

HMIS Data Collection for Project START

This form can be used by all project types. Some project types are also required to track other information such as contacts, engagement, or move-in date. See supplemental forms for Outreach, PATH, HOPWA, RHY and SSVF projects.

Section I: Client Information

NAME - [ALL CLIENTS] - [ALL PROJECTS]

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	
Alias	

CLIENT ID - (If known; for new clients this is system-generated)

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NAME DATA QUALITY - [ALL CLIENTS] - [ALL PROJECTS]

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

<input type="checkbox"/>	Full name reported	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Partial, street name, or code name reported	<input type="checkbox"/>	Client Refused

SOCIAL SECURITY NUMBER - [ALL CLIENTS] - [ALL PROJECTS]

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SOCIAL SECURITY NUMBER DATA QUALITY - [ALL CLIENTS] - [ALL PROJECTS]

For clients without a SSN, enter 'client doesn't know'.

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

VETERAN STATUS - [ALL CLIENTS] - [ALL PROJECTS]

Veteran Status is only collected on adults who are 18 years of age or older. When a minor turns 18 this field must be completed. Projects may also default to 'No' for minors, if they wish. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- For the **Army, Navy, Air Force, Marine Corps, and Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.
- For the **Reserves and National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.
- Or Anyone who was disabled in the line of duty during a period of active duty training.
- Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

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

Section II: Coordinated Entry and Vulnerability Assessment

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

CURRENT LIVING SITUATION SUB-ASSESSMENT

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

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DATE OF CONTACT

		/			/				
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CURRENT LIVING SITUATION - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Record the location the client stated as living at the time of assessment - not where the client was last night; e.g., the client lived in a family member’s house last night, but tonight is/will be homeless.

HOMELESS SITUATIONS			
<input type="checkbox"/>	Place not meant for habitation (HUD)	<input type="checkbox"/>	Emergency shelter, including hotel/motel paid for w/ ES voucher, or RHY-funded Host Home Shelter (HUD)
<input type="checkbox"/>	Safe Haven		

INSTITUTIONAL SITUATIONS			
<input type="checkbox"/>	Foster care home or foster care group home (HUD)	<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility (HUD)
<input type="checkbox"/>	Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/>	Long-term care facility of nursing home (HUD)
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	Substance abuse treatment facility or detox center (HUD)

TEMPORARY AND PERMANENT HOUSING SITUATIONS			
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher (HUD)
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/>	Host Home (non-crisis) (HUD)
<input type="checkbox"/>	Staying or living in a friend’s room, apartment or house (HUD)	<input type="checkbox"/>	Staying or living in a family member’s room, apartment or house (HUD)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy (HUD)		

If “Other”, Specify - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

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Location details - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

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Living situation verified by (CE Projects Only) - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

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If Current Living Situation falls under “Institutional Situations” or “Temporary and Permanent Housing Situations” complete below - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Is client going to have to leave their current living situation within 14 days?

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

If YES, complete below

Has a subsequent residence been identified?

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

Does individual or family have resources or support networks to obtain other permanent housing?

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

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

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

Has the client moved 2 or more times in the last 60 days?

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

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

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

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End Date – [IGNORE/ DO NOT USE]

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DATE OF EVENT [The date the event occurred]

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EVENT - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Choose an Access Event OR a Referral Event only for each completion of this form. ***

ACCESS EVENTS			
<input type="checkbox"/>	Referral to Prevention Assistance Project	<input type="checkbox"/>	Problem Solving/Diversion/Rapid Resolution or service
<input type="checkbox"/>	Referral to scheduled Coordinated Entry Crisis Needs Assessment	<input type="checkbox"/>	Referral to scheduled Coordinated Entry Housing Needs Assessment

*****A Referral Event SHOULD NOT be selected. By definition, clients coming into Coordinated Entry need to have an ACCESS EVENT recorded ONLY*****

