human Trafficking	<input type="checkbox"/>	Criminal Activity
<input type="checkbox"/>	Family dispute/overcrowding/Kicked out	<input type="checkbox"/>	Evicted
<input type="checkbox"/>	Loss of Employment	<input type="checkbox"/>	Medical Problems
<input type="checkbox"/>	Mental Health Concerns	<input type="checkbox"/>	Moved to seek work
<input type="checkbox"/>	Jail/prison/Juvenile Hall	<input type="checkbox"/>	Natural disaster/fire
<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>	New to the Area
<input type="checkbox"/>	COVID -19/ Coronavirus	<input type="checkbox"/>	Substance Use/Alcohol Dependency Concerns
<input type="checkbox"/>	Loss of Non-Employment Income or Financial Resources	<input type="checkbox"/>	Transient/Choice
<input type="checkbox"/>	Unable to Find Affordable housing	<input type="checkbox"/>	Other
<input type="checkbox"/>	Unsafe Living Environment – Not Violence Related	<input type="checkbox"/>	Client Refused
<input type="checkbox"/>	Unsafe Living Environment – Violence/Domestic Abuse		

Prior Living Situation - [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	
<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Data not collected
Institutional Situations			
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance abuse treatment facility or detox center
Temporary Housing Situations			
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth (HUD))	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Host Home (non-crisis)
<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house	<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house
Permanent Housing Situations			
<input type="checkbox"/>	Rental by client, with no ongoing housing subsidy	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy

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?	
<input type="checkbox"/>	No – (Go to “Question 2”)
<input type="checkbox"/>	Yes – (Continue to question “Date the Client Started Being Homeless This Time”)

Question 2: Was your client’s previous residence an Institutional Situation?	
<input type="checkbox"/>	No – (Go to “Question 3”)
<input type="checkbox"/>	Yes – (Continue with “Question 2b”)

Question 2b: Did the client stay less than 90 days?	
<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue to “Question 2c”)

Question 2c: On the night before did the client stay on the streets, ES or SH?	
<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	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?	
<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue with “Question 3b”)

Question 3b: Did the client stay less than 7 days?	
<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue with “Question 3c”)

Question 3c: On the night before did the client stay on the streets, ES or SH?	
<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	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).

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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).

<input type="checkbox"/>	One time (this time)	<input type="checkbox"/>	Four or more times
<input type="checkbox"/>	Two times	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Three times	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	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).

<input type="checkbox"/>	One month or less (this is the first time)	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8
<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	11	<input type="checkbox"/>	12
<input type="checkbox"/>	More than 12 months	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client prefers not to answer	<input type="checkbox"/>	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]

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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			
<input type="checkbox"/>	Place not meant for habitation (HUD)	<input type="checkbox"/>	Emergency shelter, including hotel/motel paid for w/ ES voucher, or RHY-funded Host Home Shelter (HUD)
<input type="checkbox"/>	Safe Haven		
INSTITUTIONAL SITUATIONS			
<input type="checkbox"/>	Foster care home or foster care group home (HUD)	<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility (HUD)
<input type="checkbox"/>	Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/>	Long-term care facility of nursing home (HUD)
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	Substance abuse treatment facility or detox center (HUD)
TEMPORARY HOUSING SITUATIONS			
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher (HUD)
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/>	Host Home (non-crisis) (HUD)
<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house (HUD)	<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house (HUD)
PERMANENT HOUSING SITUATIONS			
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	Rental by client with ongoing housing subsidy (HUD)
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy (HUD)
OTHER			
<input type="checkbox"/>	Other (HUD)	<input type="checkbox"/>	Client doesn't know (HUD)
<input type="checkbox"/>	Worker unable to determine (HUD)	<input type="checkbox"/>	Data not collected (HUD)
<input type="checkbox"/>	Client prefers not to answer (HUD)		

If "Other", Specify - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

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

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

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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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Data not collected	<input type="checkbox"/>	

If YES, complete below

Has a subsequent residence been identified?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Data not collected	<input type="checkbox"/>	

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Data not collected	<input type="checkbox"/>	

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Data not collected	<input type="checkbox"/>	

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Data not collected		

COORDINATED ENTRY EVENT SUB-ASSESSMENT– Choose 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]

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

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

ACCESS EVENTS			
<input type="checkbox"/>	Referral to Prevention Assistance Project	<input type="checkbox"/>	Problem Solving/Diversion/Rapid Resolution or service
<input type="checkbox"/>	Referral to scheduled Coordinated Entry Crisis Needs Assessment	<input type="checkbox"/>	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			
<input type="checkbox"/>	Referral to post-placement/follow-up case management	<input type="checkbox"/>	Referral to Street Outreach project or services
<input type="checkbox"/>	Referral to Housing Navigation project or services	<input type="checkbox"/>	Referral to Non-continuum services: Ineligible for continuum services
<input type="checkbox"/>	Referral to Non-continuum services: No availability in continuum services	<input type="checkbox"/>	Referral to Emergency Shelter bed opening
<input type="checkbox"/>	Referral to Transitional Housing bed/ unit opening	<input type="checkbox"/>	Referral to Joint TH-RRH project/unit/resource opening
<input type="checkbox"/>	Referral to RRH project resource opening	<input type="checkbox"/>	Referral to PSH project resource opening
<input type="checkbox"/>	Referral to Other PH project/unit/resource opening	<input type="checkbox"/>	Referral to emergency assistance/flex fund /furniture assistance
<input type="checkbox"/>	Referral to Emergency Housing Voucher (EHV)	<input type="checkbox"/>	Referral to a Housing Stability Voucher

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:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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	
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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	
<input type="checkbox"/>	Successful referral: client accepted
<input type="checkbox"/>	Unsuccessful referral: client rejected
<input type="checkbox"/>	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

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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.

