ADMINISTRATION

First Name:		Last Name:	
Date:		Race/Ethnicity:	
Start Time:		Gender Identity (Male, Female, Transgender, Other):	
End Time:		Identifies as LGBTQ2+?	☐ Yes ☐ No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):		Date of Birth:	
Previous VI-SPDAT completed?	Yes No	Ever served in the military?	☐ Yes ☐ No
VI-SPDAT Score:		Pet(s)?	☐ Yes ☐ No

OPENING SPEAKING POINTS

Cover the following in the opening explanation of the VI-SPDAT each time:

- The purpose of doing the triage
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

Disclaimer:

OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.

SECTION ONE: PRESENTING NEEDS

1. Most days can you:

a. Find a safe place to sleep	☐ Y	☐ N	☐ R	
b. Access a bathroom when you need it	☐ Y	☐ N	☐ R	
c. Access a shower when you need it	☐ Y	☐ N	☐ R	
d. Get food	☐ Y	☐ N	☐ R	
e. Get water or other non-alcoholic beverages to stay hydrated	☐ Y	☐ N	☐ R	
f. Get clothing or access laundry when you need it	☐ Y	☐ N	☐ R	
g. Safely store your stuff	☐ Y	☐ N	☐ R	☐ NA

Score 1 if NO to Question 1 a, b, c, d, e, f or g ☐

SECTION TWO: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

2. How long has it been since you lived in stable, permanent housing? (is this in days or months or years?) _____

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

4. **IF THE ANSWER TO QUESTION 3 IS 4 OR MORE:**

   Thinking about those last three years and the different times you were homeless, if you add up all the months you were homeless, what is the total length of time you have experienced homelessness? _____ *months*

5. Do you have any diagnosed, documented, disabling conditions? ☐ Y ☐ N ☐ R

Score 1 if <u>any</u> of the following conditions are met:
- *If the person:*
  - *experienced 1 or more consecutive years of homelessness **or***
  - *4+ episodes of homelessness **and** the total duration of homelessness is 12+ months*
  - ***AND** answered Yes to Question 5*

☐

6. Have you ever lived in a home that you own or an apartment in your name? ☐ Y ☐ N ☐ R

7. Have you ever been evicted? ☐ Y ☐ N ☐ R

Score 1 if NO to Question 6 and/or YES to Question 7 ☐

SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

8. In the last 6 months, how many times have you:

   a. Gone to the emergency room/department _____

   b. Taken an ambulance _____

   c. Been hospitalized as an inpatient _____

   d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____

   e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____

   f. Stayed one or more nights in jail, a holding cell or prison _____

If the total number of interactions equals 4 or more, score 1. ☐

9. Since you have been homeless:

   a. Have you been beaten up or assaulted ☐ Y ☐ N ☐ R

   b. Have you threatened to beat up or assault someone else ☐ Y ☐ N ☐ R

   c. Have you threatened to harm yourself or harmed yourself ☐ Y ☐ N ☐ R

   d. Has anyone threatened you with violence or made you feel unsafe ☐ Y ☐ N ☐ R

   e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent ☐ Y ☐ N ☐ R

If YES to <u>any</u> of Question 9, score 1. ☐

10. Do you have any legal stuff going on right now that may result in any of the following:

   a. Being locked up ☐ Y ☐ N ☐ R

   b. Having to pay fines or fees that you cannot afford ☐ Y ☐ N ☐ R

   c. Impact your ability to get housing ☐ Y ☐ N ☐ R

   d. Impact where you could live in your housing ☐ Y ☐ N ☐ R

11. Have you ever been convicted of a crime that makes it difficult to access or maintain housing? ☐ Y ☐ N ☐ R

If YES to <u>any</u> of Question 10 and/or YES to Question 11, score 1. ☐

12. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? ☐ Y ☐ N ☐ R

13. Where do you sleep most frequently? *(select one response)*

☐ Shelters ☐ Transitional Housing ☐ Safe Haven ☐ Couch Surfing

☐ Outdoors ☐ Car ☐ Other _____

14. Do you ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? ☐ Y ☐ N ☐ R

Score 1 if <u>any</u> of the following conditions are met:
- *YES to Question 12;*
- *If the person stays any place other than Shelters, Transitional Housing or Safe Haven in Question 13;*
- *YES to Question 14.*

15. Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? ☐ Y ☐ N ☐ R

16. Do you get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that? ☐ Y ☐ N ☐ R

17. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? ☐ Y ☐ N ☐ R

Score 1 if <u>any</u> of the following conditions are met:
- *YES to Question 15;*
- *NO to Question 16;*
- *YES to Question 17.*

18. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? ☐ Y ☐ N ☐ R

If NO to Question 18, score 1.