REFERRAL EVENTS			
<input type="checkbox"/>	Referral to post-placement/follow-up case management	<input type="checkbox"/>	Referral to Street Outreach project or services
<input type="checkbox"/>	Referral to Housing Navigation project or services	<input type="checkbox"/>	Referral to Non-continuum services: Ineligible for continuum services
<input type="checkbox"/>	Referral to Non-continuum services: No availability in continuum services	<input type="checkbox"/>	Referral to Emergency Shelter bed opening
<input type="checkbox"/>	Referral to Transitional Housing bed/ unit opening	<input type="checkbox"/>	Referral to Joint TH-RRH project/unit/resource opening
<input type="checkbox"/>	Referral to RRH project resource opening	<input type="checkbox"/>	Referral to PSH project resource opening
<input type="checkbox"/>	Referral to Other PH project/unit/resource opening	<input type="checkbox"/>	Referral to emergency assistance/flex fund /furniture assistance
<input type="checkbox"/>	Referral to Emergency Housing Voucher (EHV)	<input type="checkbox"/>	Referral to a Housing Stability Voucher

If Event was “Problem Solving/Diversion/Rapid Resolution or service result”, please answer the following question:

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Event was “Referral to post-placement/follow-up case management result”, please answer the following question [Not applicable for initial entry into coordinated entry project]:

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Event was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question [Not applicable for initial entry into coordinated entry project]:

Location of Crisis Housing or Permanent Housing Referral	
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If Event was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question [Not applicable for initial entry into coordinated entry project]:

Referral Result

<input type="checkbox"/>	Successful referral: client accepted
<input type="checkbox"/>	Unsuccessful referral: client rejected
<input type="checkbox"/>	Unsuccessful referral: provider rejected

If Event was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:

DATE OF RESULT

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COORDINATED ENTRY SUB-ASSESSMENT: Complete for all Heads of Household - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

The Coordinated Entry Assessment element is only used in projects that are doing coordinated assessments as part of a Continuum of Care's coordinated entry system to capture information and efforts made to house the client for planning purposes.

DATE OF ASSESSMENT (Month / Day / Year)

The date the assessment occurred.

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End Date (Month / Day / Year)

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Assessment location

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

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

Assessment Type

<input type="checkbox"/>	Phone	<input type="checkbox"/>	Virtual
<input type="checkbox"/>	In Person		

Assessment Level

<input type="checkbox"/>	Crisis Needs Assessment: Assessment conducted for immediate, crisis-based needs; initial, short, focused assessment to help case workers identify immediate resolutions to address emergency needs, including shelter.	<input type="checkbox"/>	Housing Needs Assessment: Assessment conducted for housing needs; more in-depth, housing focused assessment to help case workers direct clients to resources for stabilization of their housing situation.
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Prioritization Status

<input type="checkbox"/>	Placed on Prioritization List: The result of the assessment is the client was placed on the community's prioritization list for housing resources.	<input type="checkbox"/>	Not Placed on Prioritization List: The result of the assessment is the client was not placed on the community's prioritization list for housing resources.
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**COMPLETE ONLY 1 OF THE FOLLOWING VI-SPDAT SUB-ASSESSMENT VERSIONS
COMPLETE ONLY THE ONE THAT IS CORRECT FOR YOUR CLIENT:**

- 1) VI-SPDAT v2.0 – Single adult individuals (Heads of households)
 - 2) TAY VI-SPDAT v1.0 – Single adult individuals between the ages of 18-24.
 - 3) VI-FSPDAT V.2.0 – Heads of households that include children under the age of 18.
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VI-SPDAT v2.0 (Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT), version 2.0) – [SINGLE ADULT INDIVIDUALS] – [COORDINATED ENTRY]

*Should be completed for single adult individuals

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

START DATE

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A. HISTORY OF HOUSING AND HOMELESSNESS

1. Where do you sleep most frequently? (choose one)

<input type="checkbox"/>	Shelters	<input type="checkbox"/>	Transitional
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Outdoors
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Refused

If Other, please specify

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2. How long has it been since you lived in permanent stable housing?

<input type="checkbox"/>	Currently in stable housing	<input type="checkbox"/>	Less than 1 year
<input type="checkbox"/>	1 year or more	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

B. HISTORY OF HOUSING AND HOMELESSNESS

4. In the past six months, how many times have you...

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

4.b) Taken an ambulance to the hospital?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

4.c) Been hospitalized as an inpatient?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

4.d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

5. Have you been attacked or beaten up since you've become homeless?

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

6. Have you threatened to or tried to harm yourself or anyone else in the last year?

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Refused
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8. Does anybody force or trick you to do things you do not want to do?