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End Date (Month / Day / Year)

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Assessment location

<input type="checkbox"/>	SACE - AAA/Care Directions Entry Point - CE
<input type="checkbox"/>	SACE - AZC - Chandler 1-Help Entry Point - CE
<input type="checkbox"/>	SACE - Basic Mission Entry Point - CE
<input type="checkbox"/>	SACE - CASS Coordinated Entry - CE
<input type="checkbox"/>	SACE - CBI CCHP Entry Point - CE
<input type="checkbox"/>	SACE - CBI - Chandler Outreach Entry Point - CE
<input type="checkbox"/>	SACE - CBI Glendale Outreach Entry Point - CE
<input type="checkbox"/>	SACE - CBI - Hand in Hand Entry Point - CE
<input type="checkbox"/>	SACE - CBI Mesa High Risk Hotel Entry Point - CE
<input type="checkbox"/>	SACE - CBI Mesa Outreach Entry Point - CE
<input type="checkbox"/>	SACE - CBI PATH Entry Point - CE
<input type="checkbox"/>	SACE - CBI Phoenix Outreach Entry Point - CE
<input type="checkbox"/>	SACE - CBI Saguaro Shelter Entry Point - CE
<input type="checkbox"/>	SACE - CBI Veteran Connections Entry Point - CE
<input type="checkbox"/>	SACE - CHAND - Chand Connect Entry Point - CE

<input type="checkbox"/>	SACE - CHAND - Operation Open Door Entry Point - CE
<input type="checkbox"/>	SACE - COPA Paz De Cristo Entry Point - CE
<input type="checkbox"/>	SACE - COPA Paz De Cristo Entry Point - CE
<input type="checkbox"/>	SACE - CRRC Entry Point - CE
<input type="checkbox"/>	SACE - CTC Mobile Outreach Entry Point - CE
<input type="checkbox"/>	SACE - FPHX-Feed Phoenix - Entry Point
<input type="checkbox"/>	SACE - HSC Entry Point - CE
<input type="checkbox"/>	SACE - LEAF EVMC Entry Point - CE
<input type="checkbox"/>	SACE - Mesa I-HELP Entry Point - CE
<input type="checkbox"/>	SACE - NAC Entry Point - CE
<input type="checkbox"/>	SACE - NAC Homebase Entry Point - CE
<input type="checkbox"/>	SACE - PRM Outreach Entry Point - CE
<input type="checkbox"/>	SACE - Southwest I-HELP Entry Point - CE
<input type="checkbox"/>	SACE - SVDP Dining Room Entry Point - CE

<input type="checkbox"/>	SACE - SVDP Washington Street Shelter Entry Point - CE
<input type="checkbox"/>	SACE - SVDP Watkins Entry Point - CE
<input type="checkbox"/>	SACE - Tempe Entry Point - CE
<input type="checkbox"/>	SACE - Tempe I-Help Entry Point - CE
<input type="checkbox"/>	SACE - UMOM Halle Center Entry Point - CE

<input type="checkbox"/>	FHH – CASS Entry Point - CE
<input type="checkbox"/>	FHH - CBI Entry Point - CE
<input type="checkbox"/>	FHH - COT Entry Point - CE
<input type="checkbox"/>	FHH - LEAF Entry Point - CE
<input type="checkbox"/>	FHH - UMOM Entry Point - CE
<input type="checkbox"/>	FHH - UMOM SSVF Entry Point - CE

Assessment Type

<input type="checkbox"/>	Phone	<input type="checkbox"/>	Virtual
<input type="checkbox"/>	In Person		

Assessment Level

<input type="checkbox"/>	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.	<input type="checkbox"/>	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.
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Prioritization Status

<input type="checkbox"/>	Placed on Prioritization List: The result of the assessment is the client was placed on the community’s prioritization list for housing resources.	<input type="checkbox"/>	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.
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**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.
- 3) 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

		/			/				
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A. HISTORY OF HOUSING AND HOMELESSNESS

1. Where do you sleep most frequently? (choose one)

<input type="checkbox"/>	Shelters	<input type="checkbox"/>	Transitional
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Outdoors
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Refused

If Other, please specify

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

<input type="checkbox"/>	Currently in stable housing	<input type="checkbox"/>	Less than 1 year
<input type="checkbox"/>	1 year or more	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

