**Family Intake Housing Triage Tool**



**\*\*IMPORTANT\*\* Assessors must read the following script verbatim to the client:**

Completing this Housing Triage Tool allows Coordinated Entry for All (CEA) to make referrals on your behalf to Partner Agencies for housing and services. The only information shared with Partner Agencies will be for the purpose of coordinating a housing or service referral. Partner Agencies receiving a housing or service referral from CEA, whether a household consents to having their information in HMIS or not, will be provided your name and contact information. A complete list of Partner Agencies can be found in the CEA Operations Manual found on the CEA website.

**\*I confirm that I read the above script and the Coordinated Entry for All Privacy Statement to this client**

Enter staff initials and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Introductory Script**

The Housing Triage Tool I would like to complete with you should take about 30 minutes to complete. This will help me determine if you are eligible for homeless housing through Coordinated Entry for All. This Housing Triage Tool is not used to screen you out of housing rather it is used to help figure out what you are eligible for.

Most questions only require a "yes" or "no." Some questions require a one-word answer. You do not need to provide any additional details or information if you are not comfortable. Simply answering yes or no is okay. You may refuse to answer or skip any question.  If you do not understand a question I can give you clarification, feel free to stop me and ask a question at any time.  There are no ‘right’ or ‘wrong’ answers, so please be as honest as you can.

The information collected goes into a secure database, the Homeless Management Information System (HMIS) which will ensure that instead of going to agencies all over town to get on waiting lists, you will only have to fill out this paperwork one time.

If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this Housing Triage Tool. I want to make sure you know that there are limited housing resources that are connected to the Housing Triage Tool, so you will not receive a housing referral today*.*

**UNIVERSAL DATA ELEMENTS FOR CLIENT CREATION**

**SOCIAL SECURITY NUMBER**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  *-* |  |  |  *-* |  |  |  |  |  |
| **QUALITY OF SOCIAL SECURITY** |
| *☐* | Full SSN reported |  *☐* | Client doesn’t know |
| *☐* | Approximate or partial SSN reported |  *☐* | Client refused |
|  *☐* | Data not collected |

|  |  |
| --- | --- |
| **CURRENT NAME**  | N/A |
| Last  |  |  |
| First  |  |  |
| Middle  |  | *☐* |
| Suffix |  | *☐* |
|  Nickname |  | *☐* |
| **QUALITY OF CURRENT NAME** |
| *☐* | Full name reported | *☐* | Client doesn’t know |
| *☐* | Partial, street name, or code name reported | *☐* | Client refused |
| *☐* | Data not collected |

**DATE OF BIRTH**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  *-* |  |  |  *-* |  |  |  |  | *Age:*  |
|  Month | *Day* | *Year* |
| **QUALITY OF DATE OF BIRTH** |
| *☐* | Full DOB reported | *☐* | Client doesn’t know |
| *☐* | Approximate or partial DOB reported | *☐* | Client refused |
| *☐* | Data not collected |

**GENDER**

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | Female | *☐* | Other |
| *☐* | Male | *☐* | Client doesn’t know |
| *☐* | Transgender male to female | *☐* | Client refused |
| *☐* | Transgender female to male | *☐* | Data not collected |
| **Specify “Other”** |  |

**RACE** (select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | American Indian or Alaskan Native | *☐* | White/Caucasian |
| *☐* | Asian | *☐* | Client does not know |
| *☐* | Black/African American | *☐* | Client refused |
| *☐* | Hawaiian or Other Pacific Islander | *☐* | Data Not Collected |

**ETHNICITY**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | Non-Hispanic/Non-Latino |  *☐* | Client doesn’t know |
|  *☐* | Client refused |
|  *☐* | Hispanic/Latino |  *☐* | Data not collected |

**VETERAN STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **IF “YES” TO VETERAN STATUS** |
| **Year entered military service (year)** |  |
| **Year separated from military service (year)** |  |
| **Theater of Operations: World War II** |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **Theater of Operations: Korean War** |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **Theater of Operations: Vietnam War** |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **Theater of Operations: Persian Gulf War (Desert Storm)** |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **Theater of Operations: Afghanistan (Operation Enduring Freedom)** |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **Theater of Operations: Iraq (Operation Iraqi Freedom)** |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **Theater of Operations: Iraq (Operation New Dawn)** |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **Theater of Operations: Other peace-keeping operations or military interventions****(such as Lebanon, Panama, Somalia, Bosnia, Kosovo)** |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |
| **Branch of the Military** |
|  *☐* | Army | *☐* | Coast Guard |
|  *☐* | Air Force | *☐* | Client doesn’t know |
|  *☐* | Navy | *☐* | Client refused |
|  *☐* | Marines | *☐* | Data not collected |
| **Discharge Status** |
|  *☐* | Honorable | *☐* | Dishonorable |
|  *☐* | General under honorable conditions | *☐* | Uncharacterized |
|  *☐* | Other than honorable conditions (OTH) | *☐* | Client doesn’t know |
| *☐* | Client refused |
|  *☐* | Bad Conduct | *☐* | Data not collected |

|  |  |  |
| --- | --- | --- |
| **CLIENT CONTACT INFORMATION** | Can we leave a message for you? | Identify preferred contact method |
| Phone: | Yes / No | □ |
| Alternate phone: | Yes / No | □ |
| Text: | Yes / No | □ |
| Email: | Yes / No | □ |
| Other (Facebook (name/unique hyperlink), social media, etc.): | Yes / No | □ |
| Last Permanent Zip Code: |
| Additional Contacts?  |