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

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

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

C. SOCIALIZATION & DAILY FUNCTIONING

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

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

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

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

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

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

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

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

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

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

D. WELLNESS

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

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

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?

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

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

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

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

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

19. When you are sick or not feelin well, do you avoid getting help?

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

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?

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

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

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

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

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

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

23.a) A mental health issue or concern?

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

23.b) A past head injury?

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

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

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

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

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

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

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

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

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

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

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

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

B. RISKS

C. SOCIALIZATION & DAILY FUNCTIONS

D. WELLNESS

GRAND TOTAL

TAY VI-SPDAT v1.0 - (Transition Age Youth (TAY) Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT), version 1.0) – [SINGLE ADULT INDIVIDUALS] – [COORDINATED ENTRY]

*Should be completed for single adult individuals BETWEEN THE AGES OF 18-24.

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

START DATE

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A. HISTORY OF HOUSING AND HOMELESSNESS

1. Where do you sleep most frequently? (choose one)

<input type="checkbox"/>	Shelters	<input type="checkbox"/>	Transitional
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Outdoors
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Refused

If Other, please specify

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2. How long has it been since you lived in permanent stable housing?

<input type="checkbox"/>	Currently in stable housing	<input type="checkbox"/>	Less than 1 year
<input type="checkbox"/>	1 year or more	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

B. RISKS

4. In the past six months, how many times have you...

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

4.b) Taken an ambulance to the hospital?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

4.c) Been hospitalized as an inpatient?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

4.d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

5. Have you been attacked or beaten up since you've become homeless?

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

6. Have you threatened to or tried to harm yourself or anyone else in the last year?

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

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

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

8. Were you ever incarcerated when you were younger than age 18?

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

9. Does anybody force or trick you to do things you do not want to do?

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

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

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

C. SOCIALIZATION & DAILY FUNCTIONING

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

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

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

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

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

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

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

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

15. Is your current lack of stable housing...

15.a) Because you ran away from your family home a group home or a foster home?

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

15.b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?

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

15.c) Because your family or friends caused you to become homeless?

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

15.d) Because of conflicts around gender identity or sexual orientation?

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

15.e) Because of violence at home between family members?

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

15.f) Because of an unhealthy or abusive relationship, either at home or elsewhere

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

D. WELLNESS

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

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

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?

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

18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

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

19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hrd to live independently because you'd need help?

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

20. When you are sick or not feeling well, do you avoid getting medical help?

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

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Refused
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22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

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

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

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

24. If you've ever tried marijuana, did you ever try it at age 12 or younger?

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

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

25.a) A mental health issue or concern?

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

25.b) A past head injury?

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

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

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

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

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

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

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

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

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

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

B. RISKS

C. SOCIALIZAITON & DAILY FUNCTIONS

D. WELLNESS

Please record the TAY-VI-SPDAT score here and use the screening document for reference to enter the data into HMIS.

GRAND TOTAL

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

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

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

START DATE

			/			/			
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BASIC INFORMATION

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

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

2. How many parents are included in this family?

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

CHILDREN

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

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

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

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

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

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

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

4.a) ages 6 or younger?

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

4.b) ages 11 or younger?

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

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A. HISTORY OF HOUSING AND HOMELESSNESS

5. Where do you and your family sleep most frequently? (choose one)

<input type="checkbox"/>	Shelters	<input type="checkbox"/>	Transitional
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Outdoors
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Refused

If Other, please specify

--

6. How long has it been since you and your family lived in permanent stable housing?

<input type="checkbox"/>	Currently in stable housing	<input type="checkbox"/>	Less than 1 year
<input type="checkbox"/>	1 year or more	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

B. RISKS

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

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

8.b) Taken an ambulance to the hospital?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

8.c) Been hospitalized as an inpatient?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

8.d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	Greater than 10	<input type="checkbox"/>	Refused

RISKS (continued)

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

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

10. Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?

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

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

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

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<input type="checkbox"/>	Refused
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13. Do you or anyone in your family ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

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

C. SOCIALIZATION & DAILY FUNCTIONING

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

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

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

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

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

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

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

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

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

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

D. WELLNESS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26.a) A mental health issue or concern?

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

26.b) A past head injury?

