



LENAWEE COUNTY COORDINATED ENTRY SYSTEM

(Approved December 12, 2017)

Section	Page #
Purpose & Background	2
Definitions	3
Staffing Roles & Responsibilities	4
Target Population	6
System Overview & Workflow	6
Policies & Procedures	7
Policies	7
Procedures	8
Fair Housing	9
Prioritization	9
Evaluation	10
Complaints	10
Appendix	11

Prepared by Housing Help for Lenawee (formerly LEAHC) as the Lead Agency (HARA) in the Coordinated Entry System for the Lenawee County Continuum of Care MI-511.

Disclaimer: The Coordinated Entry System uses a two-step assessment process to first triage for the best housing intervention (Permanent Supportive Housing [PSH] or Rapid Re-housing [RRH]), and then to determine prioritization based on vulnerability. It is not a guarantee that the individual will meet the final eligibility requirements for or receive a referral to a particular housing option.

PURPOSE & BACKGROUND

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act), the Lenawee County Continuum of Care (CoC) has implemented a Coordinated Entry System (CES). CES is a powerful tool designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. The CES described in this manual is designed to meet the requirements of the HEARTH Act, under which, at a minimum, the CoC must adopt written standards that include:

- i. Policies and procedures for providing an initial housing assessment to determine the best housing and services intervention for individuals and families;
- ii. A specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers;
- iii. Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- iv. Policies and procedures for determining and prioritizing which eligible individuals and families will receive Permanent Supportive Housing and Rapid Re-housing assistance.

The CoC has designed the CES described in this manual to coordinate and strengthen access to housing for families and individuals who are homeless or at risk of homelessness throughout Lenawee County, Michigan. The CES institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs.

The CES is designed to:

- ❖ Allow anyone who needs assistance to know where to go to get that assistance to be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;
- ❖ Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the assessment and referral process;
- ❖ Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;
- ❖ Ensure that clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;
- ❖ Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

To achieve these objectives the CES includes:

- ❖ A uniform and standard assessment process to be used for all those seeking assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those living in shelters, on the streets, or places not meant for human habitation;
- ❖ Establishment of uniform guidelines among components of homeless assistance regarding: eligibility for services, priority populations, expected outcomes, and targets of length of stay;

- ❖ Agreed upon priorities for accessing homeless assistance;
- ❖ Referral policies and procedures from the CES to homeless service providers to facilitate access to services;
- ❖ The policies and procedure manual contained herein and detailing the operations of the CES.

The implementation of the CES necessitates significant, community wide change. To help ensure that the system will be effective and manageable for homeless persons and persons at-risk of homelessness and for the housing and service providers tasked with meeting their needs, a comprehensive group of stakeholders was involved in its design and as in ongoing evaluations of the system. Housing Help of Lenawee as the Lead Agency will be responsible for monitoring the CES.

DEFINITIONS

Terms used throughout the manual are defined below:

Chronically Homeless (HUD Definition)

1. An individual who:
 - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least four separate occasions in the last 3 years where the combined occasions must at least total 12 months; and
 - iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (HUD Definition)

A physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions.

Literally Homeless (HUD Definition Category 1)

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
- ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by

- charitable organizations or by federal, state, and local government programs); or
- iii. Is exiting an institution where (s)he has resided 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

At Imminent Risk of Homelessness (HUD Definition Category 2)

Individual or family who will imminently lose their primary nighttime residence, provided that:

- i. Residence will be lost within 14 days of the date of application for homeless assistance;
- ii. No subsequent residence has been identified; and
- iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing

Homeless Under Other Federal Statutes (HUD Definition Category 3)

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- i. Are defined as homeless under agreement other federal statutes;
- ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- iii. Have experienced persistent instability as measured by two moves or more during the 60 day period immediately preceding the date of applying for homeless assistance; and
- iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Fleeing Domestic Abuse or Violence (HUD Definition Category 4)

Any individual or family who:

- i. Is fleeing, or is attempting to flee, domestic violence;
- ii. Has no other residence; and
- iii. Lacks the resources or support networks to obtain other permanent housing

Prevention

Prevention refers to families or individuals that are in housing crisis and are at risk of becoming homeless.

Vulnerability Index

The Vulnerability Index (VI) is an assessment tool used to identify members of the homeless population who are considered more vulnerable and who will face an increased risk of mortality if homelessness persists.

Housing Assessment

The Housing Assessment is a separate assessment tool used to provide the initial assessment of households at risk of becoming homeless and will also be used to prioritize homeless persons and persons at risk of homelessness.