19. Do you have a collection of belongings that gets in the way with your ability to access services or housing? ☐ Y ☐ N ☐ R

If YES to Question 19, score 1.

20. Would you say that your current homelessness was caused by any of the following:

a. A relationship that broke down ☐ Y ☐ N ☐ R

b. An unhealthy or abusive relationship ☐ Y ☐ N ☐ R

c. Because family or friends caused you to lose your housing ☐ Y ☐ N ☐ R

21. Do most of your family and friends have stable housing? ☐ Y ☐ N ☐ R

If YES to any of Question 20, and/or NO to Question 21, score 1. ☐

22. Are you 60 years of age or older? ☐ Y ☐ N ☐ R

23. Do you have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing? ☐ Y ☐ N ☐ R

24. Are you currently pregnant? (If applicable) ☐ Y ☐ N ☐ R

If YES to Question 22, and/or YES to Question 23, and/or YES to Question 24, score 1. ☐

25. Do you use alcohol or drugs in a way that it:

a. Impacts your life in a negative way most days ☐ Y ☐ N ☐ R ☐ NA

b. Makes it hard to access housing ☐ Y ☐ N ☐ R ☐ NA

c. Would require assistance to maintain housing ☐ Y ☐ N ☐ R ☐ NA

If YES to any of Question 25, score 1 ☐

26. Are there any medications that, for whatever reason:

a. A doctor said you should be taking but you are not taking ☐ Y ☐ N ☐ R ☐ NA

b. You sell instead of taking ☐ Y ☐ N ☐ R ☐ NA

c. You use in a way other than how it is prescribed ☐ Y ☐ N ☐ R ☐ NA

d. You find impossible to take, forget to take or choose not to take ☐ Y ☐ N ☐ R ☐ NA

If YES to any of Question 26, score 1. ☐

27. Has your homelessness been caused by any recent or past trauma or abuse? ☐ Y ☐ N ☐ R

If YES to Question 27, score 1. ☐

TOTAL SCORE

SCORING RANGE	COURSE OF ACTION
0-3	Assess for least intensive service supports
4-7	Assess for moderate and often time-limited supports
8+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

If that is unsuccessful, what is the next best way to reach you?

PHAC CES Assessment Point All in One Form

(For Head of Household Only)

Instructions – form should be completed on the same date as the VI-SPDAT. Completion of this form will result in the individual or household being placed on the prioritization list.

Assessment Type:

☐ Phone ☐ Virtual ☐ In person

SOCIAL SECURITY NUMBER

			-				-				

☐	Full SSN reported	☐	Approximate or partial SSN reported
☐	Client doesn't know	☐	Client refused

RACE (Check all that apply)

☐	American Indian, Alaska Native, or Indigenous	☐	White
☐	Asian or Asian American	☐	Client doesn't know
☐	Black, African American, or African	☐	Client refused
☐	Native Hawaiian or Pacific Islander		

ETHNICITY

☐	Non-Hispanic / Non-Latin(a) (o) (x)	☐	Client Refused
☐	Hispanic / Latin(a) (o) (x)	☐	Client Doesn't Know

GENDER (Check all that apply)

☐	Female	☐	Questioning
☐	Male	☐	Client Doesn't Know
☐	Transgender	☐	Client refused
☐	A gender that is not singularly 'Female' or 'Male'		

PRIOR LIVING SITUATION

☐	Place not meant for habitation	☐	Owned by client, with ongoing housing subsidy
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Permanent housing (other than RRH) for formerly homeless persons
☐	Safe Haven	☐	Rental by client, with no housing subsidy
☐	Foster care home or foster care group home	☐	Rental by client, housing subsidy ☐GPD TIP ☐VASH ☐RRH ☐HCV Voucher ☐Other
☐	Hospital or other residential non-psychiatric medical facility	☐	Residential project or halfway house with no homeless criteria
☐	Jail, prison, or juvenile detention facility	☐	Staying or living in a family member's room, apartment, or house ☐Permanently ☐Temporarily
☐	Long-term care facility or nursing home	☐	Staying or living in a friend's room, apartment, or house ☐Permanently ☐Temporarily
☐	Psychiatric hospital or other psychiatric facility	☐	Transitional housing for homeless persons (including homeless youth)
☐	Substance abuse treatment facility or detox center	☐	Host Home (non-crisis)
☐	Hotel or motel paid for without emergency shelter voucher	☐	Rental by client in a public housing unit
☐	Owned by client, no ongoing housing subsidy	☐	Owned by client, with ongoing housing subsidy

