

Sonoma County Continuum of Care

Case Number:

Assessment Type: Participant Demographic Information (All Projects)

Assessment Date: _____

Assessment Time: _____

EtO: View/Add Demographics

Assessment Taken By: _____

Data Entry Date: _____

Entered By: _____

Participant Demographics Data			
First Name *		Middle Name	
Last Name *		Suffix:	
Name Data Quality (HUD) *	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Street or Nickname	_____
SSN * (Last four of SSN is acceptable)	_____ xxx-xx-xxxx format	SSN Quality *	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOB *	_____ (MM/DD/YYYY format)	DOB Quality *	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Gender (HUD) *	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	If "Other Gender (HUD)" declared by Participant describe here _____	
Race (Select as many as apply up to 5) *	Primary and Secondary (click no more than 5) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Do not select <u>both</u> a Race value and Client Doesn't Know, Client Refused or Data Not Collected	
Ethnicity *	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
Veteran Status (HUD) *	<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	
Local Income Level (CDBG, ESG and CSF Grantees) *	<input type="checkbox"/> 0-30% (Extremely Low) <input type="checkbox"/> 31-50% (Very Low) <input type="checkbox"/> 51-80% (Low Income) <input type="checkbox"/> 80-100% (Median Income) <input type="checkbox"/> 100%+ (Over Median Income) <input type="checkbox"/> Refused to Answer (Defaults to 81%+ or higher)	This field is required of all participants entered into the HMIS. Refer to the HMIS Wiki for a chart: http://sonoma-county-hmis.wikispaces.com/Income+Level+Calculations	

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Sono - Participant Interview Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No	For use with the approved Sonoma County Participant Release of Information form				
Sono - Date of First Homelessness *	_____	This field has been moved to Demographics and is required of all Participants. If Date of Homelessness is being edited for a prior Participant use 1/1/1980 - otherwise estimate the best date				
Sono - Date of First Arrival Sonoma County *	_____	This field has been moved to Demographics and is required of all Participants. If Date of First Arrival is being edited for a prior Participant use 1/1/1980 - otherwise estimate the best date				
Sono - Participant Image Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No	A .jpg image may be uploaded to this field				
Participant Phone(s) (Optional)	Home _____ Work _____ Cell _____	If EtO Engage will be used for this project please completed at least Home, Cell or Email data				
Participant Email (Optional)	_____					
Sono - Language	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Spanish					
Contact Name (Optional)	First _____ Last _____					
Contact Relationship (Optional)	_____					
Contact Phone Number (Optional)	_____					
Participant Alert (shows on every enrollment and assessment)	_____					
Participant Note (additional information that may be viewed but does not act as an alert)	_____					
Registered 290 Sex Offender (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	On Probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	On Parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parole Office Name _____
						Phone _____

Form Notes January 26, 2015

Asterisks * are REQUIRED data entry fields

Fields for Participant Doesn't Know, Refused or Data Not Collected are light grey because every effort must be made to collect all participant data being asked (whether required or not)

Sonoma County Continuum of Care

Case Number: _____

Assessment Type: Project Entry (Self HOH and Adults 18 and over)
(also Project Update or Annual Assessment Data Collection Stages)

Project Name: _____

Assigned Staff:	
Case Number:	
A.2 Project Entry Date:	

Universal Information - Page #1			
A.1 At what point is this data being collected?	<input type="checkbox"/> Project Entry <input type="checkbox"/> Project Update (revised information becomes known) <input type="checkbox"/> Project Annual Assessment (required at one year from first date housed) <input type="checkbox"/> Project Exit		
A.2 Project Entry Date	N/A	<i>This date will auto display in red on the assessment indicating the project enrollment date that you should enter into the top of the HUD Assessment Form</i>	
A.3 What is the client's relationship to the head of household?	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other non-related member	A.4 and A.5 Continuum Code:	CA-504
		<i>A.5 HUD Assigned CoC Code for Client's Location</i>	CA-504 (Copy and paste into Q.A.5 using the exact format displayed here)

Living Situation – Page #2

A.54 What was the client's residence prior to project entry? <i>(Note this data element may be sorted differently on the hard copy assessment than it is in the EtO choice list)</i>	Homeless Situation <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or outside) <input type="checkbox"/> Safe Haven <i>(Do Not Use - Sonoma County has NO Safe Havens)</i> <input type="checkbox"/> Interim Housing
	Institutional Situation <input type="checkbox"/> Foster care home or foster care 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
	Transitional or Permanent Housing Situation <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected <i>(continued on next page)</i>