Access Point

An Access Point is a location that households at risk of becoming homeless and homeless households can go to in order to gain access to the Coordinated Entry System. Access includes completing the initial application process and collecting information to complete a full Housing Assessment.

STAFFING ROLES & RESPONSIBILITIES

Collaborative Applicant – In 1994 the U.S. Department of Housing and Urban Development (HUD)

instituted a requirement for communities to come together to submit a single comprehensive application for HUD funds for housing and support services for people that have experienced homelessness. The organizational concept to embody this effort is the Continuum of Care (CoC), which is composed of representatives from across the community. To this end the CoC had to choose an active participating member of the CoC to serve as the Collaborative Applicant and submit the CoC application for HUD funds directly to HUD. Housing Help of Lenawee (formerly LEAHC) serves as the Collaborative Applicant for Lenawee County.

Housing Assessment and Resource Agency (HARA) – Housing Help of Lenawee (formerly LEAHC, H²L) is the designated HARA. The HARA is the central point of entry and assessment for all Lenawee households in housing crisis. The HARA provides services and referrals to affordable housing services, shelters and resources in Lenawee County, including H²L programs. The HARA acts as the coordinator of the Coordinated Entry System (CES), is the main point of entry/access, and is responsible for the day-to-day administration of the CES, including but not limited to the following:

- ❖ Creating and widely disseminating materials regarding services available through the CES and how to access those services;
- ❖ Designing and delivering training at least annually to all key stakeholder organizations including but not limited to the required training for the CES staff;
- ❖ Managing an eligibility determination appeals process in compliance with the protocols described in this manual;
- ❖ Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency in order to remain accountable to clients, referral sources, and homeless service providers throughout the CES;
- ❖ Periodically evaluating efforts to ensure that the CES is functioning as intended;
- ❖ Making periodic adjustments to the CES as determined necessary;
- ❖ Updating policies and procedures;
- ❖ Managing all PR requests related to the CES.

Veteran Access Point – Community Action Agency-Supportive Services for Veteran Families (SSVF) is a secondary point of access/entry. SSVF provides services and referrals to affordable housing services and other resources in Lenawee County for veteran households that are homeless or in danger of becoming homeless. Any Veteran household may apply directly through the SSVF provider or HARA for services to be evaluated for initial sheltering needs. If the Veteran household is not already working with the HARA the SSVF Case Manager will call the HARA and schedule a follow up appointment for all Veteran households that are not in need of immediate shelter and share all necessary information to complete the initial CES HARA application process. Once connected with the HARA, the HARA Housing Case Manager will assist with completing the application and will finish collecting required information to complete the Housing Assessment. The Housing Case Manager will complete the Housing Assessment and refer to the appropriate Receiving Program to determine eligibility.

Project Manager – the HARA staffs the CES Project Manager. The Project Manager role includes management of the CES including by not limited to the following:

- ❖ Providing CES training to participating agencies;

- ❖ Database administering;
- ❖ Report generating;
- ❖ Communicating to user agencies and outreach coordinators;
- ❖ Monitoring CES performance

Receiving Program – All Rapid Re-housing and Permanent Supportive Housing programs are receiving programs and are responsible for reporting vacancies to the HARA. All programs that receive a referral from the HARA are responsible for responding to that referral and participating in case conferences in compliance with the protocols described in this manual.

List of Receiving Programs: Housing Help of Lenawee Housing First Program
 Housing Help of Lenawee Veterans Dire Needs Program
 Housing Help of Lenawee Permanent Supportive Housing Program
 Community Action Agency Supportive Services for Veterans Families

TARGET POPULATION

The CES is open to all households who meet the HUD definition of homeless, as outlined in the new HEARTH Act regulations. The system uses vulnerability indices to rank applicants in order of vulnerability, with the most vulnerable ranked at the top. Applicants may be offered housing regardless of vulnerability score, but the more vulnerable persons will be offered housing before non-vulnerable.

SYSTEM OVERVIEW & WORKFLOW

To illustrate how the CES functions, the following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes the roles and expectations of the key partner organizations. For more detailed information please see the Policies and Procedures section of this manual.