LENGTH OF STAY IN PRIOR LIVING SITUATION

☐	One night or less	☐	90 days or more, but less than one year
☐	Two to six nights	☐	One year or longer
☐	One week or more, but less than one month	☐	Client doesn't know
☐	One month or more, but less than 90 days	☐	Client refused

ON THE NIGHT BEFORE WAS CLIENT ON THE STREETS/ES/SH?

☐	Yes	☐	No

APPROXIMATE DATE HOMELESSNESS STARTED

		/			/				

Month Day Year

NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

☐	One time (this time)	☐	Four or more times
☐	Two times	☐	Client doesn't know
☐	Three times	☐	Client refused

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

☐	One month or less	☐	Client doesn't know
☐	Between 2 and 12 months **Enter number of months (_____)**	☐	Client refused
☐	More than 12 months		

Current Living Situation (Where the client slept last night)

☐	Place not meant for habitation	☐	Rental by client, with GPD TIP subsidy
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Rental by client, with VASH housing subsidy
☐	Safe Haven	☐	Permanent housing (other than RRH) for formerly homeless persons
☐	Foster care home or foster care group home	☐	Rental by client, with RRH or equivalent subsidy
☐	Hospital or other residential non-psychiatric medical facility	☐	Rental by client, with HCV voucher (tenant or project based)
☐	Jail, prison, or juvenile detention facility	☐	Rental by client in a public housing unit
☐	Long-term care facility or nursing home	☐	Rental by client, no ongoing housing subsidy
☐	Psychiatric hospital or other psychiatric facility	☐	Rental by client, with other ongoing housing subsidy
☐	Substance abuse treatment facility or detox center	☐	Owned by client, with ongoing housing subsidy
☐	Residential project or halfway house with no homeless criteria	☐	Owned by client, no ongoing housing subsidy
☐	Hotel or motel paid for without emergency shelter voucher	☐	Other: Specify_____
☐	Transitional housing for homeless persons (including homeless youth)	☐	Worker Unable to Determine
☐	Host Home (non-crisis)	☐	Data Not Collected
☐	Staying or Living in a friend's room, apartment, or house	☐	Client Refused
☐	Staying or living is a family member's room apartment, or house	☐	Client Doesn't Know

Answer Questions below if client is in an Institutional or Temporary or Permanent Housing Situation (any tinted row above):

- **Is client going to have to leave their current living situation withing 14 days?**

☐ Yes	☐ Client Doesn't Know	☐ Data Not Collected
☐ No	☐ Client Refused	☐ Not Applicable

- **<u>If 'Yes" to 'Is client going to have to leave their current living situation withing 14 days?' answer the following questions.</u>**

1. Has a subsequent residence been identified?

☐ Yes	☐ Client Doesn't Know	☐ Data Not Collected
☐ No	☐ Client Refused	☐ Not Applicable

2. **Does the individual or family have resources or support networks to obtain other permanent housing?**

☐ Yes	☐ Client Doesn't Know	☐ Data Not Collected
☐ No	☐ Client Refused	☐ Not Applicable

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

☐ Yes	☐ Client Doesn't Know	☐ Data Not Collected
☐ No	☐ Client Refused	☐ Not Applicable

4. **Has the client moved two (2) or more time in the last 60 days?**

☐ Yes	☐ Client Doesn't Know	☐ Data Not Collected
☐ No	☐ Client Refused	☐ Not Applicable

5. **Location details:** _____

Crisis Needs Assessment

In what locality do you reside or have established yourself as a resident? _____

Are you temporarily displaced elsewhere?

☐ Yes ☐ No

- **If yes, in what city/county?** _____

- **If yes, do you intend to remain there?**

☐ Yes ☐ No ☐ Not Applicable

If the household is staying in a place not meant for habitation, select the specific type of location:

☐ Abandoned Building	☐ Garage/Shed/Porch	☐ Vehicle
☐ Beach	☐ Park	☐ Woods
☐ Bus Station	☐ Street/Sidewalk	☐ Not Applicable

Does anyone in your household have a severe medical condition?