**ON A REGULAR DAY, WHAT TIME AND PLACE IS EASIEST TO FIND YOU?**

**Write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL MONTHLY INCOME AND PERCENT AMI**

**Write in Total Income from all sources\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | Under 30% AMI | *☐* | Client doesn’t know |
| *☐* | 30% to 50% AMI | *☐* | Client refused |
| *☐* | Greater than 50% | *☐* | Data not collected |

**DO YOU HAVE SUPPLEMENTAL SECURITY INCOME (SSI) OR SOCIAL SECURITY DISABILITY INSURANCE (SSDI)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE, IF ANY?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *☐* | Medicaid | *☐* | Private Insurance  | *☐* | Client doesn’t know |
| *☐* | Medicare | *☐* | No Health Insurance | *☐* | Client refused |
| *☐* | VA medical | *☐* | Other | *☐* | Data not collected |

**HAVE YOU EVER BEEN IN FOSTER CARE?**

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | No |  *☐* | Client doesn’t know |
| *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**WHERE DID YOU LIVE PRIOR TO BECOMING HOMELESS**?

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | This City |  *☐* | Client doesn’t know |
| *☐* | King County (This region) | *☐* | Client refused |
| *☐* | Another part of the State | *☐* | Data not collected |
| *☐* | Somewhere else |  |  |

**DO YOU HAVE 51% (OR GREATER) CUSTODY OF AT LEAST ONE CHILD?**

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | No |  *☐* | Client doesn’t know |
| *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**DO YOU OR SOMEONE IN YOUR FAMILY HAVE A MEDICAL CONDITION WHICH REQUIRES TREATMENT OR MEDICATION YOU CAN’T CURRENTLY MAINTAIN BECAUSE OF HOMELESSNESS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**DOES AT LEAST ONE ADULT IN THE HOUSEHOLD HAVE A DISABILITY?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**WHAT IS YOUR CURRENT LIVING SITUATION?**

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | a. Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | *☐* | n. Permanent housing for formerly homeless persons (such as: a CoC project, HUD legacy programs; or HOPWA PH) |
| *☐* | b. Emergency shelter, including hotel or motel paid for with emergency shelter voucher | *☐* | o. Rental by client, no ongoing subsidy |
| *☐* | c. Safe Haven | *☐* | p. Rental by client, with VASH subsidy |
| *☐* | d. Interim Housing | *☐* | q. Rental by client, with GPD TIP subsidy |
| *☐* | e. Foster care home or foster care group home | *☐* | r. Residential project or hallway house with no homeless criteria |
| *☐* | f. Hospital or other residential non-psychiatric medical facility | *☐* | s. Staying or living with a family member’s room, apartment or house |
| *☐* | g. Jail, prison or juvenile detention facility | *☐* | t. Staying or living in a friends’ room, apartment, or house |
| *☐* | h. Long-term care facility or nursing home | *☐* | u. Transitional housing for homeless persons |
| *☐* | i. Psychiatric hospital or other psychiatric facility | *☐* | v. Data not collected |
| *☐* | j. Substance abuse treatment facility or detox center | *☐* | w. Client doesn’t know |
| *☐* | k. Hotel or motel paid for without emergency shelter voucher | *☐* | x. Client refused |
| *☐* | l. Owned by client, no ongoing subsidy | *☐* | y. Data not collected |
| *☐* | m. Owned by client, with ongoing subsidy  |  |  |

**IF CURRENT LIVING SITUATION IS LITERALLY HOMELESS (ITEMS A – D), THEN**

**HOW LONG HAVE YOU BEEN IN YOUR CURRENT LIVING SITUATION?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | One night or less |  ☐ | One year or longer |
|  *☐* | Two to six nights |  ☐ | Client doesn’t know |
|  *☐* | One week or more, but less than one month |  ☐ | Client refused |
|  *☐* | One month or more, but less than 90 days |  ☐ | Data not collected |
|  *☐* | 90 days or more, but less than one year |  |  |

**APPROXIMATELY WHEN DID THIS HOMELESS SITUATION BEGIN?**

**IN THE PAST THREE YEARS, WHAT IS THE TOTAL NUMBER OF TIMES YOU HAVE BEEN HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | One time |  ☐ | Client doesn’t know |
|  *☐* | Two times |  ☐ | Client refused |
|  *☐* | Three times |  ☐ | Data not collected |
|  *☐* | Four or more times |  |  |

**IN THE PAST THREE YEARS, WHAT IS THE TOTAL NUMBER OF MONTHS YOU HAVE BEEN HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF CURRENT LIVING SITUATION IS INSTITUTIONAL (ITEMS E – J), THEN**