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A.54 Other Type of residence prior to project entry	If other for "Type of Residence" please specify where: <hr/>	
The following questions are to be asked in the following situations: A. Participant is entering Emergency Shelter or Street Outreach program B. Participant is entering any other type of program if: 1. Participant residence prior to entry was homeless 2. Participant residence prior to entry was an Institutional setting at which they stayed <i>less than 90 day</i> 3. Participant resident prior to entry was Permanent or Transitional Housing at which they stayed <i>less than 7 nights</i> In all other cases, please skip to "Income and Benefits - Page #6"		
A.56 If Prior Residence was Institutional Setting: Did you stay less than 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", then please skip to "Income and Benefits - Page #6"	
A.57 If Prior Residence was Transitional or Permanent: Did you stay less than 7 nights?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", then please skip to "Income and Benefits - Page #6"	
A.58 Length of Stay in Prior Living Situation <i>Select One</i>	<input type="checkbox"/> One day or less <input type="checkbox"/> Two days to one week <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, but less than one year	<input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected
A.59 On the night before, did you stay on the streets, in an Emergency Shelter, or a Safe Haven?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", then please skip to "Income and Benefits - Page #6"	
The key concepts to help determine the actual or approximate start date are: 1. Have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH. 2. As the client looks back, there may be breaks in their stay on the streets, ES, or SH. The breaks are allowed to be included in the look back period to calculate the approximate start date ONLY IF: a. the client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; or b. the break in their time on the street, ES or SH was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a Safe Haven. The look back time would not be broken by a stay less than 7 consecutive nights; or c. the break in their time on the streets, ES, or SH was less than 90 days due to an institutional stay (i.e. jail, substance abuse or mental health treatment facility, hospital, or other similar facility). The look back time would include all of those days (up to 89 days) when looking back for the start date. 3. If the client knows the actual date, then enter the date they indicate. If they know the month and year but not the day, then the worker may substitute the day of the month with the project entry day of the month. For example: a client enters the project on March 15, 2015. During the intake interview, the client answers the start date question with a response of "a couple of months". The worker clarifies - "It's March, would that mean you started sleeping on the streets in January this year?" Client affirms, yes, January. The worker clarifies: "Do you know the day?" Client responds: "no." - Worker then enters January 15 (project entry day of the month), (this year). 4. If the HMIS displays information about the person's entry date on the streets, ES or SH, the worker may share that information with the client to help jog their memory. However, administrative information may <i>not</i> be substituted for the information provided directly by		

Sonoma County Continuum of Care

the client, or entered in the case that the client refuses to answer or does not know the answer, or in the case the data was not collected by the project for the client.

A.62 Approximate date homelessness started	____/____/____	A.65 Regardless of where they stayed last night - <u>Number of times</u> the client has been on the streets, in an Emergency Shelter, or a Safe Haven in the past three years including today	<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 doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected
A.67 Total number of months homeless on the street, in an Emergency Shelter, or a Safe Haven in the past three years	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 7 Months <input type="checkbox"/> 8 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months <input type="checkbox"/> 11Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 Months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected	One month (this is the first month) - Meaning in the past three years this is the first month the client has resided on the Streets, Emergency Shelter, or a Safe Haven. 2-12 months - Count the number of months the client indicates they were homeless. If they say since January and it is now March the answer would be 3 months (January = 1, February = 2, and March = 3)	

Income and Benefits – Page #6

(Required of all Head of Households, Adults & Youth Turning 18)

A.156 Is the client currently receiving income from any source? <i>(When client has income but does not know the exact amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income)</i>	<div style="border-bottom: 1px dashed black; margin-bottom: 10px;"> <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 </div> <div style="text-align: right; margin-bottom: 10px;"><i>(Enter Monthly Amounts)</i></div> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">A.157 Earned Income (employment income)</td><td style="width: 20%; text-align: right;">\$ _____</td></tr> <tr><td>A.159 Unemployment Insurance</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.161 Supplemental Security Income (SSI)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.163 Social Security Disability Income (SSDI)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.165 VA Service-Connected Disability Compensation</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.167 VA Non-Service-Connected Disability Pension</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.169 Private Disability Insurance</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.171 Worker's Compensation</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.173 Temporary Assistance for Needy Families(TANF)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.175 General Assistance (GA)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.177 Retirement Income from Social Security</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.179 Pension or retirement from a former job</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.181 Child Support</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.183 Alimony or other spousal support</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>A.185 Income from any other source</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>If Other Source (describe) _____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> </table>	A.157 Earned Income (employment income)	\$ _____	A.159 Unemployment Insurance	\$ _____	A.161 Supplemental Security Income (SSI)	\$ _____	A.163 Social Security Disability Income (SSDI)	\$ _____	A.165 VA Service-Connected Disability Compensation	\$ _____	A.167 VA Non-Service-Connected Disability Pension	\$ _____	A.169 Private Disability Insurance	\$ _____	A.171 Worker's Compensation	\$ _____	A.173 Temporary Assistance for Needy Families(TANF)	\$ _____	A.175 General Assistance (GA)	\$ _____	A.177 Retirement Income from Social Security	\$ _____	A.179 Pension or retirement from a former job	\$ _____	A.181 Child Support	\$ _____	A.183 Alimony or other spousal support	\$ _____	A.185 Income from any other source	\$ _____	If Other Source (describe) _____		_____		_____	
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A.185 Income from any other source	\$ _____																																				
If Other Source (describe) _____																																					