☐ Yes ☐ No

Number of Adults: _____

Do any of the adults identify as male?

☐ Yes ☐ No

Number of children under 18? _____

Are any of the children under the age of 1?

☐ Yes ☐ No

Do you identify as LGBT?

☐ Yes ☐ Client Doesn't Know ☐ Data Not Collected

☐ No ☐ Client refused ☐ Not Applicable

Do any members of your household identify as LGBT?

☐ Yes ☐ Client Doesn't Know ☐ Data Not Collected

☐ No ☐ Client refused ☐ Not Applicable

Is there any adult in the household in their third trimester of pregnancy?

☐ Yes ☐ No ☐ Not Applicable

Do you have any household income?

☐ Yes ☐ Client Doesn't Know ☐ Data Not Collected

☐ No ☐ Client refused ☐ Not Applicable

Gross Income Per Month: $_____

Do you consider yourself a survivor of interpersonal violence?

☐ Yes ☐ Client Doesn't Know ☐ Data Not Collected

☐ No ☐ Client refused ☐ Not Applicable

Coordinated Entry Event

– Problem Solving/Diversion/Rapid Resolution intervention or service

Problem Solving/Diversion/Rapid Resolution intervention or service result – client housed/re-housed in a safe alternative?

☐ Yes ☐ No

If applicable, please complete an additional UDE form for each household member.

Universal Data Elements Intake

Staff Initials _____

PROJECT NAME _____ **PROJECT START DATE** / / (Month / Day / Year)

CLIENT LOCATION ☐VA-501 ☐VA-503 ☐VA-505 ☐VA-507 ☐VA-508

First Name		Middle		Last		Suffix	
☐	Full Name Reported	☐	Partial or Street Name	☐	Client Doesn't Know	☐	Client Refused

SOCIAL SECURITY NUMBER ___-___-____

☐	Full SSN reported	☐	Approximate or partial SSN reported
☐	Client doesn't know	☐	Client refused

DATE OF BIRTH / / (Month / Day / Year)

☐	Full SSN reported	☐	Approximate or partial SSN reported
☐	Client doesn't know	☐	Client refused

RACE (Check all that apply)

☐	American Indian, Alaska Native, or Indigenous	☐	White
☐	Asian or Asian American	☐	Client doesn't know
☐	Black, African American, or African	☐	Client refused
☐	Native Hawaiian or Pacific Islander		

ETHNICITY

☐	Non-Hispanic/Latin(a)(o)(x)	☐	Client doesn't know
☐	Hispanic/Latin(a)(o)(x)	☐	Client refused

GENDER (Check all that apply)

☐	Female	☐	A gender that is not singularly 'Female' or 'Male'
☐	Male	☐	Client doesn't know
☐	Transgender	☐	Client refused
☐	Questioning		

VETERAN STATUS

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

DISABLING CONDITION

Client *has a Developmental Disability, HIV/AIDs, and/or another condition that is expected to be of long, indefinite duration and substantially limits their ability to live independently?*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

RELATIONSHIP TO HEAD OF HOUSEHOLD

☐	Self (head of household)	☐	Head of household's other relation member (other relation to head of household)
☐	Head of household's child	☐	Other: non-relation member
☐	Head of household's spouse or partner	**HoH Name:** _____	

Universal Data Elements Intake Staff Initials _____

PRIOR LIVING SITUATION

☐	Place not meant for habitation	☐	Owned by client, with ongoing housing subsidy
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Permanent housing (other than RRH) for formerly homeless persons
☐	Safe Haven	☐	Rental by client, with **NO** housing subsidy
☐	Foster care home or foster care group home	☐	Rental by client, **WITH** housing subsidy: ☐GPD TIP ☐VASH ☐RRH ☐HCV Voucher ☐Other (including RRH)
☐	Hospital or other residential non-psychiatric medical facility	☐	Residential project or halfway house with no homeless criteria
☐	Jail, prison, or juvenile detention facility	☐	Staying or living in a family member's room, apartment, or house: ☐Permanently ☐Temporarily
☐	Long-term care facility or nursing home	☐	Staying or living in a friend's room, apartment, or house: ☐Permanently ☐Temporarily
☐	Psychiatric hospital or other psychiatric facility	☐	Transitional housing for homeless persons (including homeless youth)
☐	Substance abuse treatment facility or detox center	☐	Host Home (non-crisis)
☐	Hotel or motel paid for without emergency shelter voucher	☐	Rental by client in a public housing unit
☐	Owned by client, no ongoing housing subsidy		