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

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

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

D. WELLNESS (continued)

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

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

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

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

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

D. WELLNESS (continued)

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

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

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

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

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

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

E. FAMILY UNIT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCORING SUMMARY

PRE-SURVEY

A. HISTORY OF HOUSING AND HOMELESSNESS

B. RISKS

C. SOCIALIZAITON & DAILY FUNCTIONS

D. WELLNESS

E. FAMILY UNIT

GRAND TOTAL

Section III: BOS Coordinated Entry Custom Assessment

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

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

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

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

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

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ARE YOU INTERESTED IN SHARED HOUSING?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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INTERVIEW COUNTY - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

<input type="checkbox"/>	Apache (Eager)	<input type="checkbox"/>	Cochise (Sierra Vista)
<input type="checkbox"/>	Coconino (Flagstaff)	<input type="checkbox"/>	Gila (Payson)
<input type="checkbox"/>	Graham (Safford)	<input type="checkbox"/>	Greenlee (Clifton)
<input type="checkbox"/>	La Paz (Parker)	<input type="checkbox"/>	Mohave (Kingman)
<input type="checkbox"/>	Navajo (Winslow)	<input type="checkbox"/>	Pinal (Casa Grande)
<input type="checkbox"/>	Santa Cruz (Nogales)	<input type="checkbox"/>	Yavapai (Prescott)
<input type="checkbox"/>	Yuma (Yuma)		

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

<input type="checkbox"/>	Apache (Eager)	<input type="checkbox"/>	Cochise (Sierra Vista)
<input type="checkbox"/>	Coconino (Flagstaff)	<input type="checkbox"/>	Gila (Payson)
<input type="checkbox"/>	Graham (Safford)	<input type="checkbox"/>	Greenlee (Clifton)
<input type="checkbox"/>	La Paz (Parker)	<input type="checkbox"/>	Mohave (Kingman)
<input type="checkbox"/>	Navajo (Winslow)	<input type="checkbox"/>	Pinal (Casa Grande)
<input type="checkbox"/>	Santa Cruz (Nogales)	<input type="checkbox"/>	Yavapai (Prescott)
<input type="checkbox"/>	Yuma (Yuma)		

DOES THE CLIENT HAVE TIES TO THE PREFERRED REFERRAL COUNTY?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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PREGNANCY STATUS - [HEADS OF HOUSEHOLD AND ALL ADULTS] - [ALL PROJECTS]

COORDINATED ENTRY: Indicate if a client is pregnant. RHY: Indicate if any female adult in the household, or minor female head of household (i.e., the female head of household (any age) and/or female youth (age 18+)) is pregnant. If so, record the expected due date below. RHY NOTE: Update this field on an Interim/Update Assessment if the client becomes pregnant DURING their program stay.

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

If yes – Expected Due Date?

If the expected due date is unknown, projects are encouraged to record as much of the date as known. Default to January, the first day of the month, and current year for any part of the expected due date not known.

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SELF-REPORTED SMI DETERMINATION - [HEADS OF HOUSEHOLD] - [ALL PROJECTS]

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

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

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

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Case Conferencing Notes	
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Section III: Universal Data Elements

PROJECT START DATE (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

The 'Project Start Date' will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

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RELATIONSHIP TO HEAD OF HOUSEHOLD- [ALL CLIENTS] - [ALL PROJECTS]

In a household of a single individual, that person must be identified as the head of household. In multi-person households, only one person must be designated as the head of household and the rest must have their relationship to the head of

household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the 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	<input type="checkbox"/>	Data not collected

DATE OF BIRTH (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

Collect the month, day, and year of birth for every person served. If a client cannot remember the year of birth, ask the person's age and calculate the approximate year of birth. If a client cannot remember the month or day of birth, communities may record an approximate date of "01" for month and "01" for day.

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DATE OF BIRTH TYPE- [ALL CLIENTS] - [ALL PROJECTS]

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

PRIMARY RACE - [ALL CLIENTS] - [ALL PROJECTS]

More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS is defined as: a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- ASIAN or ASIAN AMERICAN is defined as: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
- BLACK, AFRICAN AMERICAN, OR AFRICAN is defined as: a person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or PACIFIC ISLANDER is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE is defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<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	<input type="checkbox"/>	Data Not Collected

SECONDARY RACE - [ALL CLIENTS] - [ALL PROJECTS]

The secondary race is the next closest racial grouping that the client identifies with. If the client does not identify with more than one racial group then leave this question blank.

