

Section I: Coordinated Entry and Vulnerability Assessment

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

CURRENT LIVING SITUATION SUB-ASSESSMENT

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

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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 AND PERMANENT 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)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy (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 refused
<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 refused
<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 refused
<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 refused
<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 refused
<input type="checkbox"/>	Data not collected		

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

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

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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 project]:

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 project]:

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 project]:

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:

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"/>	AHS (ACHIEVE Human Services) La Paz	<input type="checkbox"/>	AHS (ACHIEVE Human Services) Yuma
<input type="checkbox"/>	AZYP (Arizona Youth Partnership) Mohave	<input type="checkbox"/>	AZYP (Arizona Youth Partnership) Yavapai
<input type="checkbox"/>	BCH (Bisbee Coalition for the Homeless) Cochise	<input type="checkbox"/>	BOSCEH (BOS Coordinated Entry Hotline) Gila
<input type="checkbox"/>	BOSCEH (BOS Coordinated Entry Hotline) Graham	<input type="checkbox"/>	BOSCEH (BOS Coordinated Entry Hotline) Greenlee
<input type="checkbox"/>	BOSCEH (BOS Coordinated Entry Hotline) Santa Cruz	<input type="checkbox"/>	CAHRA (Community Action Human Resources Agency) Pinal
<input type="checkbox"/>	CBI (Community Bridges, Inc.) Cochise	<input type="checkbox"/>	CBI (Community Bridges, Inc.) Pinal
<input type="checkbox"/>	CBI (Community Bridges, Inc.) Yuma	<input type="checkbox"/>	CC (Catholic Charities) Coconino
<input type="checkbox"/>	CC (Catholic Charities) Mohave	<input type="checkbox"/>	CC (Catholic Charities) Yavapai
<input type="checkbox"/>	CGA (Casa Grande Alliance) Pinal	<input type="checkbox"/>	CP (ChangePoint Integrated Health) Navajo
<input type="checkbox"/>	CCJ (Coalition for Compassion and Justice) Yavapai	<input type="checkbox"/>	CHA (Community Health Associates) Yuma
<input type="checkbox"/>	CIHS (Corazon Integrated Healthcare Services) Cochise	<input type="checkbox"/>	CIHS (Corazon Integrated Healthcare Services) Pinal
<input type="checkbox"/>	CIHS (Corazon Integrated Healthcare Services) Santa Cruz	<input type="checkbox"/>	CPIH (Community Partners Integrated Healthcare) Cochise
<input type="checkbox"/>	CPIH (Community Partners Integrated Healthcare) Graham	<input type="checkbox"/>	CPIH (Community Partners Integrated Healthcare) Greenlee
<input type="checkbox"/>	CPIH (Community Partners Integrated Healthcare) Pinal	<input type="checkbox"/>	CPIH (Community Partners Integrated Healthcare) Yuma
<input type="checkbox"/>	CPSA (Community Partnership of Southern Arizona) Cochise	<input type="checkbox"/>	CPSA (Community Partnership of Southern Arizona) Graham
<input type="checkbox"/>	CPSA (Community Partnership of Southern Arizona) Greenlee	<input type="checkbox"/>	CPSA (Community Partnership of Southern Arizona) Pinal
<input type="checkbox"/>	CPSA (Community Partnership of Southern Arizona) Santa Cruz	<input type="checkbox"/>	CRM (Crossroads Mission) Nogales