LENGTH OF STAY IN PRIOR LIVING SITUATION

☐	One night or less	☐	90 days or more, but less than one year
☐	Two to six nights	☐	One year or longer
☐	One week or more, but less than one month	☐	Client doesn't know
☐	One month or more, but less than 90 days	☐	Client refused

ON THE NIGHT BEFORE WAS CLIENT ON THE STREETS/ES/SH?

☐	Yes	☐	No

APPROXIMATE DATE HOMELESSNESS STARTED:

		/			/				

Month Day Year

NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

☐	One time (this time)	☐	Four or more times
☐	Two times	☐	Client doesn't know
☐	Three times	☐	Client refused

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

☐	One month or less	☐	Client doesn't know
☐	Between 2 and 12 months: **Enter number of months (_____)**	☐	Client refused
☐	More than 12 months		

HOUSING MOVE IN DATE (PH only)

		/			/				

Month Day Year

I certify that my answers are true and complete to the best of my knowledge and understand that false or misleading information may result in delay of assistance.

_____ _____

CLIENT SIGNATURE **INTAKE DATE**

PORTSMOUTH COORDINATED ASSESSMENT NETWORK

Prioritization Guide

(TO BE PRESENTED WITH PCAN REQUEST)

HMIS # _____ HOH INITIAL _____ PCAN Date:_____

1.	Documented Disability	(2)	_____
2.	L.O.T. Homeless: 12 mo. continuous or 4 x in 3 yrs.	(2)	_____
3.	L.O.T. Homeless: < 12 Mo.	(1)	_____
4.	Serious Medical Condition	(1)	_____
5.	Pregnant	(1)	_____
6.	Unsheltered (NMFH)	(2)	_____
7.	ES/H-M Pd. w/voucher	(2)	_____
8.	Inst./Hosp./ Non-Psych/Jail < 90	(1)	_____
9.	Inst./Hosp./ Non-Psych/Jail > 90	(1)	_____
10.	Psych Hosp./SA	(1)	_____
11.	RSO Status	(1)	_____
12.	H.O.H. Veteran	(2)	_____
13.	Youth (18-24)	(2)	_____
14.	+62 Years Old	(2)	_____
15.	55-61 Years Old	(1)	_____
16.	D/V Survivor (w/in 30 days)	(1)	_____
17.	Zero Income	(1)	_____
18.	VI-SPDAT Score (<8)	(1)	_____
19.	VI-SPDAT Score (8-12)	(2)	_____
20.	VI-SPDAT Score (13-17)	(3)	_____
21.	2nd VI-SPDAT (w/in 90 days)	(1)	_____

TOTAL SCORE (Sum of all above) _____

PRESENTED BY: _____ _____ AGENCY_____

Hampton Roads HMIS

Client Consent Form

Authorization for Release of Information

Agency Name_____ **Program Name**_____

Client Name_____

Dependent children, if any (first and last names and date of birth)

_____

_____

_____

I know that this agency is part of the Hampton Roads HMIS (Homeless Management Information System.) The HMIS is a system that uses computers to collect information about homelessness in order to help pay for services to people who are homeless.

With this written consent, HMIS Participating Agencies may share, see and update basic information about me and my children including name, social security number, gender, and birth date. No restricted information about my health, medical needs, mental health or domestic violence can be shared unless I sign a separate agreement. A current list of HMIS Participating Agencies is available on The Planning Council website at www.theplanningcouncil.org.

Other agency staff members who have signed the HMIS confidentiality agreement will be allowed to see, enter or use information kept in the HMIS. This agency will never give information about a person to anyone outside this system without the person's written consent, or as required by law through a court order.

Information in this system may not be used to deny outreach, shelter or housing. My decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services. I may revoke my consent at any time, in writing, and no ***new*** information will be shared. This consent will end three years from today.

I have a right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

☐ I authorize this agency to share my basic information with other agencies on the Hampton Roads HMIS.

☐ I do not authorize this agency to share my basic information with other agencies on the Hampton Roads HMIS.

