

# 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<br><input type="checkbox"/> Partial, Street Name, or Code Name Reported<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected  | Street or Nickname   | _____  |
| SSN *<br>(Last four of SSN is acceptable)         | _____<br>xxx-xx-xxxx format  | SSN Quality *  | <input type="checkbox"/> Full SSN Reported<br><input type="checkbox"/> Approximate or partial SSN reported<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected |
| DOB *   | _____<br>(MM/DD/YYYY format)   | DOB Quality *  | <input type="checkbox"/> Full DOB Reported<br><input type="checkbox"/> Approximate or partial DOB reported<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected |
| Gender (HUD) *                                    | <input type="checkbox"/> Female<br><input type="checkbox"/> Male<br><input type="checkbox"/> Transgendered Male to Female<br><input type="checkbox"/> Transgendered Female to Male<br><input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female)<br><input type="checkbox"/> Other<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected     | If "Other Gender (HUD)" declared by Participant describe here<br>_____   |  |
| Race (Select as many as apply up to 5) *          | <b>Primary and Secondary (click no more than 5)</b><br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><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<br><input type="checkbox"/> Non-Hispanic/Non-Latino   | <input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected   |  |
| Veteran Status (HUD) *                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected   |  |
| Local Income Level (CDBG, ESG and CSF Grantees) * | <input type="checkbox"/> 0-30% (Extremely Low)<br><input type="checkbox"/> 31-50% (Very Low)<br><input type="checkbox"/> 51-80% (Low Income)<br><input type="checkbox"/> 80-100% (Median Income)<br><input type="checkbox"/> 100%+ (Over Median Income)<br><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:<br><a href="http://sonoma-county-hmis.wikispaces.com/Income+Level+Calculations">http://sonoma-county-hmis.wikispaces.com/Income+Level+Calculations</a> |  |
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|   |   |   |   |            |   |                          |
|---|---|---|---|------------|---|--------------------------|
| Sono - Participant Interview Consent  | <input type="checkbox"/> Yes<br><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<br><input type="checkbox"/> No   | A .jpg image may be uploaded to this field  |   |            |   |                          |
| Participant Phone(s) (Optional)   | <b>Home</b> _____<br><b>Work</b> _____<br><b>Cell</b> _____   | 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 _____<br><input type="checkbox"/> Spanish |   |   |            |   |                          |
| Contact Name (Optional)   | <b>First</b> _____ <b>Last</b> _____  |   |   |            |   |                          |
| 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<br><input type="checkbox"/> No   | On Probation?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | On Parole? | <input type="checkbox"/> Yes<br><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)

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Case Number: \_\_\_\_\_

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

Project Name: \_\_\_\_\_

|                                |  |
|--------------------------------|--|
| <b>Assigned Staff:</b>         |  |
| <b>Case Number:</b>            |  |
| <b>A.2 Project Entry Date:</b> |  |

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

## Living Situation – Page #2

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

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|  |  |   |
|--|--|---|
| <b>A.54</b><br>Other Type of residence prior to project entry  | <b>If other for "Type of Residence" please specify where:</b><br><hr/>   |   |
| <b>The following questions are to be asked in the following situations:</b><br>A. Participant is entering Emergency Shelter or Street Outreach program<br>B. Participant is entering any other type of program if:<br>1. Participant residence prior to entry was homeless<br>2. Participant residence prior to entry was an Institutional setting at which they stayed <i>less than 90 day</i><br>3. Participant resident prior to entry was Permanent or Transitional Housing at which they stayed <i>less than 7 nights</i><br><b>In all other cases, please skip to "Income and Benefits - Page #6"</b>  |  |   |
| <b>A.56</b><br>If Prior Residence was Institutional Setting:<br>Did you stay less than 90 days?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "No", then please skip to "Income and Benefits - Page #6"</b>   |   |
| <b>A.57</b><br>If Prior Residence was Transitional or Permanent:<br>Did you stay less than 7 nights?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "No", then please skip to "Income and Benefits - Page #6"</b>   |   |
| <b>A.58</b><br>Length of Stay in Prior Living Situation<br><i>Select One</i>   | <input type="checkbox"/> One day or less<br><input type="checkbox"/> Two days to one week<br><input type="checkbox"/> More than one week, but less than one month<br><input type="checkbox"/> One to three months<br><input type="checkbox"/> More than three months, but less than one year | <input type="checkbox"/> One year or longer<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Date not collected |
| <b>A.59</b><br>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 <b>If "No", then please skip to "Income and Benefits - Page #6"</b>   |   |
| <b>The key concepts to help determine the actual or approximate start date are:</b><br>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.<br>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:<br>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<br>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<br>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.<br>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).<br>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 |  |   |