<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	<input type="checkbox"/>	Data Not Collected

ETHNICITY - [ALL CLIENTS] - [ALL PROJECTS]

The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

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

GENDER - [ALL CLIENTS] - [ALL PROJECTS]

Which of these genders best describes how the client identifies? Please select ALL that apply. Clients can select as many options as they would like.

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

DISABLING CONDITION - [ALL CLIENTS] - [ALL PROJECTS]

A disabling condition is any of the following disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health disorder, or substance use disorder) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug use disorder, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

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

ZIP CODE OF LAST PERMANENT ADDRESS - [ALL CLIENTS] - [ALL PROJECTS]

The five-digit zip code where the client last lived for 90 days or more.

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EVICITION – [ALL ADULTS AND HEADS OF HOUSEHOLD] – [ALL PROJECTS]

Did the client experience an eviction from housing in the last 12 months?

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

IF YES, select the type of eviction the client experienced:

<input type="checkbox"/>	Non-Payment of Rent (COVID-19 Hardship)	<input type="checkbox"/>	Other Issue (Non-Rent)
<input type="checkbox"/>	Non-Payment of Rent (Non-COVID-19 Related)		

HOMELESSNESS PRIMARY REASON - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Record the primary reason for the current episode of homelessness.

<input type="checkbox"/>	Aged out of foster care	<input type="checkbox"/>	Client NOT homeless
<input type="checkbox"/>	COVID-19/Coronavirus	<input type="checkbox"/>	Exploitation/Human Trafficking
<input type="checkbox"/>	Family Dispute/Overcrowding/Kicked-Out	<input type="checkbox"/>	Loss of Employment
<input type="checkbox"/>	Loss of non-Employment Income or No Financial Resources	<input type="checkbox"/>	Medical Problems
<input type="checkbox"/>	Mental Health Concerns	<input type="checkbox"/>	Moved to Seek Work
<input type="checkbox"/>	Natural Disaster/Fire	<input type="checkbox"/>	New to Area
<input type="checkbox"/>	Release From Jail/Prison/Juvenile Hall	<input type="checkbox"/>	Substance Use/Alcohol Dependency Concerns
<input type="checkbox"/>	Transient/Choice	<input type="checkbox"/>	Unable to Find Affordable Housing
<input type="checkbox"/>	Unsafe Living Environment – Not Violence Related	<input type="checkbox"/>	Unsafe Living Environment – Violence/Domestic Abuse

<input type="checkbox"/>	Other	<input type="checkbox"/>	Client refused
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RESIDENCE PRIOR TO PROJECT ENTRY - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

What type of place was the client residing in prior to the project start?

Homeless Situations		Other	
<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Data not collected
Institutional Situations			
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance use disorder treatment facility or detox center
Transitional and Permanent Housing Situations			
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<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"/>	Staying or living in a family member's room, apartment, or house
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house
<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Rental by client, with no ongoing housing subsidy	<input type="checkbox"/>	Host home (non-crisis)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	Rental by client in a public housing unit

LOCATION OF PRIOR RESIDENCE - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]

For the client's prior residence, which Maricopa city (or outside region) was this located in?

<input type="checkbox"/>	Apache (Eager)	<input type="checkbox"/>	Cochise (Sierra Vista)
<input type="checkbox"/>	Coconino (Flagstaff)	<input type="checkbox"/>	Gila (Payson)
<input type="checkbox"/>	Graham (Safford)	<input type="checkbox"/>	Greenlee (Clifton)
<input type="checkbox"/>	La Paz (Parker)	<input type="checkbox"/>	Mohave (Kingman)
<input type="checkbox"/>	Navajo (Winslow)	<input type="checkbox"/>	Pinal (Casa Grande)
<input type="checkbox"/>	Santa Cruz (Nogales)	<input type="checkbox"/>	Yavapai (Prescott)
<input type="checkbox"/>	Yuma (Yuma)	<input type="checkbox"/>	Maricopa (Phoenix)
<input type="checkbox"/>	Pima (Tucson)	<input type="checkbox"/>	Outside Arizona
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

