



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. 2 nd VI-SPDAT (w/in 90 days) | | (1) | _____ |

TOTAL SCORE (Sum of all above) _____

PRESENTED BY: _____

AGENCY _____