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| 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. |  |  |
| <b>A.62</b><br>Approximate date homelessness started   | _____/_____/_____  | <b>A.65</b><br>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 <ul style="list-style-type: none"> <li><input type="checkbox"/> One time</li> <li><input type="checkbox"/> Two times</li> <li><input type="checkbox"/> Three times</li> <li><input type="checkbox"/> Four or more times</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> <li><input type="checkbox"/> Date not collected</li> </ul> |
| <b>A.67</b><br>Total number of months homeless on the street, in an Emergency Shelter, or a Safe Haven in the past three years   | <ul style="list-style-type: none"> <li><input type="checkbox"/> One month (this time is the first month)</li> <li><input type="checkbox"/> 2 Months</li> <li><input type="checkbox"/> 3 Months</li> <li><input type="checkbox"/> 4 Months</li> <li><input type="checkbox"/> 5 Months</li> <li><input type="checkbox"/> 6 Months</li> <li><input type="checkbox"/> 7 Months</li> <li><input type="checkbox"/> 8 Months</li> <li><input type="checkbox"/> 9 Months</li> <li><input type="checkbox"/> 10 Months</li> <li><input type="checkbox"/> 11Months</li> <li><input type="checkbox"/> 12 Months</li> <li><input type="checkbox"/> More than 12 Months</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> <li><input type="checkbox"/> Date not collected</li> </ul> | 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.<br><br>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)

|   |   |   |          |                              |          |  |          |  |          |  |          |   |          |                                    |          |                             |          |   |          |                               |          |  |          |   |          |                     |          |  |          |                                    |          |                                  |  |       |  |
|---|---|---|----------|------------------------------|----------|--|----------|--|----------|--|----------|---|----------|------------------------------------|----------|-----------------------------|----------|---|----------|-------------------------------|----------|--|----------|---|----------|---------------------|----------|--|----------|------------------------------------|----------|----------------------------------|--|-------|--|
| <b>A.156</b><br>Is the client currently receiving income from any source?<br><br><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> | [ ] Yes   [ ] No   [ ] Client Doesn't Know   [ ] Client Refused   [ ] Data not collected  |   |          |                              |          |  |          |  |          |  |          |   |          |                                    |          |                             |          |   |          |                               |          |  |          |   |          |                     |          |  |          |                                    |          |                                  |  |       |  |
|   | <i>(Enter Monthly Amounts)</i>  |   |          |                              |          |  |          |  |          |  |          |   |          |                                    |          |                             |          |   |          |                               |          |  |          |   |          |                     |          |  |          |                                    |          |                                  |  |       |  |
|   | <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> </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) _____ |  | _____ |  |
| 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) _____  |   |   |          |                              |          |  |          |  |          |  |          |   |          |                                    |          |                             |          |   |          |                               |          |  |          |   |          |                     |          |  |          |                                    |          |                                  |  |       |  |
| _____   |   |   |          |                              |          |  |          |  |          |  |          |   |          |                                    |          |                             |          |   |          |                               |          |  |          |   |          |                     |          |  |          |                                    |          |                                  |  |       |  |
|   | <b>A.188 Total Monthly Income</b> \$ _____  |   |          |                              |          |  |          |  |          |  |          |   |          |                                    |          |                             |          |   |          |                               |          |  |          |   |          |                     |          |  |          |                                    |          |                                  |  |       |  |