- ❖ Step 1: Connecting to the CES/Initial request for services – Households in need may apply for services in person at the HARA located at 307 E. Church St. Adrian, MI. Contact information and hours of operation are posted on the HARA’s website and Facebook page as well as the CoC’s Facebook page. *See the Procedures section for more details on persons unable to come into the HARA and the Emergency Shelter program.
- ❖ Step 2: Housing Assessment – The HARA conducts the appropriate VI-SPDAT on each Literally Homeless household and the Housing Assessment to determine vulnerability and prioritization of each household.
- ❖ Step 3: Housing Referral – Information gathered from the assessment is used to determine the best suited program to end the household’s homelessness. Once this is determined the HARA completes a referral form and submits it to the Receiving Program.
- ❖ Step 4: Housing Navigation – After being referred to a housing provider, households will be connected with a case manager. The case manager begins the process by obtaining the necessary information to determine program eligibility. Once eligibility is determined, the case manager provides the support services necessary to assist the household in obtaining permanent housing.

POLICIES & PROCEDURES

The Coordinated Entry System (CES) and as such the HARA will follow and utilize the following policies and procedures in order to ensure that every household is assessed and prioritized in the same manner and connected as soon as possible to all appropriate housing and support services. There are three different categories of requests with their own procedures: Emergency Shelter, Literally Homeless, and Prevention. Clients are referred to programs based on their vulnerability and needs assessments therefore once clients have been contacted by the program they were referred to, they must decide within two business days if they would like to participate in that program. If a client turns down a program they will be reviewed for the potential eligibility and referral to another program and will receive appropriate resource information. If clients are eligible for a more intensive program but there are not currently any openings in that program, then the clients will be referred to another program that has availability while waiting to see if an opening occurs. For example, if a client is eligible for and in need of a Permanent Supportive Housing program but there are currently no openings they will be assisted with being put on the waitlist and will also work with the appropriate Rapid Rehousing program.

Policies:

- ❖ Location & Contact Information – the HARA will distribute materials stating they are the Housing Assessment and Resource Agency (HARA) for Lenawee County and will show their phone, location, and hours of operation. The information will also be shared via the HARA and CoC Facebook pages.
- ❖ Marketing – The HARA will send information and updates regarding the CES via email to stakeholders and 2-1-1 hotline and also distributes flyers and brochures to the general public while also utilizing local media such as the radio and newspapers to inform the public of the HARA and CES. Materials will be sent out at least quarterly and as needed in between.
- ❖ Housing Assessments – The HARA will conduct all interviews with the clients as well as Case Managers when necessary to complete the housing assessment and prioritization process to ensure the households are referred to the appropriate program to fulfill the clients' needs. The client interviews will occur at the time of the initial application or via phone if follow up interviews are required to collect all necessary information. The Project Manager will ensure that all staff at the HARA have received appropriate annual training on the CES policies and procedures.
- ❖ HMIS – All data collected by the HARA through the CES will be entered into the Homeless Management Information System (HMIS). All normal HMIS procedures and confidentiality rules will be followed per the HMIS manual for Lenawee County.
- ❖ Referral Timeline – Once the HARA makes a referral, the Receiving program has 24 business hours to acknowledge receipt of the referral. The Receiving program must then enroll or deny the referral within seven (7) days. The Receiving Program can reject or deny the referral if the assigned case manager has been unable to contact the household after seven (7) days or if the household is found to be ineligible for the Receiving Program. If a household is not eligible the Receiving program will assist the household with connecting with other community resources that may be able to assist. If a household shows up at the Receiving Program after the seven (7) days has expired, the case manager will assess if the household's situation and information remains the same and if so the Receiving Program has the ability to still enroll the household in their program. If the Receiving Program determines that too much time has lapsed and the

information in the original referral is no longer accurate then the case manager will assist the household in reentering the system through the HARA.

- ❖ Receiving Programs must let the HARA know of program availability/vacancies for each Rapid Re-housing and Permanent Supportive Housing program within 24 business hours of any changes.
- ❖ Time Limit – It is expected that all clients will have completed the full process and will be housed within 30 days of accessing the HARA. However, if a household has not been placed in permanent housing within 60 days of their initial intake then they must complete the full CES process again.

Procedures:

If a household is unable to physically come into the HARA office due to a disability or a safety concern then the HARA can meet with the household at another location in order to collect all necessary information and complete the required assessment questions.

