

Family F-VI-SPDAT Packet

Packet Contains:

- Release of Information Consent Form (ROI)
- Adult/HOH CIS Data Entry Form (for all adults over age 18)*
- Child CIS Data Entry Form (for all minors under the age of 18)*
- F-VI-SPDAT_v2 (Head of Household ONLY)

*Packet contains one form. If family has more than one adult and/or more than one child, print additional forms for their packet. The appropriate CIS Data Entry Form must be completed for each family member.

Client Types:

- Adult Household with Minor Children (under 18)
- Youth Household (age 18-24) with Minor Children (under 18)
- Minor Household (under age 18) with Minor Children (under 18)**

**Assessment can be done; however no housing is available for minors (under age 18).

HMIS Data Entry:

- Adult Household with Minor Children (under 18) → Central Intake: Household Entered Together - Program: 504CAHP-Family (F-VI-SPDAT) *NOTE: ONLY Head of Household completes F-VI-SPDAT and is entered into the 504CAHP-Family Program.*
- Youth Household (age 18-24) with Minor Children (under 18) → Central Intake: Household Entered Together - Program: 504CAHP-Family (F-VI-SPDAT) *NOTE: ONLY Head of Household completes F-VI-SPDAT and is entered into the 504CAHP-Family Program.*
- Minor Household (under age 18) with Minor Children (under 18) → Central Intake: Household Entered Together - Program: 504CAHP-Family (F-VI-SPDAT) *NOTE: ONLY Head of Household completes F-VI-SPDAT and is entered into the 504CAHP-Family Program.*

**Pikes Peak Continuum of Care
Regional Coordinated Entry System**

**VI-SPDAT Assessment Screening and Match Initiation Consent
Form Authorization to Participate in Housing Eligibility Survey**

Participant Last Name:	Participant First Name:	DOB (mm/dd/yyyy):
HMIS Client ID Number (If applicable):		Social Security Number:

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in the VI-SPDAT Assessment and Match Initiation is completely voluntary. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break, skip any of the questions, or stop the survey.

No one will be upset or angry if you decide not to be interviewed today. You will not be denied access to necessary services based on your refusal to participate in the assessment interview.

Please initial below if you agree with the following statements:

_____ I agree to allow my responses to VI-SPDAT Assessment and Match Initiation to be disclosed and received by the organizations that participate in the Pikes Peak Continuum of Care Coordinated Entry System and to be used to determine if I am eligible for participating housing, service and related programs. These organizations include but are not limited to:

- | | |
|------------------------------------|-------------------------------|
| Ascending To Health | Partners In Housing |
| AspenPointe | Pikes Peak United Way |
| Catholic Charities | Rocky Mountain Human Services |
| Colorado Springs Housing Authority | The Salvation Army |
| Colorado Division of Housing | Springs Rescue Mission |
| Family Promise | Tri-Lakes Cares |
| Greccio Housing | Veterans Administration |
| Homeward Pikes Peak | Urban Peak, Colorado Springs |

A complete list of participating agencies is provided online at ppuw.org, or contact United Way 2-1-1.

_____ I understand that the information from this survey will be entered into Pikes Peak Continuum of Care Regional Coordinated Entry database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

_____ I understand that the Pikes Peak Continuum of Care Regional Coordinated Entry databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS database, and may remain in the database or databases past the expiration of this consent or after consent is withdrawn.

_____ I understand that the following information can be shared with participating agencies in the Pikes Peak Continuum of Care Region and other agencies as needed to help me find appropriate housing and/or services:

- | | |
|---|---|
| - Birth date, Gender | - Income |
| - Scanned copies of vital documents to assist with housing application requirements | - Contact information |
| - History of medical treatments | - Additional information used for matching me with suitable housing and/or services |
| - History of mental health treatment | - Alcohol and Drug Use History |
| - Housing and homeless history | - HIV/AIDS Status (only for targeted housing programs) |

_____ I allow my case manager or outreach worker to enter my personal information to the interview questions into a secure database. My signature below signifies my permission.

_____ I, or my outreach worker/case manager, may be contacted about my survey.

_____ I understand that participating in the Pikes Peak Continuum of Care Regional Coordinated Entry System does not guarantee that I will be eligible for, or admitted into, a housing program.

_____ I understand that the Pikes Peak Continuum of Care Regional Coordinated Entry System will act as the agency that matches my information against eligibility requirements of housing that becomes available and that I may be eligible for.

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. To do so, please contact the Pikes Peak Continuum of Care Regional Coordinated Entry at Pikes Peak United Way at 719-955-0749.
- All participating organizations of the Pikes Peak Continuum of Care Regional Coordinated Entry System agree to use information provided **for the sole purpose of linking clients with housing or supportive service options.**
- This authorization will expire one year after the date it is signed by you.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. To obtain a copy, please contact the Pikes Peak Continuum of Care Coordinated Entry System 719-955-0749

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date Signature (or Mark) of Participant

Printed Name of Participant

Date Signature (or Mark) of Guardian

Printed Name of Guardian

Colorado Springs/El Paso County HOH and Adult CAHP Central Intake Form

Client Name (All clients): First: _____ Middle: _____ Last Name: _____

Name Data Quality (Agency Use Only)

- Full name reported Partial, street name, or code name reported Client doesn't know Client refused

Date of Birth (mm/dd/yyyy) (All clients): _____ / _____ / _____

DOB Data Quality (Agency Use Only)

- Full DOB reported Approximate or Partial DOB reported Client doesn't know Client refused

Social Security Number (All clients): _____

SSN Data Quality (Agency Use Only)

- Full SSN reported Approximate or Partial SSN reported Client doesn't know Client refused

Last Known Permanent Address (where you last lived for 90 days or more) (All clients):