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|   |   |   |         |        |  |         |        |                                |         |        |                                    |         |        |                                  |         |        |  |         |        |                                   |         |        |  |         |        |
|---|---|---|---------|--------|--|---------|--------|--------------------------------|---------|--------|------------------------------------|---------|--------|----------------------------------|---------|--------|--|---------|--------|-----------------------------------|---------|--------|--|---------|--------|
| <b>A.190</b><br>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<br><br><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<br/>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<br>If Other Source (describe) _____ | [ ] Yes | [ ] No |
| 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<br>If Other Source (describe) _____              | [ ] Yes   | [ ] No  |         |        |  |         |        |                                |         |        |                                    |         |        |                                  |         |        |  |         |        |                                   |         |        |  |         |        |

## Health Insurance – Page #7

| (Required of all Clients including Children and Unaccompanied Youth)                 |  |                |         |        |                |         |        |   |         |        |  |         |        |  |         |        |             |         |        |                                    |         |        |   |         |        |                                      |         |        |  |         |        |
|--|--|----------------|---------|--------|----------------|---------|--------|---|---------|--------|--|---------|--------|--|---------|--------|-------------|---------|--------|------------------------------------|---------|--------|---|---------|--------|--------------------------------------|---------|--------|--|---------|--------|
| <b>A.200</b><br>Is the client currently covered by health insurance?                 | [ ] Yes [ ] No [ ] Client Doesn't Know [ ] Client Refused [ ] Data not collected   |                |         |        |                |         |        |   |         |        |  |         |        |  |         |        |             |         |        |                                    |         |        |   |         |        |                                      |         |        |  |         |        |
| Health Insurance currently covering client<br><br><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<br/>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<br>If another type (describe) _____ | [ ] Yes | [ ] No |
| 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<br>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><b>Q.221</b><br/> <input type="checkbox"/> <b>Physical Disability</b>      <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<br/>         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<br/>         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<br/>         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><b>Q.225</b><br/> <input type="checkbox"/> <b>Development Disability</b>    <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<br/>         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<br/>         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<br/>         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><b>Q.229</b><br/> <input type="checkbox"/> <b>Chronic Health</b>                <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<br/>         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<br/>         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<br/>         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> |
|--|--|







# Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

## Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

A-. Survey Number/ID \_\_\_\_\_

**Page #1. General Information**

|  |                                 |  |
|--|---------------------------------|--|
| Interviewer's Name<br>_____  |                                 | A-5. Interviewer Role<br><br><input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Consumer Guide   |
| A-7. Date of Survey<br>_____   | A-8. Date (HMIS Entry)<br>_____ | A-9. (optional)<br>Start Time: _____<br>End Time: _____  |
| A-10. Survey Location (of Participant Interview)<br><input type="checkbox"/> Cotati/Rohnert Park<br><input type="checkbox"/> Healdsburg/Windsor<br><input type="checkbox"/> Petaluma/South County<br><input type="checkbox"/> Santa Rosa<br><input type="checkbox"/> Sonoma Valley<br><input type="checkbox"/> West County |                                 | A-12. Agency Taking Survey<br><input type="checkbox"/> Buckelew<br><input type="checkbox"/> Catholic Charities<br><input type="checkbox"/> Cloverdale Wallace House<br><input type="checkbox"/> Community Development Commission<br><input type="checkbox"/> COTS Petaluma<br><input type="checkbox"/> Social Advocates for Youth<br><input type="checkbox"/> Sonoma County DA Homeless Victims<br><input type="checkbox"/> The Living Room<br><input type="checkbox"/> West County Community Services<br><input type="checkbox"/> West County Health<br><input type="checkbox"/> Sober Sonoma<br><input type="checkbox"/> Interfaith Shelter Network<br><input type="checkbox"/> Reach for Home |
| A-11. Specific location where Participant received screening:<br>_____   |                                 |  |
| A-15. In what language (other than English or Spanish) do you feel most comfortable speaking in?   |                                 |  |