	A.188 Total Monthly Income \$ _____																																				

Sonoma County Continuum of Care

A.190 Is the client currently receiving non-cash benefits from any source?	[] Yes [] No [] Client Doesn't Know [] Client Refused [] Data not collected																								
Non-Cash Benefits that are expected to be ongoing <i>Select All That Apply</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">A.191 Supplemental Nutrition Assistance Program (SNAP) (previous food stamps)</td> <td style="width: 10%; text-align: center;">[] Yes</td> <td style="width: 10%; text-align: center;">[] No</td> </tr> <tr> <td>A.192 Special Nutrition Program for Women, Infants, and Children (WIC)</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.193 TANF Child Care services</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.194 TANF transportation services</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.195 Other TANF funded services</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.196 Section 8, public housing or other ongoing rental assistance</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.197 Temporary rental assistance</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.198 Benefits from any other source If Other Source (describe) _____</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> </table>	A.191 Supplemental Nutrition Assistance Program (SNAP) (previous food stamps)	[] Yes	[] No	A.192 Special Nutrition Program for Women, Infants, and Children (WIC)	[] Yes	[] No	A.193 TANF Child Care services	[] Yes	[] No	A.194 TANF transportation services	[] Yes	[] No	A.195 Other TANF funded services	[] Yes	[] No	A.196 Section 8, public housing or other ongoing rental assistance	[] Yes	[] No	A.197 Temporary rental assistance	[] Yes	[] No	A.198 Benefits from any other source If Other Source (describe) _____	[] Yes	[] No
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A.198 Benefits from any other source If Other Source (describe) _____	[] Yes	[] No																							

Health Insurance – Page #7

(Required of all Clients including Children and Unaccompanied Youth)

A.200 Is the client currently covered by health insurance?	[] Yes [] No [] Client Doesn't Know [] Client Refused [] Data not collected																														
Health Insurance currently covering client <i>Select All That Apply</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">A.201 MEDICAID</td> <td style="width: 10%; text-align: center;">[] Yes</td> <td style="width: 10%; text-align: center;">[] No</td> </tr> <tr> <td>A.203 MEDICARE</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.205 State children's health insurance program</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.207 Veteran's Administration (VA) medical services</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.209 Employer provided health insurance</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.211 COBRA</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.213 Private pay health insurance</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.215 State health insurance for adults</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.217 Indian Health Services Program</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> <tr> <td>A.219 Another type of insurance not listed above If another type (describe) _____</td> <td style="text-align: center;">[] Yes</td> <td style="text-align: center;">[] No</td> </tr> </table>	A.201 MEDICAID	[] Yes	[] No	A.203 MEDICARE	[] Yes	[] No	A.205 State children's health insurance program	[] Yes	[] No	A.207 Veteran's Administration (VA) medical services	[] Yes	[] No	A.209 Employer provided health insurance	[] Yes	[] No	A.211 COBRA	[] Yes	[] No	A.213 Private pay health insurance	[] Yes	[] No	A.215 State health insurance for adults	[] Yes	[] No	A.217 Indian Health Services Program	[] Yes	[] No	A.219 Another type of insurance not listed above If another type (describe) _____	[] Yes	[] No
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A.211 COBRA	[] Yes	[] No																													
A.213 Private pay health insurance	[] Yes	[] No																													
A.215 State health insurance for adults	[] Yes	[] No																													
A.217 Indian Health Services Program	[] Yes	[] No																													
A.219 Another type of insurance not listed above If another type (describe) _____	[] Yes	[] No																													

Health Information – Page #8

If Client is Disabled, list All Disability Types and whether or not they are being treated for each type. MH and Substance Abuse require answers to the Long Duration questions.	<p>Q.221 <input type="checkbox"/> Physical Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes long duration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes Receiving Svc? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected</p> <p>Q.225 <input type="checkbox"/> Development Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes long duration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes Receiving Svc? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected</p> <p>Q.229 <input type="checkbox"/> Chronic Health <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes long duration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected If Yes Receiving Svc? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected</p> <p><i>(continued on next page)</i></p>
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Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