_____ _____

Client Signature Date

_____ _____

Agency Witness Date

Rev.10/12/2023

Portsmouth Homeless Action Consortium (PHAC)
CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form on behalf of _____

_____

(CLIENT'S ADDRESS) *(CLIENT'S DATE OF BIRTH)* *(CLIENT'S SSN)*

My relationship to the client is: □ Self □ Parent □ Power of Attorney □ Guardian □ Other Legally Authorized Representative

Please see reverse side for additional parties included in this Consent to Exchange Information.

I want the following confidential information to be exchanged:

Yes/No	Yes/No	Yes/No
□ □ Assessment Information	□ □ Medical Diagnosis	□ □ Educational Records
□ □ Financial Information	□ □ Mental Health Diagnosis	□ □ Psychiatric Records
□ □ Benefits/Services Needed, Planned, and/or Received	□ □ Medical Records	□ □ Criminal Justice Records
	□ □ Psychological Records	□ □ Employment Records
□ □ Drug / Alcohol Abuse	□ □ HIV	

Other Information (write in):
I want: _ _

_____

(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

And the following other agencies to be able to exchange this information:

Housing Crisis Hotline
Portsmouth Coordinated Entry
Portsmouth Resources Area Coalition (PARC)
Portsmouth Volunteers for the-Homeless (PVH)
Help and Emergency Response Shelter (HER)
Eggleston
STOP Inc.
Virginia Supportive Housing
Oasis Social Ministry

Portsmouth Behavioral Healthcare - Services
Portsmouth Department of Health
Portsmouth Public Schools
Portsmouth Department of Social Services
Portsmouth Redevelopment and Housing Authority (PRHA)
Portsmouth Christian Outreach Ministries (PCOM)
Other_____

Legal Aid Society of Eastern Virginia
Maryview Foundation
Life Changers
Disabled American Veterans (DAV)
Department of Veteran Affairs (VA)
Virginia Beach Community- Development Corporation -(VBCDC)
Hampton Roads Community Health

Other _____

I want this information to be exchanged ONLY for the following purpose(s):

□ Service Coordination
□ Eligibility Determination
Continued Medical/Mental Health Treatment
Other (write in): _____

I understand that this information may be shared as written information and/or fax, in meetings or by telephone, and as computerized data/HMIS entry. I understand this release is in alignment with current HMIS policies and will be effective for a period of one (1) year from the date of execution if verbal and three (3) years if signed.

I understand that my records are protected by state and federal confidentiality laws and cannot be disclosed without my written consent. I authorize the release of personal health information regarding my treatment to the aforementioned agencies. This authorization includes information related to alcohol and drug abuse, mental health treatment, except

psychotherapy notes, and confidential HIV related information. HIV, alcohol or drug information will not be disclosed without my written consent. I understand that I may revoke this authorization at any time, except to the extent that those receiving this authorization have already acted in reliance upon it. Signing this release is voluntary. My treatment or access to services will not be conditioned on my authorization of disclosure. I have the right to know what information about me has been shared, and why, when and with whom it was shared. If I ask, each agency will show me this information.

I want all the agencies to accept a copy of this form as a valid consent to share information.
If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need. (please sign below)

Signature(s) _____ Date _____
(Consenting Person(s))

Person Explaining Form: _____
(Name) (Title) (Phone Number)

Verbal Consent Confirmation: Date _____ Time_____

Verbal Consent Provided? Circle One: □ Yes □ No

Additional Parties Named in the Release of Information

Name: _____ Relationship: _____
DOB: _____ Last 4 SS #: _____

Name: _____Relationship: _____
DOB: _____Last 4 SS #: _____

Name: _____ Relationship: _____
DOB: _____ Last 4 SS #: _____

Name: _____Relationship: _____
DOB: _____Last 4 SS #: _____

Client Signature: _____Date: _____

Agency Witness: _____Date: _____

FOR AGENCY USE ONLY

CONSENT HAS BEEN:
- ❍ Revoked in entirety
- ❍ Partially revoked as follows: _____

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:
- ❍ Letter (Attached Copy) ❍ Telephone ❍ In Person

DATE REQUEST RECEIVED:

AGENCY REPRESENTATIVE RECEIVING REQUEST:

_____
(Agency Representative's Full Name and Title)

_____
(Agency Address and Telephone Number)