**Page #2. A. Homelessness/Housing History**

| QUESTION  | RESPONSE | REFUSED                  |
|---|----------|--------------------------|
| A-16. Where do you sleep most frequently? (check one only)<br><input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Couch surfing <input type="checkbox"/> Outdoors <input type="checkbox"/> Refused <input type="checkbox"/> Other (A-15) |          |                          |
| A-17. Specify other in A-16:<br>_____   |          | <input type="checkbox"/> |
| A-18. How long (in months) has it been since you lived in permanent stable housing?<br>_____ months   |          | <input type="checkbox"/> |

**Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
**Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)**

|   |            |                          |
|---|------------|--------------------------|
| A-19. In the last three years, how many times have you been homeless? | _____times | <input type="checkbox"/> |
|---|------------|--------------------------|

| <b>Page #3. B. Risks</b>   |  |                          |    |                          |                          |                          |
|--|--|--------------------------|----|--------------------------|--------------------------|--------------------------|
| <i><b>SCRIPT:</b></i> I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six month in the past was, let me know.  |  |                          |    |                          |                          |                          |
| QUESTION   | RESPONSE   | REFUSED                  |    |                          |                          |                          |
| A-20. In the past six months, how many times have you received health care at an emergency department/room?  | _____times   | <input type="checkbox"/> |    |                          |                          |                          |
| A-21. In the past six months, how many times have you and/or members of your family been transported to the hospital in an ambulance?  | _____times   | <input type="checkbox"/> |    |                          |                          |                          |
| A-22. In the past six months, how many times have you been hospitalized as an inpatient, including in a mental health hospital??   | _____times   | <input type="checkbox"/> |    |                          |                          |                          |
| A-23. In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?  | _____times   | <input type="checkbox"/> |    |                          |                          |                          |
| A-24. In the past six months, how many times have you 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?                               | _____times   | <input type="checkbox"/> |    |                          |                          |                          |
| A-25. In the past six months, how many times have you stayed one or more nights in a holding cell, jail, prison, or juvenile detention, whether it as a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? | _____times   | <input type="checkbox"/> |    |                          |                          |                          |
| A-26. Have you been attacked or beaten up since you've become homeless?  | <table border="1"> <tr> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | YES                      | NO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YES  | NO   |                          |    |                          |                          |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>   |                          |    |                          |                          |                          |

# Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

## Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

|  |                                 |                                |                          |
|--|---------------------------------|--------------------------------|--------------------------|
| A-27. Have you threatened to or tried to harm yourself or anyone else in the past year?  | YES<br><input type="checkbox"/> | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-28. 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?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-29. Were you ever incarcerated when younger than 18?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-30. Does anybody force or trick you to do things that you do not want to do?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-31. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, anything like that? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |

| <b>Page #4. C. Socialization/Daily Functions</b>   |                                 |                                |                          |
|--|---------------------------------|--------------------------------|--------------------------|
| <b>QUESTION</b>  | <b>RESPONSE</b>                 |                                | <b>REFUSED</b>           |
| A-32. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?                               | <input type="checkbox"/><br>YES | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-33. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?                       | <input type="checkbox"/><br>YES | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-34. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?   | <input type="checkbox"/><br>YES | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-36. Are you currently able to take care of basic need like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? | <input type="checkbox"/><br>YES | <input type="checkbox"/><br>NO | <input type="checkbox"/> |

## Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

|  |                              |                                |                          |
|--|------------------------------|--------------------------------|--------------------------|
| A-37. Is your lack of stable housing because you ran away from your family, or group home, or a foster home?                               | YES <input type="checkbox"/> | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-38. Is your lack of stable housing because of a difference in religious or cultural beliefs from your parents, guardians, or caregivers? | YES <input type="checkbox"/> | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-39. Is your lack of stable housing because your family or friends caused you to become homeless?   | YES <input type="checkbox"/> | NO <input type="checkbox"/>    | <input type="checkbox"/> |
| A-40. Is your lack of stable housing because of conflicts around gender identity or sexual orientation?                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/>    | <input type="checkbox"/> |
| A-41. Is your lack of stable housing because of violence at home between family members?   | YES <input type="checkbox"/> | NO <input type="checkbox"/>    | <input type="checkbox"/> |
| A-42. Is your lack of stable housing because of an unhealthy or abusive relationship, either at home or elsewhere?                         | YES <input type="checkbox"/> | NO <input type="checkbox"/>    | <input type="checkbox"/> |

**Page #5. D. Wellness**

| QUESTION  | RESPONSE                     |                             | REFUSED                  |
|---|------------------------------|-----------------------------|--------------------------|
| A-43. Have you ever had to leave an apartment, shelter program, or other place to stay because of your physical health?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| A-44. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| A-45. Have you been diagnosed with HIV/AIDS? (Changed on 6/7/2018 from 'If there were space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?') | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| A-46. 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?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| A-47. When you are sick or not feeling well, do you avoid getting medical help?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |

## Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

|  |                                 |                                |                          |
|--|---------------------------------|--------------------------------|--------------------------|
| A-48. Are you currently pregnant, have you ever been pregnant, or have you gotten someone pregnant?  | YES<br><input type="checkbox"/> | NO <input type="checkbox"/>    | <input type="checkbox"/> |
| A-49. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?   | YES<br><input type="checkbox"/> | NO <input type="checkbox"/>    | <input type="checkbox"/> |
| A-50. Will your drinking or drug use make it difficult for you to stay house or afford your housing?   | YES<br><input type="checkbox"/> | NO <input type="checkbox"/>    | <input type="checkbox"/> |
| A-51. If you've ever used marijuana, did you try it at age 12 or younger?  | YES<br><input type="checkbox"/> | NO <input type="checkbox"/>    | <input type="checkbox"/> |
| A-52. 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 mental health concern?   | <input type="checkbox"/><br>YES | NO <input type="checkbox"/>    | <input type="checkbox"/> |
| A-53. 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 past head injury?  | <input type="checkbox"/><br>YES | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-54. 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 learning disability, developmental disability, other impairment? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-55. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?   | YES<br><input type="checkbox"/> | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-56. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?   | YES<br><input type="checkbox"/> | <input type="checkbox"/><br>NO | <input type="checkbox"/> |
| A-57. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-58. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?                               | <input type="checkbox"/><br>YES | <input type="checkbox"/><br>NO | <input type="checkbox"/> |

# Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

## Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

|  |                                 |                                |                                     |
|--|---------------------------------|--------------------------------|-------------------------------------|
| A-59. Have you been diagnosed with the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse? | <input type="checkbox"/><br>YES | <input type="checkbox"/><br>NO | <input type="checkbox"/>            |
| A-60. Do you have a documented Mental Health diagnosis?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | REFUSED<br><input type="checkbox"/> |
| A-61. Are you currently working with Sonoma County Behavioral Health?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | REFUSED<br><input type="checkbox"/> |

