

Suggested Script for beginning the interview for completing the VI-SPDAT

Hi,

My name is _____ and I am with _____.

I am going to be asking you some questions in order to determine how we are best able to assist you. It normally takes about 7 minutes to complete. The questions really only need a yes or no answer. I know it might be hard to answer some questions with a yes or no, but please do your best. You are able to skip or refuse to answer any question that I ask, but also understand that if you do, we might be limited in the assistance we can give you.

All of this information is confidential and treated as such. I have a release form for you to sign that will allow me to discuss your information with other people who can help me assist you.

If you do not understand a question, please let me know and I will do my best to explain it you.

Finally, I need you to answer the question honestly. There is no right or wrong answer—and there really is no answer that we are looking for here. We are just trying to get to know you and the best way we are able to help you.

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
PARENT 2	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
	Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> No second parent currently part of the household			
PARENT 2	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
PARENT 2	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
	Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: _____

Children

1. How many children under the age of 18 are currently with you? _____ 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? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

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

- a) Received health care at an emergency department/room? Refused
- b) Taken an ambulance to the hospital? Refused
- c) Been hospitalized as an inpatient? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
- 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? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

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

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N 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 they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

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? Y N 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? Y N Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE:

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

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE:

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? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE:

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? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE:

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? Y N Refused

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

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? Y N 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? Y N Refused

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

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

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

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

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

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:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

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? Y N 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? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

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? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

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? **Y** N 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? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

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

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

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

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? **Y** N Refused

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

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

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? Y **N** 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...

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

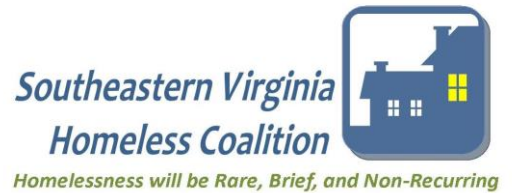
Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Services Coordination Committee for Families (SCC-F) Prioritization Assessment



To ensure SVHC family providers are serving the most vulnerable homeless households first, you should be prepared to discuss the following criteria for any household you have referred for a housing intervention. ***If you are unable to provide the information in this assessment at SCC, your household may have to wait until the next agenda to be referred for an open vacancy.*** This assessment is intended to be a guide and assist in the decision-making process, but the discussion at the table and vote of the committee should always be taken into consideration.

Client Name: _____

Homeless History: Chronically Homeless? Yes or No

Please refer to the Chronic Homeless Assessment on the last page of the VI-F-SPDAT if unsure.

If not chronically homeless, number of times ***in a shelter or on the street*** in the last 3 years? Approximate length of homeless episodes?

Housing Barriers Assessment Score: _____

Are there any factors that would lead you to believe this score does not appropriately reflect the clients housing barriers? If yes, what are these factors (e.g. unclear if client was being truthful, circumstances that have changed since assessment, etc.)?

VI-F-SPDAT Score: _____

Are there any factors that would lead you to believe this score does not appropriately reflect the clients service needs or vulnerability? If yes, what are these factors (e.g. unclear if client was being truthful, circumstances that have changed since assessment, etc.)?

Severity of Service Needs: Are any of the following true (and verifiable through data-driven methods) for any household member. If so, provide known/verified details.

1. History of high utilization of crisis services (e.g. ER, jail, psychiatric facilities).

In the past 45 days,

- have you or anyone in the family been admitted overnight to the emergency room?
- have you or anyone in the family been arrested where you were required to spend time in a holding cell, jail or a prison?
- have you had to call a crisis hotline (e.g. Housing Crisis Hotline, DV/Coordinated Crisis Response Hotline, suicide prevention, etc.)?
- have you or anyone in the family been admitted to a psychiatric unit for a 72 hour hold?
- have you or anyone in the family been admitted for substance abuse treatment, such as detox or inpatient facilities?

2. Significant health or behavior challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

- Is any family member in the household experiencing a medical issue that requires weekly appointments or will require a long recovery period?
- Does the adult in the household have a functional impairment that requires assistance with daily living and/or basic tasks like reading? If no formal diagnosis, have you observed the client cannot read, write or comprehend?
- Does the adult in the household have limited English proficiency (LEP) which impacts daily living and/or basic tasks?

**SVHC Service Coordination Committee for Families
Barriers to Housing Stability Assessment**

Head of Household Name: _____ **Assessment Date:** _____

HOMELESS HISTORY: Circle One. Do not include this number in the final score.

Number of times the client has *slept on the street or in a shelter* in the last 3 years, including today?

1 2 3 4 5 6 7 8 9 10+

Total number of months a client has *slept on the street or in a shelter* in the last 3 years (any single day in a month counts for an entire month):

1 2 3 4 5 6 7 8 9 10 11 12 13+

Select the score that best describes the family. If in between two numbers, pick the highest number.