- ❖ **Emergency Shelter** – There are four (4) emergency shelter programs within Lenawee County at this time. Any household that has no safe place to currently stay and so would be forced to stay in a place not meant for human habitation, can go directly to the Emergency Shelter provider to apply for assistance. The HARA will have a schedule to visit each Emergency Shelter provider to complete the full initial application and assessment process for assistance with each homeless household in order to quickly assess the need and vulnerability of each household as soon as possible. For Domestic Violence and Sexual Assault survivors the HARA will work with the household at the direction of the safety plan set in place by the Catherine Cobb Safe House and/or within the requests of the household to ensure they are able to access services in safety. Veteran households in need of emergency shelter may also be able to access short-term motel vouchers through the local SSVF program directly.
- ❖ **Literally Homeless** – All households must come into the HARA in order to apply and complete the initial application process.
 - i. If the HARA Client Intake Coordinator determines through the question “Where did you sleep last night?” that the household is in fact Literally Homeless they will ask the client if they have time to meet with a Housing Case Manager if one is available.
 - ii. If the client has time to meet with the Housing Case Manager, they will complete the application and VI-SPDAT and, if needed, schedule a follow up appointment to complete any additional paperwork for the Homeless Preference application.
 - iii. If the client does not have time to meet with the Housing Case Manager, they will be scheduled an appointment to complete the VI-SPDAT and Housing Assessment questions and given the application and green list of documents that may be needed to take with them and bring back completed with all necessary documentation.
 - iv. Once the full Housing Assessment has been completed the household will receive their notice of referral and they will then need to provide all necessary documentation to determine program eligibility to the Receiving Program.
- ❖ **Prevention** – All households must come into the HARA in order to apply and complete the initial application process.

- i. The HARA Client Intake Coordinator will assist each household with completing the application and will collect the required information to complete the Housing Assessment. A Housing Case Manager will complete the Housing Assessment and refer to the appropriate Receiving Program to determine eligibility.
- ii. The Receiving Program will contact the household per the CES policies and will work with the household to collect all necessary information to determine eligibility.

FAIR HOUSING

Housing Help of Lenawee (H²L), the HARA, is committed to fair housing and will work aggressively to ensure that H²L housing developments comply fully with all state, federal, and local fair housing laws. H²L has appointed Melinda (Mindy) Goll as their Fair Housing contact person. Mindy Goll has an understanding of the Fair Housing Laws and will attend applicable training to remain informed.

H²L has established a Fair Housing Log. The Fair Housing Log will be maintained by Mindy Goll and will disclose information regarding any and all fair housing concerns and their outcomes. Fair housing issues identified in the community, such as in the newspaper, will be recorded in the log. Persons wishing to file a housing related complaint or concern will be referred to the Michigan Department of Civil Rights, HUD, and their local Fair Housing Center. Persons wishing to file a complaint or concern that is employment related will be referred to the Equal Employment Opportunity Commission and the Michigan Department of Civil Rights.

The H²L office is accessible and barrier free. H²L will make every attempt to reasonably accommodate all of its clients.

H²L will include the Fair Housing Logo on all of its documents and advertisements. H²L will post a Fair Housing poster in a place visible to the public. H²L will secure and distribute Fair Housing material provided by the state and various other Fair Housing agencies and organizations. "Fair Housing, It's Your Right" brochures will be available to all applicants.

All Receiving Programs are required to support and adhere to all Fair Housing regulations.

PRIORITIZATION

The prioritization of all clients will be based upon the Vulnerability Index Score as well as the Housing Assessment Score. The overall priority for Lenawee County includes the following:

1. Veterans
2. Chronically Homeless
3. Families/Youth
4. Singles

See the Appendix for the full Prioritization Schedule for Permanent Supportive Housing and Rapid Re-housing projects.

For Homeless Prevention projects clients will be prioritized based on their Housing Assessment score. They will be ranked in order of priority from the highest score to the lowest score. Clients with the highest score are given priority first.

EVALUATION

In order to ensure that the CES is effective and manageable for persons that are homeless or at risk of homelessness and all service providers working with these households, the CES will be evaluated at least annually by the CoC. The HARA will lead the evaluation process and share the information with the CoC for review. The evaluation process will include the following:

- ❖ Each household that receives housing assistance will receive a survey upon being housed and then again in six (6) months either via phone or mail.
- ❖ At least once a year, the HARA will have a week that each client that comes into the HARA and completes the initial application for assistance will be given a survey to complete about the CES process.
- ❖ At least once a year, the HARA will send a survey to all Receiving Programs reviewing the CES process.
- ❖ The Project Manager and/or the Lead Case Manager at the HARA will review all surveyed information and draft a report with any system modification suggestions at least annually and report these findings to the CoC.
- ❖ The Project Manager will continue to review all state and federal Coordinated Entry requirements and ensure that the local CES remains in compliance with all requirements.