| Page #6. E. Other Questions  |  |   |   |                                 |                                |  |
|--|--|---|---|---------------------------------|--------------------------------|--|
| <b>SCRIPT:</b> Finally I would like to ask you some questions to help us better understand homelessness and be able to improve housing and support services. |  |   |   |                                 |                                |  |
| QUESTION   | RESPONSE   | QUESTION  | RESPONSE  |                                 |                                |  |
| A-62. Is there an area in Sonoma County that you would prefer to stay?   | <input type="checkbox"/> No preference<br><input type="checkbox"/> Santa Rosa<br><input type="checkbox"/> Petaluma<br><input type="checkbox"/> Guerneville/North Coast<br><input type="checkbox"/> Sonoma Valley<br><input type="checkbox"/> Cloverdale/Healdsburg | A-63. Where did you live prior to becoming homeless?  | <input type="checkbox"/> Sonoma County<br><input type="checkbox"/> Northern California<br><input type="checkbox"/> Other part of CA<br><input type="checkbox"/> Guerneville/North Coast<br><input type="checkbox"/> refused<br><input type="checkbox"/> Elsewhere (specify) |                                 |                                |  |
|  |  | A-64. 'Other' area living prior to becoming homeless? | _____   |                                 |                                |  |
| QUESTION   |  |   | RESPONSE  |                                 |                                |  |
| A-65. As part of Participant having predictable income to meet his/her expenses, is any of that considered 'Earned' Income?                                  |  |   | <table border="1"> <tr> <td>YES<br/><input type="checkbox"/></td> <td>NO<br/><input type="checkbox"/></td> <td>Don't know<br/><input type="checkbox"/></td> </tr> </table>  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Don't know<br><input type="checkbox"/> |
| YES<br><input type="checkbox"/>  | NO<br><input type="checkbox"/>   | Don't know<br><input type="checkbox"/>                |   |                                 |                                |  |
| A-66. Approximately how much 'Earned' Income does the Participant bring in monthly?  |  |   | \$ _____  |                                 |                                |  |
| A-68. Have you ever been in foster care?   |  |   | <table border="1"> <tr> <td><input type="checkbox"/><br/>YES</td> <td><input type="checkbox"/><br/>NO</td> <td><input type="checkbox"/><br/>REFUSED</td> </tr> </table>   | <input type="checkbox"/><br>YES | <input type="checkbox"/><br>NO | <input type="checkbox"/><br>REFUSED    |
| <input type="checkbox"/><br>YES  | <input type="checkbox"/><br>NO   | <input type="checkbox"/><br>REFUSED                   |   |                                 |                                |  |

# Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

## Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

|  |  |                                |                                     |
|--|--|--------------------------------|-------------------------------------|
| A-69. Have you ever been in prison?  | <input type="checkbox"/><br>YES  | <input type="checkbox"/><br>NO | <input type="checkbox"/><br>REFUSED |
| A-70. Do you have a disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)?   | <input type="checkbox"/><br>YES  | <input type="checkbox"/><br>NO | <input type="checkbox"/><br>REFUSED |
| A-71. If yes, then please note any restrictions (i.e. bottom bunk, wheelchair accessible):   | _____  |                                |                                     |
| A-72. 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-73. If given the choice, which housing option do you think would be best for you?  | <input type="checkbox"/> Strictly Clean and Sober<br><input checked="" type="checkbox"/> Sobriety Expectation<br><input type="checkbox"/> No Sobriety Requirements |                                |                                     |
| A-74. Do you have a service animal?  | YES<br><input type="checkbox"/>  | NO<br><input type="checkbox"/> | REFUSED<br><input type="checkbox"/> |
| A-76. What kind of health insurance do you have, if any? (check all that apply)<br><input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> MediCal <input checked="" type="checkbox"/> Medicare VA <input checked="" type="checkbox"/> (Veteran's Administration) Private <input checked="" type="checkbox"/> None Health Insurance<br><input type="checkbox"/> Other (SPECIFY A-71) | _____  |                                |                                     |
| A-77. If there is Other type of health insurance, please specify:  | _____  |                                |                                     |
| A-78. On a regular day, where is it easiest to find you and what time of day is easiest to do so?  | Place: _____<br>Time: _____  |                                |                                     |
| A-79. Other than the information you already provided -is there a phone number and/or email where someone can get in touch with you or leave you a message?  | Phone: _____<br>Email: _____<br>Contact: _____<br>Relation: _____  |                                |                                     |
| A-80. Assigned Case Manager:   | _____  |                                |                                     |
| A-81. Date to take next VI-SPDAT for Transition Age Youth:   | _____  |                                |                                     |
| A-82. Additional Notes:  | _____  |                                |                                     |
|  |  |                                |                                     |