RENTAL HISTORY **Score**___

- 0** No unlawful detainers (UDs) or evictions and/or positive rental history.
- 1** If we were to call previous landlord they would indicate lease violations or give bad rental reference (e.g. unauthorized occupants, repeated late rent, left the unit a mess, etc.)
- 2** One Eviction and/or Unlawful Detainer.
- 3** Multiple evictions and/or Unlawful Detainers over several years, an eviction within the last 12 months, recent record of property damage to rental housing.

Notes:

CREDIT HISTORY **Score**___

- 0** Credit history and/or public record indicates no credit and/or a positive credit history.
- 1** Credit history and/or public record indicates multiple outstanding debts and/or only medical or student loan debt.
- 2** Credit history and/or public record indicates unpaid utility bills, debts to landlord(s), money owed to public housing.
- 3** Credit history and/or public record indicates bankruptcy, active garnishments and/or multiple debts to multiple landlords or housing agencies

Notes:

CRIMINAL HISTORY **Score**___

- 0** No criminal history.
- 1** Criminal history indicates traffic violations or misdemeanors.
- 2** Criminal history indicates non-drug related, non-violent, non-sexual related crime(s) within the past 5 years, including criminal activity or behavioral issues of the children in the home.
- 3** Criminal history indicates violent, drug-related, or sex-related crime(s) within the past 5 years, including criminal activity or behavioral issues of the children in the home.

Notes:

INCOME **Score**___

- 0** Income would allow household to pay market rent and utilities.
- 1** No income or low income (e.g. TANF, Child Support, PT employment), but has the ability to increase income in order to maintain rent and utilities once housed.
- 2** Limited ability to increase income to a level that can sustain market rent and utilities (e.g. large unit needed but low earning potential) and/or household is on a fixed income (e.g. SSI or SSDI) with limited ability to increase income to sustain market rent and utilities.
- 3** No income and ability increase income or obtain mainstream benefits or employment is minimal (e.g. including undocumented clients with no Social Security Number).

OTHER FACTORS (Increase score by 1 point each for any of the following that apply)

- 1 Serious mental illness and/or cognitive impairment which impacts day to day functioning
- 1 Physical Disability which impacts day to day functioning
- 1 Active substance abuse which impacts day to day functioning
- 1 Family or intimate partner violence that threatens safety and can only be alleviated by an immediate housing plan and/or impacts day to day functioning

Other Factors Subtotal: _____

TOTAL ASSESSMENT SCORE: _____

SUMMARY OF HOUSING BARRIERS AND RECOMMENDED HOUSING INTERVENTION:

10 or higher: Severe Barriers to Housing – Long-Term Rapid Rehousing with Progressive Engagement to Determine if Client needs Permanent Supportive Housing or Other Subsidized Housing Program

Household has significant barriers both in obtaining and maintaining housing due to criminal history and/or disability. Prospective landlords would deny this household but for the services provided by an agency for case management and significant financial assistance. The household likely has no income and no ability to increase income within the next 6 months such that they could maintain housing costs. If available and eligible, Permanent Supportive Housing may be appropriate or the highest available (18-24 month) rapid re-housing subsidy may be needed to gain housing stability.

6-9: Moderate/High Barriers to Housing – Medium to Long-Term Rapid Rehousing or Transitional Housing

Household has several barriers that would make securing housing without services and financial assistance incredibly difficult. Household likely has criminal history, bad credit and low-income and would need housing location services, landlord negotiation assistance, move-in costs and 6-12 months of financial assistance.

3-6: Minimal/Moderate Barriers to Housing – Short to Medium-Term Rapid Rehousing or Transitional Housing

Household has minor barriers that could require staff assistance with housing location services, could have slightly unfavorable history for a prospective landlord and likely needs the assistance of additional funds to get approved for housing (e.g. double deposit and 3-6 months of financial assistance)

0-3: No/Low barriers to housing - Move In Funds or Short-Term Rapid Rehousing

Household should be able to independently search for and be approved for housing with little to no staff assistance, but move in costs and/or utility barrier debt may be needed. Once housed, household has little to no service needs and can manage tenancy without intervention.

Recommended Housing Intervention: _____

City/Region in which the household should be housed (only select one):

Norfolk Chesapeake Western Tidewater Portsmouth Virginia Beach Peninsula

COMPLETED BY (Name and Agency)

DATE

SVHC 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

			-				-			
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<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/>	Approximate or partial SSN reported
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused

RACE (Check all that apply)

<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 refused
<input type="checkbox"/>	Native Hawaiian or Pacific Islander		

ETHNICITY

<input type="checkbox"/>	Non-Hispanic / Non-Latin(a) (o) (x)	<input type="checkbox"/>	Client Refused
<input type="checkbox"/>	Hispanic / Latin(a) (o) (x)	<input type="checkbox"/>	Client Doesn't Know

GENDER (Check all that apply)

<input type="checkbox"/>	Female	<input type="checkbox"/>	Questioning
<input type="checkbox"/>	Male	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	A gender that is not singularly 'Female' or 'Male'		

VETERAN STATUS

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?*

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

PRIOR LIVING SITUATION (where the client slept last night)