COMPLAINTS

All clients have the right to file a formal complaint at any point during the CES process about any decisions made. The complaint procedure is as follows:

- i. Complaints against the CES process shall be made in writing. The complaint shall include the name and contact information of the complainant and shall briefly state the basis for the complaint.
- ii. Complaints shall be submitted to the Project Manager (Executive Director at the HARA/HARA) and may be delivered via mail, email, or in person.
- iii. The Project Manager shall respond to the complainant within 15 business days of receiving the letter. If the complainant is satisfied with the decision the process ends. If the complainant is dissatisfied proceed to the next step.
- iv. The Project Manager shall call a meeting with the CoC Executive Committee to review the original complaint and the initial resolution response within 15 business days of receiving notice of a continued complaint. The Executive Committee will inform the complainant in writing of their decision. The decision of the CoC Executive Committee is final.

APPENDIX

Vulnerability Indices (VI)

VI-SPDAT	12
VI-FSPDAT	17

Application & Assessment

Housing Help of Lenawee Application	24
Lenawee Prioritization Schedule	30
Homeless History Assessment	31
Housing Assessment	33

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

SINGLE ADULTS

AMERICAN VERSION 2.01

Administration

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

Opening Script

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

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the 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

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

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE: 0
--	--------------------

A. History of Housing and Homelessness

1. Where do you 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:**
0

2. How long has it been since you lived in permanent stable housing? _____ Years Refused
3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**
0

B. Risks

4. In the past six months, how many times have you...
- 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 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? _____ 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:**
0

5. Have you been attacked or beaten up since you've become homeless? Y N Refused
6. Have you threatened to or tried to harm yourself 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:**
0

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

SINGLE ADULTS

AMERICAN VERSION 2.01

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? Y N Refused

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

SCORE:

0

8. Does anybody force or trick you to do things that you do not want to do? Y N 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? Y N Refused

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

SCORE:

0

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? Y N 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? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

0

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

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

SCORE:

0

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? Y N Refused

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

SCORE:

0

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? Y N Refused

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

SCORE:

0

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

SINGLE ADULTS

AMERICAN VERSION 2.01

D. Wellness

- 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
- 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N 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? Y N 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? Y N Refused
- 19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
- 20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

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

SCORE:

0

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

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

SCORE:

0

- 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:
 - 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
- 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? Y N Refused

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

SCORE:

0

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

0

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

SINGLE ADULTS

AMERICAN VERSION 2.01

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

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

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

SCORE:

0

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? Y N Refused

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

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
GRAND TOTAL:	0 /17	

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 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 checked="" 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

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

FAMILIES

AMERICAN VERSION 2.0

Administration

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

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	Age	Social Security Number
	DD/MM/YYYY ___/___/___	_____	_____
			Consent to participate
			<input type="radio"/> Yes <input type="radio"/> 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	Age	Social Security Number
	DD/MM/YYYY ___/___/___	_____	_____
			Consent to participate
			<input type="radio"/> Yes <input type="radio"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE:
			<input type="text"/>

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

FAMILIES

AMERICAN VERSION 2.0

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

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

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

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE. **0**

A. History of Housing and Homelessness

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

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

0

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

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

0

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

FAMILIES

AMERICAN VERSION 2.0

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: 0

- 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: 0

- 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: 0

- 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: 0

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: 0

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: 0

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: 0

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: 0

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: 0

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:

0

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:

0

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:

0

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:

0

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:

0

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:**
0

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:**
0

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:**
0

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:**
0

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

FAMILIES

AMERICAN VERSION 2.0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /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	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
E. FAMILY UNIT	0 /4	
GRAND TOTAL:	0 /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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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

Client Intake Form

FOR OFFICE USE ONLY – CLIENT DO NOT COMPLETE

File accepted by _____ Prior Client? _____ If yes, old file(s) attached? _____
Staff Initials

Data Entered into HMIS _____ Adult 1 Client HMIS ID _____
Staff Initials

Adult 2 Partner HMIS ID _____

Your visit to our agency is for?