LENGTH OF STAY IN PRIOR LIVING SITUATION - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

<input type="checkbox"/>	One night or less	<input type="checkbox"/>	90 days or more, but less than one year
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<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
<input type="checkbox"/>	Data not collected		

PRIOR RESIDENCE SUB-SECTION - START

[ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH, TH, SSO, HP, CE]

EMERGENCY SHELTERS, STREET OUTREACH, AND SAFE HAVEN PROJECTS – SKIP THIS SECTION

Question 1: Was your client's previous residence a Homeless Situation?	
<input type="checkbox"/>	No – (Go to "Question 2")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

Question 2: Was your client's previous residence an Institutional Situation?	
<input type="checkbox"/>	No – (Go to "Question 3")
<input type="checkbox"/>	Yes – (Continue with "Question 2b")
Question 2b: Did the client stay less than 90 days?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to "Question 2c")
Question 2c: On the night before did the client stay on the streets, ES or SH?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

Question 3: Was your client's previous residence a Transitional or Permanent Housing Situation?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue with "Question 3b")
Question 3b: Did the client stay less than 7 days?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue with "Question 3c")
Question 3c: On the night before did the client stay on the streets, ES or SH?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

PRIOR RESIDENCE SUB-SECTION - END

DATE THE CLIENT STARTED BEING HOMELESS THIS TIME (Month / Day / Year) - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

At project entry, what is the start date for the client's current period of 'literal' homelessness? This can be determined by including any continuous time moving around between the streets, ES, or SH. Stays of less than 7 consecutive nights in permanent or temporary housing do NOT break the period. Also, institutional stays of less than 90 days do NOT break the period (i.e. jail, mental health treatment facility, etc).

		/			/				
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NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Count all the different periods of homelessness (i.e. times the client was on the streets, in an emergency shelter, or in a safe haven) in the last 3 years where there are full breaks in between (i.e. breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

<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
<input type="checkbox"/>	Data not collected		

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Count the number of months in which a person was "homeless" (i.e. on the streets, in an ES, or SH) in the last 3 years. Include stays in an institution <90 days or in permanent/transitional housing <7 days.

- If any day of a given month is spent "homeless", count the full month (e.g. if client sleeps on the street for 1/31 and 2/01, count 2 months).

<input type="checkbox"/>	One month or less (this is the first time)	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8
<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	11	<input type="checkbox"/>	12
<input type="checkbox"/>	More than 12 months	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

HOUSING MOVE-IN SUB-SECTION - START

COMPLETED ONLY BY PSH AND RRH PROJECTS – ALL OTHER PROJECTS SKIP THIS SECTION

HOUSING MOVE-IN DATE (Month / Day / Year) – [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]

The date the client moved into PERMANENT housing. This may be the same date as Project Start if the client moves into PERMANENT housing on the date they were accepted into the program.

- For RRH projects, a Housing Move-In Date will be entered regardless of the funding source or whether the project is providing the rental assistance.
- For PSH projects, if a client is housed by another project the client should be exited from the program to the appropriate destination. A Housing Move-In Date should not be recorded in this case.

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LOCATION OF HOUSING MOVE-IN – [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]

Select the BOS county (or outside region) the client moved into when PERMANENTLY housed. This applies to PSH and RRH projects only.

<input type="checkbox"/>	Apache (Eager)	<input type="checkbox"/>	Cochise (Sierra Vista)
<input type="checkbox"/>	Coconino (Flagstaff)	<input type="checkbox"/>	Gila (Payson)
<input type="checkbox"/>	Graham (Safford)	<input type="checkbox"/>	Greenlee (Clifton)
<input type="checkbox"/>	La Paz (Parker)	<input type="checkbox"/>	Mohave (Kingman)
<input type="checkbox"/>	Navajo (Winslow)	<input type="checkbox"/>	Pinal (Casa Grande)
<input type="checkbox"/>	Santa Cruz (Nogales)	<input type="checkbox"/>	Yavapai (Prescott)
<input type="checkbox"/>	Yuma (Yuma)	<input type="checkbox"/>	Maricopa (Phoenix)
<input type="checkbox"/>	Pima (Tucson)	<input type="checkbox"/>	Outside Arizona
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

HOUSING MOVE-IN SUB-SECTION - END

Section IV: Program Data Elements

DOMESTIC VIOLENCE - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Mark YES if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence.