<input type="checkbox"/>	CRM (Crossroads Mission) Yuma	<input type="checkbox"/>	CSM (Cornerstone Mission) Mohave
<input type="checkbox"/>	Empowerment Systems	<input type="checkbox"/>	FSS (Flagstaff Shelter Services) Coconino
<input type="checkbox"/>	GCCSD (Gila County Community Services Division) Gila	<input type="checkbox"/>	GNA (Good Neighbor Alliance) Cochise
<input type="checkbox"/>	Gila Valley Samaritan Home	<input type="checkbox"/>	HHHS (Higher Heights Human Services)
<input type="checkbox"/>	HHS (Hope House of Sedona) Yavapai	<input type="checkbox"/>	HOPE (Helping Ourselves Pursue Enrichment) Cochise
<input type="checkbox"/>	HACC (Housing Authority of Cochise County) Cochise	<input type="checkbox"/>	HWW (Horizon Health and Wellness) Pinal
<input type="checkbox"/>	HWW (Horizon Health and Wellness) Yuma	<input type="checkbox"/>	JAVC (Jerry Ambrose Veterans Center) Mohave
<input type="checkbox"/>	LFE (La Frontera Empact)	<input type="checkbox"/>	MCC-CCP (Magellan Complete Care Plan) Gila
<input type="checkbox"/>	MCCS (Mohave County Community Services)	<input type="checkbox"/>	MCHC (Mariposa Community Health Center) Santa Cruz
<input type="checkbox"/>	Mohave County Housing & Community Development	<input type="checkbox"/>	Northern Arizona VA Healthcare System) Apache
<input type="checkbox"/>	Northern Arizona VA Healthcare System) Coconino	<input type="checkbox"/>	Northern Arizona VA Healthcare System) Mohave
<input type="checkbox"/>	Northern Arizona VA Healthcare System) Navajo	<input type="checkbox"/>	Northern Arizona VA Healthcare System) Yavapai
<input type="checkbox"/>	NAVRC (Northern Arizona Veterans Resource Center) Apache	<input type="checkbox"/>	NAVRC (Northern Arizona Veterans Resource Center) Coconino
<input type="checkbox"/>	NAVRC (Northern Arizona Veterans Resource Center) Gila	<input type="checkbox"/>	NAVRC (Northern Arizona Veterans Resource Center) Mohave
<input type="checkbox"/>	NAVRC (Northern Arizona Veterans Resource Center) Navajo	<input type="checkbox"/>	NAVRC (Northern Arizona Veterans Resource Center) Yavapai
<input type="checkbox"/>	NAVRC (Northern Arizona Veterans Resource Center) Apache	<input type="checkbox"/>	NAVRC (Northern Arizona Veterans Resource Center) Yuma
<input type="checkbox"/>	NCHP (National Community Health Partners) Pinal	<input type="checkbox"/>	NCHP (National Community Health Partners) Yuma
<input type="checkbox"/>	NC (Northland Cares) Yavapai	<input type="checkbox"/>	OCCAC (Old Concho Community Assistance Center) Apache
<input type="checkbox"/>	OCCAC (Old Concho Community Assistance Center) Navajo	<input type="checkbox"/>	PASS (Prescott Area Shelter Services) Yavapai
<input type="checkbox"/>	PC (Pinal County)	<input type="checkbox"/>	PHC (Pinal Hispanic Council) Pinal
<input type="checkbox"/>	PMHO (Pacheco/Martinez Homeless Outreach) Gila	<input type="checkbox"/>	Primavera – Graham
<input type="checkbox"/>	Primavera – Cochise	<input type="checkbox"/>	Primavera – Santa Cruz
<input type="checkbox"/>	Primavera – Greenlee	<input type="checkbox"/>	SAAF (Southern Arizona AIDS Foundation)
<input type="checkbox"/>	RCFBH (Regional Center for Border Health) Yuma	<input type="checkbox"/>	SAVAHCS (Southern VA Health Care System) Pinal
<input type="checkbox"/>	SAVAHCS (Southern VA Health Care System) Cochise	<input type="checkbox"/>	SBH (Southwest Behavioral & Health Services) Gila
<input type="checkbox"/>	SAVAHCS (Southern VA Health Care System) Yuma	<input type="checkbox"/>	SBH (Southwest Behavioral & Health Services) Yavapai
<input type="checkbox"/>	SBH (Southwest Behavioral & Health Services) Mohave	<input type="checkbox"/>	SEABHS (Southeastern Arizona Behavioral Health Services) Graham
<input type="checkbox"/>	SEABHS (Southeastern Arizona Behavioral Health Services) Cochise	<input type="checkbox"/>	SRM (Sunshine Rescue Mission)
<input type="checkbox"/>	SEABHS (Southeastern Arizona Behavioral Health Services) Santa Cruz	<input type="checkbox"/>	U.S. Vets Yavapai
<input type="checkbox"/>	TGC (The Guidance Center)	<input type="checkbox"/>	WACOG (Western Arizona Council of Governments) Mohave