Address _____

City: _____ County: _____ State: _____ Zip Code: _____

Address Data Quality (Agency Use Only)

- Full address reported Incomplete or estimated address Client doesn't know Client refused

Contact Information

Phone # _____ Phone Type Home Cell Work Message

Email address _____

Housing Status (All clients) (Agency Use Only)

- Category 1 - Homeless Category 2 - At imminent risk of losing housing Category 3 - Homeless only under other federal statutes
 Category 4 - Fleeing domestic violence At-risk of homelessness Stably housed
 Client doesn't know Client refused

Family Type (During program enrollment)

- Unaccompanied Single Parent (At least one adult and one minor – relation or non relation) Two Parents (At least two adults and one minor– relation or non relation)
 Adults Only Other: non-relation member

Relationship to Head of Household (All clients)

- Self (Head of Household) Head of Household's child Head of Household's spouse or partner
 Head of Household's other relation member Other: non-relation member

Gender: (All clients)

- Female Male Transgender M to F Transgender F to M Other Client doesn't know Client refused

Do you have a Disabling Condition? (All clients)

- Yes No Client doesn't know Client refused

Are you a Veteran? Have you Served/Serving in the U.S. Military: (Adults Only)

- Yes No Client doesn't know Client refused

Ethnicity (all clients)

- Non-Hispanic/Non-Latino Hispanic/Latino Client doesn't know Client refused

Race – check all that apply, but at least one: (All clients)

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Client doesn't know Client refused

Colorado Springs/El Paso County HOH and Adult CAHP Central Intake Form

Income and Sources

Income from any source	<input type="checkbox"/> No Financial Resources <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<i>(If yes, indicate all sources and dollar amounts for the sources that apply)</i>	
Earned Income (employment income) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Unemployment Insurance (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Supplemental Security Income (SSI) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Social Security Disability Income (SSDI) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
VA Service-Connected Disability Compensation (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
VA Non-Service-Connected Disability Pension (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Private Disability Insurance (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Worker's Compensation (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Temporary Assistance for Needy Families (TANF) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
General Assistance (GA) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Retirement Income from Social Security (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Pension or Retirement Income from a former job (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Child Support (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Alimony or other spousal support (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Other source (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
(if other source) Specify source	_____
Total Monthly Income	\$ _____

Non-Cash benefits (Head of household and adults)

Non-Cash benefit from any source?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<i>(If yes, indicate all sources that apply)</i>	
<input type="checkbox"/> Food Stamp or Benefits Card and Amount \$ _____ <input type="checkbox"/> TANF Child Care services <input type="checkbox"/> TANF transportation services <input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance <input type="checkbox"/> Temporary rental assistance. If yes, specify source _____	<input type="checkbox"/> Special Supplement Nutrition Program for Women, Infants, Children (WIC) <input type="checkbox"/> Other TANF-funded services <input type="checkbox"/> Other source _____

Health Insurance (All clients)

Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<i>(If yes, indicate all sources that apply)</i>		
<input type="checkbox"/> Medicaid <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> Medicare <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA

Colorado Springs/El Paso County Child CAHP Central Intake Form

Client Name (All clients): **First:** _____ **Middle:** _____ **Last Name:** _____

Name Data Quality (Agency Use Only)

- Full name reported
 Partial, street name, or code name reported
 Client doesn't know
 Client refused

Date of Birth (mm/dd/yyyy) (All clients): _____ / _____ / _____

DOB Data Quality (Agency Use Only)

- Full DOB reported
 Approximate or Partial DOB reported
 Client doesn't know
 Client refused

Social Security Number (All clients): _____

SSN Data Quality (Agency Use Only)

- Full SSN reported
 Approximate or Partial SSN reported
 Client doesn't know
 Client refused

Last Known Permanent Address - where you last lived for 90 days or more (All clients):

Address _____

City: _____ County: _____ State: _____ Zip Code: _____

Address Data Quality (Agency Use Only)

- Full address reported
 Incomplete or estimated address
 Client doesn't know
 Client refused

Housing Status (All clients) (Agency Use Only)

- Category 1 - Homeless
 Category 2 - At imminent risk of losing housing
 Category 3 - Homeless only under other federal statutes
 Category 4 - Fleeing domestic violence
 At-risk of homelessness
 Stably housed
 Client doesn't know
 Client refused

Family Type - During program enrollment

- Unaccompanied
 Single Parent (At least one adult and one minor – relation or non relation)
 Two Parents (At least two adults and one minor– relation or non relation)
 Adults Only
 Other: non-relation member

Relationship to Head of Household (All clients)

- Self (Head of Household)
 Head of Household's child
 Head of Household's spouse or partner
 Head of Household's other relation member
 Other: non-relation member

Gender: (All clients)

- Female
 Male
 Transgender M to F
 Transgender F to M
 Other
 Client doesn't know
 Client refused

Do you have a Disabling Condition? (All clients)

- Yes
 No
 Client doesn't know
 Client refused

Ethnicity (all clients)

- Non-Hispanic/Non-Latino
 Hispanic/Latino
 Client doesn't know
 Client refused

Race – check all that apply, but at least one: (All clients)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Client doesn't know
 Client refused

Health Insurance (All clients)

Covered by Health Insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<i>(If yes, indicate all sources that apply)</i>				
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> State Children's Health Insurance		
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA		
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults			

Parent/Guardian Signature: _____

Date: _____

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : __ AM/PM	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? _____		
	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? _____		
	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: <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>

Children

- How many children under the age of 18 are currently with you? _____ Refused
- 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
- IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
- 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

- 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:**

- How long has it been since you and your family lived in permanent stable housing? _____ Refused
- 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 Morning/Afternoon/Evening/Night
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