Date: _____

Have you been to Housing Help before? Yes No If yes, when _____

Adult 1 – Head of Household

First _____ MI _____ Last _____

Date of Birth ____/____/____ SS# ____-____-____ Gender Female Male Transgender
mm/dd/yyyy

Other Last Names Used (maiden, married, etc...) _____

Primary Race

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American
- White

Secondary Race (if needed)

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American
- White

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Latino

Household Type

- Couple With No Children
- Grandparent and Child
- Single Parent
- Single Adult
- Two Parent Family
- Other _____

Address _____ City _____

Zip Code _____ Phone # _____ Alternate Phone # _____

Adult 2

First _____ MI _____ Last _____

Date of Birth ____/____/____ SS# ____-____-____ Gender Female Male Transgender
mm/dd/yyyy

Other Last Names Used (maiden, married, etc...) _____

Relationship to Head of Household:

- Child
- Spouse or Partner
- Other Relation
- Other Non-relation

Primary Race

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American
- White

Secondary Race (if needed)

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American
- White

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Latino

DISABILITY

ADULT 1 – Do you have a diagnosed disability? Yes No When did it start? ___/___/___
mm/dd/yyyy

Disability type

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Chronic Health Condition |
| <input type="checkbox"/> Both Drug and Alcohol Abuse | <input type="checkbox"/> Mental Health Problem |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Refuse to answer |

Disability of long duration? Yes No Don't Know Are you receiving treatment? Yes No

Have you filed for SSI/SSDI? Yes No When? ___/___/___
mm/dd/yyyy

Are you pregnant? Yes No If yes, when are you due? ___/___/___
mm/dd/yyyy

ADULT 2 – Diagnosed disability? Yes No When did it start? ___/___/___
mm/dd/yyyy

Disability type

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Chronic Health Condition |
| <input type="checkbox"/> Both Drug and Alcohol Abuse | <input type="checkbox"/> Mental Health Problem |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Refuse to answer |

Disability of long duration? Yes No Don't Know Are you receiving treatment? Yes No

Have you filed for SSI/SSDI? Yes No When? ___/___/___
mm/dd/yyyy

Is your spouse/partner/roommate pregnant? Yes No If yes, due date ___/___/___
mm/dd/yyyy

HOUSING/HOMELESS INFORMATION

Zip Code of Last Permanent Address _____

Date Homelessness Started: ___/___/___
mm/dd/yyyy

Please explain your housing situation and what services you need.

DOMESTIC VIOLENCE

ADULT 1 – Domestic Violence Victim/Survivor? Yes No

If yes, When did the experience occur?

- Within the past 3 months
- 3 – 6 months ago (excluding 6 months exactly)
- 6 months to 1 year ago (excluding 1 year exactly)
- One year or longer
- Client doesn't know

Are you currently fleeing a domestic violence situation? Yes No

Overview of domestic violence

ADULT 2 – Domestic Violence Victim/Survivor? Yes No

If yes, When did the experience occur?

- Within the past 3 months
- 3 – 6 months ago (excluding 6 months exactly)
- 6 months to 1 year ago (excluding 1 year exactly)
- One year or longer
- Client doesn't know

Are you currently fleeing a domestic violence situation? Yes No

Overview of domestic violence

EMPLOYMENT INFORMATION

Adult 1 – Are you employed? Yes No

If yes, Employer's Name _____

Employer's Address _____

Employer's Phone _____ Employer's Fax _____

Employment Status Full time Part time Seasonal work

Hours of work per week (usual) _____ Hourly Wage _____

Does Housing Help have permission to contact employer if information is needed? Yes No

ADULT 2 – Employed? Yes No

If yes, Employer's Name _____

Employer's Address _____

Employer's Phone _____ Employer's Fax _____

Employment Status Full time Part time Seasonal work

Hours of work per week (usual) _____ Hourly Wage _____

Does Housing Help have permission to contact employer if information is needed? Yes No

INCOME/ASSISTANCE INFORMATION

Total Monthly Income \$ _____

Please list ALL sources and monthly amount

Source #1 _____

Source #2 _____

Amount _____

Amount _____

Source #3 _____

Source #4 _____

Amount _____

Amount _____

Please check all sources of income

- Alimony or other Spousal Support
- Earned Income
- Medicaid
- No Income Sources
- Private Disability Insurance
- Private Pay Health Insurance
- State Children's Health Insurance
- Section 8/HARP/Public Housing
- Retirement from Social Security
- Social Security Income (SSI)
- TANF – FIP (cash assistance)
- Veteran's Administration Medical Services
- Veteran's Pension
- Worker's Compensation

- Child Support
- Food Stamps
- Medicare
- Pension/Retirement from Former Job
- SCHIP
- Employer Provider Health Insurance
- State Health Insurance for Adults
- Self Employment Wages
- Social Security Disability Income (SSDI)
- TANF – Child care assistance
- Unemployment Compensation
- Veteran's Disability Payment
- WIC
- Other _____