A-16. Survey Number/ID _____

Page #2. General Information

Interviewer's Name _____		A-15. Interviewer Role <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Consumer Guide
A-17. Date of Survey _____	A-18. Date (HMIS Entry) _____	A-19. (optional) Start Time: _____ End Time: _____
A-20. Sonoma Location (of Participant Interview) <input type="checkbox"/> Cotati/Rohnert Park <input type="checkbox"/> Healdsburg/Windsor <input type="checkbox"/> Petaluma/South County <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Sonoma Valley <input type="checkbox"/> West County		A-22. Agency Taking Survey <input type="checkbox"/> Buckelew <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Cloverdale Wallace House <input type="checkbox"/> Community Development Commission <input type="checkbox"/> COTS Petaluma <input type="checkbox"/> Social Advocates for Youth <input type="checkbox"/> Sonoma County DA Homeless Victims <input type="checkbox"/> The Living Room <input type="checkbox"/> West County Community Services <input type="checkbox"/> West County Health <input type="checkbox"/> Sober Sonoma <input type="checkbox"/> Interfaith Shelter Network <input type="checkbox"/> Reach for Home
A-21 Specific location where Participant received screening _____		
A-24 In what language (other than English or Spanish) do you feel most comfortable speaking in? _____		_____

Page #3. A. Homelessness/Housing History

QUESTION	RESPONSE	REFUSED
A-25. What is the total length of time you have lived on the streets or in shelters (indicate in months)		<input type="checkbox"/>
A-26. In the past 3 years, how many times have you been housed, and then homeless again?		<input type="checkbox"/>

Page #4. B. Risks

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when in the past was, let me know.

QUESTION	RESPONSE	REFUSED
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Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

A-27. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>
A-28. In the past six months, how many times have you talked to police because you 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"/>
QUESTION	RESPONSE		REFUSED
A-29. In the past six months, how many times have you taken an ambulance to the hospital?			<input type="checkbox"/>
A-30. In the past six months, how many times have you used a crisis service, including rape crisis, mental health crisis, domestic violence, distress centers and suicide prevention hotlines?			<input type="checkbox"/>
A-31. In the past year, how many times have you been hospitalized as an inpatient?			<input type="checkbox"/>
A-32. Subtotal Responses			
A-33. Section B.a (Risks) – Subtotal			
A-34. Have you been attacked or beaten up since you've become homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
A-35. Have you threatened to or tried to harm yourself or anyone else in the past year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-36. Section B.b (Risks) – Subtotal			
A-37. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-38. Section B.c (Risks) – Subtotal			
A-39. Does anybody force or trick you to do things that you do not want to do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-40. 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 really know, share a needle, anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-41. Where do you sleep most frequently? (Check only one.) <input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Streets <input type="checkbox"/> Car/Van/RV <input type="checkbox"/> Subway/Bus <input type="checkbox"/> Beach/Riverbed (Camp) <input type="checkbox"/> Other (specify A-42) <input type="checkbox"/> Refused			

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A-42. If Other area slept - describe where: <hr/>	
A-43. Section B.d (Risks) – Subtotal	

Page #5. C. Socialization/Daily Functions

QUESTION	RESPONSE		REFUSED
	YES	NO	
A-44. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION	RESPONSE		REFUSED
	YES	NO	
A-45. Do you have any money coming in on a regular basis like a job, government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-46. Do you have enough money to cover all of your expenses each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-47. Section C.a (Socialization) - Subtotal			
A-48. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-49. Section C.b (Socialization) – Subtotal			
A-50. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-51. Do any of your friends, family or other people in your life ever take your money, constantly borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-52. Section C.c (Socialization) - Subtotal			
A-53. Surveyor, do you detect signs of poor hygiene or daily living skills? (Phone intake disregard)	<input type="checkbox"/>	<input type="checkbox"/>	
A-54. Section C.d (Socialization) – Subtotal			

Page #6 D. Wellness

SCRIPT: OK, now I'm going to ask you some questions about your health and healthcare	RESPONSE
A-56. Where do you usually go for healthcare or when you're not feeling well? <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (Specify A-57) <input type="checkbox"/>	
Does not go for care	