<input type="checkbox"/>	WACOG (Western Arizona Council of Governments) La Paz	<input type="checkbox"/>	WYGC (West Yavapai Guidance Clinic) Yavapai
<input type="checkbox"/>	WACOG (Western Arizona Council of Governments) Yuma		

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

*Should be completed for single adult individuals

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

START DATE

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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
<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
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<input type="checkbox"/>	Refused
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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
<input type="checkbox"/>	Refused		

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

B. RISKS

C. SOCIALIZAITON & DAILY FUNCTIONS

D. 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

			/			/			
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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 your family or friends caused you to become homeless?

<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
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<input type="checkbox"/>	Refused
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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

B. RISKS

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

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

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

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

START DATE

			/			/			
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BASIC INFORMATION

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

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

2. How many parents are included in this family?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3 or more
<input type="checkbox"/>	Refused				

CHILDREN

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3 or more
<input type="checkbox"/>	Refused				

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3 or more
<input type="checkbox"/>	Refused				

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

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

4. If your family includes children, are any of them...

4.a) ages 6 or younger?

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

4.b) ages 11 or younger?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Refused
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4.c) You may use this area to provide a list of children's names and ages:

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A. HISTORY OF HOUSING AND HOMELESSNESS

5. Where do you and your family 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

--

6. How long has it been since you and your family 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

7. In the last three years, how many times have you and your family 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

8. In the past six months, how many times have you or anyone in your family...

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

<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

8.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

8.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

8.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

8.e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told you that you must move along?

<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

8.f) Stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?

<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

RISKS (continued)

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

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

10. Have you or anyone in your family 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		

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

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

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

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

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

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

C. SOCIALIZATION & DAILY FUNCTIONING

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

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

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

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

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

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

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

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

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

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

D. WELLNESS

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

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Refused
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21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?

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

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

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

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

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

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

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

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

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

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

26.a) A mental health issue or concern?

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

26.b) A past head injury?

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

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

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

D. WELLNESS (continued)

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

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

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	N/A or Refused		

D. WELLNESS (continued)

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?

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

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?

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

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?

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

E. FAMILY UNIT

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?

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

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?

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

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

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

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

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	N/A or Refused		

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?

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

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

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

39. Do you have two or more planned activities each week as a family, such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?

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

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

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

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

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

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

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	N/A or Refused		

SCORING SUMMARY

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

B. RISKS

C. SOCIALIZAITON & DAILY FUNCTIONS

D. WELLNESS

E. FAMILY UNIT

GRAND TOTAL

Section III: BOS Coordinated Entry Custom Assessment

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

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

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

		/			/				
--	--	---	--	--	---	--	--	--	--

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

--

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

<input type="checkbox"/>	Apache	<input type="checkbox"/>	Cochise
<input type="checkbox"/>	Coconino	<input type="checkbox"/>	Gila
<input type="checkbox"/>	Graham	<input type="checkbox"/>	Greenlee
<input type="checkbox"/>	La Paz	<input type="checkbox"/>	Mohave
<input type="checkbox"/>	Navajo	<input type="checkbox"/>	Pinal
<input type="checkbox"/>	Santa Cruz	<input type="checkbox"/>	Yavapai
<input type="checkbox"/>	Yuma		

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

<input type="checkbox"/>	Apache	<input type="checkbox"/>	Cochise
<input type="checkbox"/>	Coconino	<input type="checkbox"/>	Gila
<input type="checkbox"/>	Graham	<input type="checkbox"/>	Greenlee
<input type="checkbox"/>	La Paz	<input type="checkbox"/>	Mohave
<input type="checkbox"/>	Navajo	<input type="checkbox"/>	Pinal
<input type="checkbox"/>	Santa Cruz	<input type="checkbox"/>	Yavapai
<input type="checkbox"/>	Yuma		

DOES THE CLIENT HAVE TIES TO THE PREFERRED REFERRAL COUNTY?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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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SELF-REPORTED SMI DETERMINATION - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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COORDINATED ASSESSMENT CLIENT CONTACT INFORMATION - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

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

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

		/				/				
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Case Conferencing Notes	
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