Have your FIP benefits been exhausted? Yes No

Are you receiving assistance from Department of Human Services? Yes No

If yes, case worker's name/phone _____

MILITARY INFORMATION

ADULT 1 – Have you ever served in the US Military? Yes No Military Branch _____

If yes, discharge type: Honorable General Medical Bad Conduct Dishonorable

Military Service Related Disability? Yes No Receiving Veteran's Services? Yes No

If Yes, List Veteran's Services _____

Dates of Service: start date ____/____/____ end date ____/____/____
mm/dd/yyyy mm/dd/yyyy

Did you serve in a war zone? Yes No If Yes, List War Zone(s) _____

ADULT 2 – Have you ever served in the US Military? Yes No Military Branch _____

If yes, discharge type: Honorable General Medical Bad Conduct Dishonorable

Military Service Related Disability? Yes No Receiving Veteran's Services? Yes No

If Yes, List Veteran's Services _____

Dates of Service: start date ____/____/____ end date ____/____/____
mm/dd/yyyy mm/dd/yyyy

Did you serve in a war zone? Yes No If Yes, List War Zone(s) _____

INFORMATION FOR CHILDREN UNDER 18 RESIDING IN THE HOUSEHOLD

Please complete the following for EACH Child under the age of 18 residing in the household:

	Child #1	Child #2	Child #3	Child #4	Child #5
First Name					
Last Name					
Relationship to head of household	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other
DOB (mm/dd/yyyy)					
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender
SSN					
Diagnosed Disability, please list					
Date Disability Started (mm/dd/yyyy)					
If Attending School, please list school					
Race *					
Ethnicity *					

* **For race information**, please use the following: American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Asian, Black/African American, White.

* **For ethnicity information**, please use the following: Hispanic/Latino or Non-Hispanic/Latino.

RENT/MORTGAGE INFORMATION

Rent

Are you here for assistance with: First month's rent? Yes No Past due rent? Yes No

Monthly rent payment? _____ Total past due amount? _____

Landlord Company Name _____

Landlord Company Phone _____

Is there an actual or pending eviction? Yes No If yes, date of eviction ____/____/____
mm/dd/yyyy

Mortgage

Are you here for assistance with a mortgage payment? Yes No

Monthly mortgage payment? _____ Total past due amount? _____

Mortgage Company Name _____

Mortgage Company Phone _____

Is there an actual or pending foreclosure? Yes No If yes, date of foreclosure ____/____/____
mm/dd/yyyy

Do you owe any back property taxes? Yes No

By signing below, you agree that the information provided is truthful and accurate to the best of your abilities and will allow a Housing Help of Lenawee/LEAHC Case Manager to review your information and possibly collect additional data and documentation for eligibility purposes. As a HUD funded agency, we are required to input some of this data into a statewide system collecting data called the Michigan State Homeless Management Information System (MSHMIS). **Maintaining your privacy is very important to us.** We believe that the information gathered about you is personal and private, and it will not be shared with other people without a written agreement. However, if you feel uncomfortable with sharing your information within this system, you will not be denied services for which you are otherwise eligible. At the present time; Housing Help of Lenawee/LEAHC is running MSHMIS "CLOSED" which means this information is not available to anyone or any agency outside of our agency.

Adult 1 Signature

Date

Adult 2 Signature

Date

Housing Help of Lenawee/LEAHC collects personal information directly from you for reasons that may be required by law or by organizations that give us money to operate our homeless prevention programs. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is posted in our lobby area and is available to all consumers upon request.

We are funded by US Department of Housing and Urban Development, Michigan State Housing Development Authority, The Salvation Army,, local Foundations, and many caring churches, businesses and individuals of Lenawee County.

CLIENT DO NOT COMPLETE UNTIL REQUESTED

For Housing First Clients - You will be provided an "Intake Appointment Letter" at your intake appointment. This letter states what information is required for Housing Help of Lenawee to determine if you are eligible for rental or mortgage assistance.

By initialing here _____ you acknowledge having received this letter.

Lenawee County Prioritization Schedule

If we follow Federal Priorities:

1. Veterans
2. Chronically Homeless
3. Families/Youth
4. Singles

If we say PSH is for:

- Chronically Homeless

AND

If we agree that all Chronically Homeless and Youth are vulnerable

AND

If we say RRH is for:

- Youth (0-17 Score)
- Families (0-22 Score)
- Singles (0-17 Score)

AND

If we say we are not doing any specific subpopulation carve-outs because we don't have enough resources,

THEN...