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A-57. Other option used for healthcare:			
A-58. Section D.a (Wellness) – Subtotal			
<i>Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?</i>	RESPONSE		REFUSED
A-59. Kidney disease/End Stage Renal Disease or Dialysis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-60. History of frostbite, Hypothermia, or Immersion Foot	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-61. History of Heat Stroke/Heat Exhaustion	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-62. Liver disease, Cirrhosis, or End-Stage Liver Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-63. Heart disease, Arrhythmia, or Irregular Heartbeat	YES	NO	<input type="checkbox"/>

QUESTION	RESPONSE		REFUSED
	<input type="checkbox"/>	<input type="checkbox"/>	
A-64. HIV+/AIDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-65. Emphysema	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-66. Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-67. Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-68. Cancer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-69. Hepatitis C	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-70. Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
<i>OBSERVATION ONLY – DO NOT ASK:</i> A-71. Surveyor do you observe signs or symptoms of a serious health condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-72. Section D.b (Wellness) – Subtotal			

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<i>Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?</i>	RESPONSE		REFUSED
A-73. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-74. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-75. Have you ever used injection drugs in the last six months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-76. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-77. Have you used non-beverage alcohol (like cough syrup, rubbing alcohol, cooking wine, or anything like that) in the past six months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-78. Have you blacked out because of your alcohol or drug use in the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY – DO NOT ASK: A-79. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-80. Section D.c (Wellness) – Subtotal			
A-81. Have you ever been taken to a hospital against your will for a mental health reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
QUESTION	RESPONSE		REFUSED
A-82. Have you gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-83. Have you spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health -whether that was voluntary or because someone insisted that you do so?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-84. Have you had a serious brain injury or head trauma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-85. Have you ever been told you have a learning disability or developmental disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-86. Section D.d (Wellness) – Subtotal			
OBSERVATION ONLY – DO NOT ASK: A-87. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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A-88. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-89. Section D.e (Wellness) - Subtotal			
Page #6 D. Wellness (con't.)	RESPONSE		REFUSED
A-90. Yes or No - have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-91. Section D.f (Wellness) – Subtotal			

SCRIPT: Finally I'd like to ask you some questions to help us better understand homelessness, and improve housing and support services. **Page #7. Miscellaneous**

A-92. Have you been diagnosed with one or more of the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-93. Do you have a documented Mental Health diagnosis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-94. Are you currently working with Sonoma County Behavioral Health?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-95. Is there an area in Sonoma County that you would prefer to stay?	<input type="checkbox"/> No preference <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Petaluma <input type="checkbox"/> Guerneville/West Coast <input type="checkbox"/> Sonoma Valley <input type="checkbox"/> Cloverdale/Healdsburg		

A-96. Veteran Status (HUD)	Custom Demographic – Veteran Status (HUD) will merge into assessment from Participant Demographics
A-97. (If yes this participant served in the military) which war/war era did you serve in?	<input type="checkbox"/> WWII <input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) A-95 <input type="checkbox"/> Refused
A-98. 'Other' War Era	

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A-99. If yes to Veteran, what was the character of the discharge?	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Refused
A-100. As part of Participant having predictable income to meet his/her expenses, is any of that "Earned" Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-101. If yes to above, approximately how much "Earned" Income does the Participant bring in monthly?	\$ _____
A-102. Where did Participant live prior to becoming homeless? *	<input type="checkbox"/> Sonoma County <input type="checkbox"/> Northern California <input type="checkbox"/> Other part of CA <input type="checkbox"/> Other (A.100) <input type="checkbox"/> Refused to Answer
A-103. 'Other' area living prior to becoming homeless	
A-104. Have you ever been in foster care? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-105. Have you ever been in jail? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-106. Have you ever been in prison? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-107. Do you have a disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs?)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-108. If yes, then please note any restrictions (i.e. outlet access, wheelchair accessible):	_____
A-109 . If you are referred to emergency shelter, would you need a top or bottom bunk?	<input type="checkbox"/> Top Bunk <input type="checkbox"/> Bottom Bunk
A-110. If given the choice, which housing option do you think would be best for you?	<input type="checkbox"/> Strictly Clean and Sober <input type="checkbox"/> Sobriety Expectation <input type="checkbox"/> No Sobriety Requirements
A-111. Do you have a service animal? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-112. If you have a pet, what role if any did your animal play in your becoming homeless?	_____
A-113. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private <input type="checkbox"/> Other (A.109) <input type="checkbox"/> None
A-114. If there is other type of health insurance please specify:	_____
A-115. On a regular day, where is it easiest to find you and what time of day is easiest to do so?	_____

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A-116. Other than the information you already provided - is there any other phone number and/or email where someone can get in touch with you or leave you a message? Assigned case manager	<hr/>
Date to take next VI-SPDAT for Single Adults	