B. HISTORY OF HOUSING AND HOMELESSNESS

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

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

4.b) Taken an ambulance to the hospital?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

4.c) Been hospitalized as an inpatient?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	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?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
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<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	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?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

9. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

C. SOCIALIZATION & DAILY FUNCTIONING

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

D. WELLNESS

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Refused
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22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

23.a) A mental health issue or concern?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

23.b) A past head injury?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

27. 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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

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B. RISKS

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C. SOCIALIZAITON & DAILY FUNCTIONS

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D. WELLNESS

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GRAND TOTAL

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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

		/			/				
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A. HISTORY OF HOUSING AND HOMELESSNESS

1. Where do you sleep most frequently? (choose one)

<input type="checkbox"/>	Shelters	<input type="checkbox"/>	Transitional
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Outdoors
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Refused

If Other, please specify

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

<input type="checkbox"/>	Currently in stable housing	<input type="checkbox"/>	Less than 1 year
<input type="checkbox"/>	1 year or more	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

B. RISKS

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

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10		<input type="checkbox"/> Refused

4.b) Taken an ambulance to the hospital?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10		<input type="checkbox"/> Refused

4.c) Been hospitalized as an inpatient?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10		<input type="checkbox"/> Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10		<input type="checkbox"/> 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?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10		<input type="checkbox"/> 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?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10		<input type="checkbox"/> Refused

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

10. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

C. SOCIALIZATION & DAILY FUNCTIONING

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

12. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

15. Is your current lack of stable housing...

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

D. WELLNESS

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

25. 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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

25.b) A past head injury?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Refused		

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

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B. RISKS

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C. SOCIALIZAITON & DAILY FUNCTIONS

D. 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

<input type="checkbox"/>	AIHP (American Indian Health Program)	<input type="checkbox"/>	Mercy Care (Long Term Care)
<input type="checkbox"/>	Arizona Complete Health	<input type="checkbox"/>	Navajo Nation
<input type="checkbox"/>	Banner-University Family Care	<input type="checkbox"/>	Steward Health Choice Arizona
<input type="checkbox"/>	Banner-University Family Care Plan (Long Term)	<input type="checkbox"/>	Tribal ALTCS
<input type="checkbox"/>	Care 1 st	<input type="checkbox"/>	United Healthcare Community Plan
<input type="checkbox"/>	Gila River Indian Tribe	<input type="checkbox"/>	United Healthcare Community Plan (Long Term)
<input type="checkbox"/>	Magellan Complete Care	<input type="checkbox"/>	White Mountain Apache Tribe
<input type="checkbox"/>	Mercy Care		

VERIFICATION OF HEALTH INSURANCE

<input type="checkbox"/>	Self-Reported Only	<input type="checkbox"/>	Verified: Mercy Care Portal
<input type="checkbox"/>	Not Verified: Client Insurance Card – Expired	<input type="checkbox"/>	Verified: Client Insurance Card – Current
<input type="checkbox"/>	Verified: Health Care Provider	<input type="checkbox"/>	Does not have AHCCCS
<input type="checkbox"/>	Verified: Client Insurance Card – Current	<input type="checkbox"/>	Verified: AHCCCS Portal

IS THE CLIENT SEEKING SHELTER?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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IF UNABLE TO COMPLETE VI-SPDAT, WHY NOT?

<input type="checkbox"/>	Cognitive Functioning	<input type="checkbox"/>	Family – referred to Family Housing Hub
<input type="checkbox"/>	Current Assessment NOT Expired	<input type="checkbox"/>	Housed
<input type="checkbox"/>	Disappeared	<input type="checkbox"/>	Intoxicated
<input type="checkbox"/>	Diverted	<input type="checkbox"/>	Language Barrier
<input type="checkbox"/>	Refused	<input type="checkbox"/>	

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

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

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

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ARE YOU INTERESTED IN SHARED HOUSING?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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IDENTIFICATION

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

		/				/					
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STATE ISSUE PHOTO ID:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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SOCIAL SECURITY CARD:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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BIRTH CERTIFICATE:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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DATE ADDITIONAL HOUSING DOCUMENTS OBTAINED (PER CLIENT NEEDS):

		/				/					
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HOUSING DOUMENTS INCLUDE (SELECT ONE):

<input type="checkbox"/>	DD 214	<input type="checkbox"/>	Verification of Disability
<input type="checkbox"/>	Proof of Income	<input type="checkbox"/>	

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.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

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.

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

SSVF RAPID RESOLUTION PARTICIPATION STATUS

<input type="checkbox"/>	Enrolled in SSVF & Receiving Rapid Resolution	<input type="checkbox"/>	Unable to Rapidly Resolve
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IF UNABLE TO RAPIDLY RESOLVE, WHAT IS THE REASON?

<input type="checkbox"/>	Family or Friends refused to house Veteran	<input type="checkbox"/>	Safety concerns if placed with family or friends
<input type="checkbox"/>	Not eligible for Rapid Resolution services	<input type="checkbox"/>	Unable to identify family or friends
<input type="checkbox"/>	Not eligible for SSVF	<input type="checkbox"/>	Veteran refused Rapid Resolution