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

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="checkbox"/>	One night or less	<input type="checkbox"/>	90 days or more, but less than one year
<input type="checkbox"/>	Two to six nights	<input type="checkbox"/>	One year or longer
<input type="checkbox"/>	One week or more, but less than one month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	One month or more, but less than 90 days	<input type="checkbox"/>	Client refused

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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APPROXIMATE DATE HOMELESSNESS STARTED

		/			/			
Month			Day			Year		

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

<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 refused

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

<input type="checkbox"/>	One month or less	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Between 2 and 12 months Enter number of months (_____)	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	More than 12 months		

Current Living Situation (where the client slept last night)

<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Rental by client in a public housing unit
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Other: Specify_____
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Worker Unable to Determine
<input type="checkbox"/>	Host Home (non-crisis)	<input type="checkbox"/>	Data Not Collected
<input type="checkbox"/>	Staying or Living in a friend's room, apartment, or house	<input type="checkbox"/>	Client Refused
<input type="checkbox"/>	Staying or living in a family member's room apartment, or house	<input type="checkbox"/>	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 within 14 days?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Not Applicable
- **If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.**
 1. **Has a subsequent residence been identified?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Not Applicable
 2. **Does the individual or family have resources or support networks to obtain other permanent housing?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Not Applicable

Do you identify as LGBT?

- | | | |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused | <input type="checkbox"/> Not Applicable |

Do any members of your household identify as LGBT?

- | | | |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused | <input type="checkbox"/> Not Applicable |

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

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
|------------------------------|-----------------------------|---|

Do you have any household income?

- | | | |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused | <input type="checkbox"/> Not Applicable |

Gross Income Per Month: \$_____

Do you consider yourself a survivor of interpersonal violence?

- | | | |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused | <input type="checkbox"/> Not Applicable |

Does the client/household meet the criteria for the Elder Status priority group?

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

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?

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

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

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	
<input type="checkbox"/>	Full Name Reported	<input type="checkbox"/>	Partial or Street Name	<input type="checkbox"/>	Client Doesn't Know	<input type="checkbox"/>	Client Refused

SOCIAL SECURITY NUMBER

				-										
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--

<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/>	Approximate or partial SSN reported
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused

DATE OF BIRTH

		/			/			
Month			Day			Year		

<input type="checkbox"/>	Full DOB reported	<input type="checkbox"/>	Approximate or partial DOB reported
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused

RACE (Check all that apply)

<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 refused
<input type="checkbox"/>	Native Hawaiian or Pacific Islander		

ETHNICITY

<input type="checkbox"/>	Non-Hispanic/Latin(a)(o)(x)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Hispanic/Latin(a)(o)(x)	<input type="checkbox"/>	Client refused

GENDER (Check all that apply)

<input type="checkbox"/>	Female	<input type="checkbox"/>	A gender that is not singularly 'Female' or 'Male'
<input type="checkbox"/>	Male	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Questioning		

VETERAN STATUS

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?

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

RELATIONSHIP TO 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	HoH Name: _____	

PRIOR LIVING SITUATION

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

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="checkbox"/>	One night or less	<input type="checkbox"/>	90 days or more, but less than one year
<input type="checkbox"/>	Two to six nights	<input type="checkbox"/>	One year or longer
<input type="checkbox"/>	One week or more, but less than one month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	One month or more, but less than 90 days	<input type="checkbox"/>	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

<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 refused

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

<input type="checkbox"/>	One month or less	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Between 2 and 12 months: Enter number of months (_____)	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	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

SVHC Service Coordination Committee
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 NAME)

(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
<input type="checkbox"/> <input type="checkbox"/> Assessment Information	<input type="checkbox"/> <input type="checkbox"/> Medical Diagnosis	<input type="checkbox"/> <input type="checkbox"/> Educational Records
<input type="checkbox"/> <input type="checkbox"/> Financial Information	<input type="checkbox"/> <input type="checkbox"/> Mental Health Diagnosis	<input type="checkbox"/> <input type="checkbox"/> Psychiatric Records
<input type="checkbox"/> <input type="checkbox"/> Benefits/Services Needed, Planned, and/or Received	<input type="checkbox"/> <input type="checkbox"/> Medical Records	<input type="checkbox"/> <input type="checkbox"/> Criminal Justice Records
	<input type="checkbox"/> <input type="checkbox"/> Psychological Records	<input type="checkbox"/> <input type="checkbox"/> Employment Records

Other Information (write in):

I want:

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

And all SVHC member agencies to be able to exchange this information. (A full list of member agencies can be found at www.svhcva.org)

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

- Service Coordination and Treatment Planning Continued Medical/Mental Health Treatment
 Eligibility Determination 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 will be effective for a period of three (3) years from the date of execution.

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 res-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.

Signature(s) _____ Date _____

(Client/Consenting Person Signature)

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

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 #:** _____

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: _____

Spouse Signature (If Applicable): _____ 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)

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