We prioritize as follows:

Housing Intervention	Prioritization	Subpopulation	Secondary Prioritization
PSH	1	Chronic Youth	<ol style="list-style-type: none"> 1. Veteran 2. Assessment Score 3. Length of time Homeless 4. Date of Assessment
	2	Chronic Singles	<ol style="list-style-type: none"> 1. Veteran 2. Assessment Score 3. Length of time Homeless 4. Date of Assessment
RRH	1	Chronic Youth	<ol style="list-style-type: none"> 1. Veteran 2. Assessment Score 3. Length of time Homeless 4. Date of Assessment
	2	Chronic Families	<ol style="list-style-type: none"> 1. Veteran 2. Assessment Score 3. Length of time Homeless 4. Date of Assessment
	3	Chronic Singles	<ol style="list-style-type: none"> 1. Veteran 2. Assessment Score 3. Length of time Homeless 4. Date of Assessment
	4	Non-Chronic Youth and 0-17 Score	<ol style="list-style-type: none"> 1. Veteran 2. Assessment Score 3. Length of time Homeless 4. Date of Assessment
	5	Non-Chronic Families and 0-22 Score	<ol style="list-style-type: none"> 1. Veteran 2. Assessment Score 3. Length of time Homeless 4. Date of Assessment
	6	Non-Chronic Singles and 0-17 Score	<ol style="list-style-type: none"> 1. Veteran 2. Assessment Score 3. Length of time Homeless 4. Date of Assessment

Homeless History Interview

****Answer the following questions for ALL HOUSEHOLD MEMBERS! (Print additional pages where needed) ****

Describe the client's living situation (immediately) prior to project entry?

(Select one Living Situation and answer the corresponding questions in the order in which they appear)

	Literally Homeless	Institutional	Transitional/Permanent Housing	Other
SECTION I	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel/motel voucher. <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Hotel/motel without voucher <input type="checkbox"/> Owned by client, no subsidy <input type="checkbox"/> Owned by client, w/ subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons <input type="checkbox"/> Rental by client, no subsidy <input type="checkbox"/> Rental by client, w/ VASH subsidy <input type="checkbox"/> Rental by client, w/ GPD TIP subsidy <input type="checkbox"/> Rental by client, w/ other subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living w/ family <input type="checkbox"/> Staying or living w/ a friend <input type="checkbox"/> Transitional housing for homeless persons (incl. youth)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
SECTION II	Length of Stay in Prior Living Situation identified above? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Length of Stay in Prior Living Situation identified above? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused Did you stay in the institutional situation less than 90 days? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO- End Homeless History Interview)	Length of Stay in Prior Living Situation identified above? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused Did you stay in the housing less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
SECTION III	N/A Complete SECTION IV Below	On the <u>night before</u> entering the housing did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO- End Homeless History Interview)	On the <u>night before</u> entering the housing did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	
SECTION IV	Approximate date homelessness started: _____ (M/D/YYYY)			
	Regardless of where they stayed last night -- Number of <u>times</u> the client has been on the streets, in ES, or SH in the <u>past three years, including today</u> <input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times <input type="checkbox"/> Four or more Times <input type="checkbox"/> Client Refused <input type="checkbox"/> Client doesn't know			
	Total number of <u>months</u> homeless (on the street, in emergency shelter or safe haven) in the <u>past 3 years</u>? (e.g. # of cumulative, but not necessarily consecutive months spent homeless) <input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 – 12 months -> MUST specify # months _____ <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know			

Case File Assessment

1. Housing

Category 1 - Literally homeless – 4 points

Category 2 - Imminent Risk (housing loss in 14 days) – 3 points

Category 4 - Attempting to flee a DV situation – 2 points

At risk of homelessness (housing loss within 21 days) – 1 point

Chronically homeless – 1 point

2. Special Needs

Veteran in the home – 1 point

Documented Disability (receives disability income) – 1 point

Has anyone had a medical crisis in the last six months? – Yes – 1 point

Have you suffered a significant loss of income in the last six months? - Yes – 1 point

3. Children

Children in the home – 1 point

TOTAL POINTS _____

Need Points

Client Income is \$ _____/month

Monthly Housing Amount \$ _____

NEED: Past Due Rent _____

First Month's Rent _____ Mortgage _____

Housing First Eligibility Assessment

Client eligible? YES NO

Client ESG eligible? YES NO

Poverty Level _____

AMI Level _____

Additional Questions:

maximum = 10

Where are you currently staying? _____ How long can you stay there? _____

Why do you need assistance? _____

Comments: _____

Case Manager _____ Date _____