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

IF YES, When did the experience occur?

<input type="checkbox"/>	Within the past three months	<input type="checkbox"/>	One year ago or more
<input type="checkbox"/>	Three to six months ago (excluding six months exactly)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Six months to one year ago (excluding one year exactly)	<input type="checkbox"/>	Client refused

IF YES, Is the client currently fleeing?

Mark YES if the person is fleeing, or is attempting to flee, the domestic violence situation or is afraid to return to their primary nighttime residence.

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

INCOME FROM ANY SOURCE – [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Is the client receiving income from any source at this time?

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

Identify if the client is receiving each type of income type.**

No	Yes	Source of income	If yes, monthly amount from source (round to nearest dollar)
<input type="checkbox"/>	<input type="checkbox"/>	Earned income (i.e., employment income)	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	
<input type="checkbox"/>	<input type="checkbox"/>	VA Service-Connected Disability Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	VA Non-Service-Connected Disability Pension	
<input type="checkbox"/>	<input type="checkbox"/>	Private disability insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance (GA)	

<input type="checkbox"/>	<input type="checkbox"/>	Retirement Income from Social Security	
<input type="checkbox"/>	<input type="checkbox"/>	Pension or retirement income from a former job	
<input type="checkbox"/>	<input type="checkbox"/>	Child support	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony or other spousal support	
<input type="checkbox"/>	<input type="checkbox"/>	Other source If yes, specify source: _____	
		Total monthly income from all sources	

****What is the sum of this client's regular, recurrent monthly income? Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).**

- Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and ARE NOT considered monthly income.
- Lump sum amounts received by a family, such as inheritances, insurance settlements, or proceeds from sale of property, or back pay from Social Security are considered assets, not income, and ARE NOT recorded in HMIS.

NON-CASH BENEFITS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

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

Identify if the client is receiving each type of non-cash benefit.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Other source – Specify: _____

HEALTH INSURANCE - [ALL CLIENTS] – [ALL PROGRAMS EXCEPT ES-nbn]

Is the client currently covered by health Insurance?

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

Identify if the client is receiving each type of health insurance.

- Applied; decision pending
- Applied; client not eligible
- Client did not apply

Insurance type N/A for this client
 Client doesn't know
 Client refused
 Data not collected

Yes	No	If No, Reason	Source
<input type="checkbox"/>	<input type="checkbox"/>		Medicaid
<input type="checkbox"/>	<input type="checkbox"/>		Medicare
<input type="checkbox"/>	<input type="checkbox"/>		State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>		Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>		Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>		Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>		Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>		State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>		Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>		Other If Yes, specify source: _____

DISABILITIES - [ALL CLIENTS] - [ALL PROJECTS]

CDK = Client Doesn't Know CR = Client Refused DNK = Data Not Collected

Disability Type	No	Yes	CDK	CR	DNC
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Mental Health Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete Questions Below for PSH Projects ONLY - ALL OTHER PROJECTS SKIP THIS SECTION

WELL-BEING- [HEADS OF HOUSEHOLD] - [PSH]

Client perceives their life has value and worth.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client perceives they have support from others who will listen to problems.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client perceives they have a tendency to bounce back after hard times.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

<input type="checkbox"/>	Not at all	<input type="checkbox"/>	At least every day
<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Several times a month	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Several times a week	<input type="checkbox"/>	Data not collected

MOVING ON ASSISTANCE PROVIDED- [HEADS OF HOUSEHOLD] - [PSH]

Date of Moving On Assistance

		/			/				
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Moving On Assistance

<input type="checkbox"/>	Subsidized housing application assistance	<input type="checkbox"/>	Housing referral / placement
<input type="checkbox"/>	Financial assistance for Moving On (e.g., security deposit, moving assistance)	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Non- financial assistance for Moving On (e.g., housing navigation, transition support)		

Other (please specify):

GENERAL HEALTH STATUS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH]

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Poor
<input type="checkbox"/>	Very good	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Good	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Fair	<input type="checkbox"/>	Data not collected