**DID YOU STAY LESS THAN 90 DAYS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF STAY WAS MORE THAN 90 DAYS,**

 **HOW LONG DID YOU STAY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF STAY WAS LESS THAN 90 DAYS,**

 **HOW LONG DID YOU STAY?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | One night or less |  *☐* | One month or more, but less than 90 days |
|  *☐* | Two to six nights |  *☐* | Client doesn’t know |
|  *☐* | Client refused |
|  *☐* | One week or more, than less than one month |  *☐* | Data not collected |

**IMMEDIATELY PRIOR TO THIS STAY, WERE YOU LIVING ON THE STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

 **IF YES (LIVING ON THE STREET, EMERGENCY SHELTER OR SAFE HAVEN),**

 **APPROXIMATELY WHEN DID THIS HOMELESS SITUATION BEGIN?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF YES (LIVING ON THE STREET, EMERGENCY SHELTER OR SAFE HAVEN), IN THE PAST THREE YEARS, WHAT IS THE TOTAL NUMBER OF TIMES YOU HAVE BEEN HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | One time |  ☐ | Client doesn’t know |
|  *☐* | Two times |  ☐ | Client refused |
|  *☐* | Three times |  ☐ | Data not collected |
|  *☐* | Four or more times |  |  |

**IF YES (LIVING ON THE STREET, EMERGENCY SHELTER OR SAFE HAVEN), IN THE PAST THREE YEARS, WHAT IS THE TOTAL NUMBER OF MONTHS YOU HAVE BEEN HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF CURRENT LIVING SITUATION IS A TRANSITIONAL OR PERMANENT HOUSING SITUATION OR CLIENT DOESN’T KNOW OR REFUSES (ITEMS K – X), THEN**

**DID YOU STAY LESS THAN 7 NIGHTS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF STAY WAS MORE THAN 7 NIGHTS,**

 **HOW LONG DID YOU STAY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF STAY WAS LESS THAN 7 NIGHTS,**

 **HOW LONG DID YOU STAY?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | One night or less |  *☐* | Client doesn’t know |
|  *☐* | Two to six nights |  *☐* | Client refused |
|  *☐* | Data not collected |

**IMMEDIATELY PRIOR TO THIS STAY, WERE YOU LIVING ON THE STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

 **IF YES (LIVING ON THE STREET, EMERGENCY SHELTER OR SAFE HAVEN),**

 **APPROXIMATELY WHEN DID THIS HOMELESS SITUATION BEGIN?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF YES (LIVING ON THE STREET, EMERGENCY SHELTER OR SAFE HAVEN), IN THE PAST THREE YEARS, WHAT IS THE TOTAL NUMBER OF TIMES YOU HAVE BEEN HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | One time |  ☐ | Client doesn’t know |
|  *☐* | Two times |  ☐ | Client refused |
|  *☐* | Three times |  ☐ | Data not collected |
|  *☐* | Four or more times |  |  |

**IF YES (LIVING ON THE STREET, EMERGENCY SHELTER OR SAFE HAVEN), IN THE PAST THREE YEARS, WHAT IS THE TOTAL NUMBER OF MONTHS YOU HAVE BEEN HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISABLING CONDITION AND BARRIERS**

**DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A DISABLING CONDITION?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A PHYSICAL DISABILITY?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A PHYSICAL DISABILITY, ARE YOU/THEY CURRENTLY RECEIVING SERVICES?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A PHYSICAL DISABILITY, IS IT A LONG TERM PHYSICAL DISABILITY?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A PHYSICAL DISABILITY, IS IT DOCUMENTED?**

|  |  |
| --- | --- |
|  *☐* | No |
|  *☐* | Yes |
|

**DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A PERMANENT PHYSICAL DISABILITY THAT LIMITS YOUR MOBILITY? (ie, wheelchair, amputation, unable to climb stairs?)**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A DEVELOPMENTAL DISABILITY?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A DEVELOPMENTAL DISABILITY, ARE YOU/THEY CURRENTLY RECEIVING SERVICES?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A DEVELOPMENTAL DISABILITY, DOES IT SUBSTANTIALLY IMPAIR YOUR/THEIR INDEPENDENCE?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A DEVELOPMENTAL DISABILITY, IS IT DOCUMENTED?**

|  |  |
| --- | --- |
|  *☐* | No |
|  *☐* | Yes |
|

**DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A CHRONIC HEALTH CONDITION?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A CHRONIC HEALTH CONDITION, ARE YOU/THEY CURRENTLY RECEIVING SERVICES?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A CHRONIC HEALTH CONDITION, IS IT A LONG TERM CHRONIC HEALTH CONDITION?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A CHRONIC HEALTH CONDITION, IS IT DOCUMENTED?**

|  |  |
| --- | --- |
|  *☐* | No |
|  *☐* | Yes |

**DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A MENTAL HEALTH PROBLEM?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A MENTAL HEALTH PROBLEM, ARE YOU/THEY CURRENTLY RECEIVING SERVICES?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A MENTAL HEALTH PROBLEM, IS IT A LONG TERM MENTAL HEALTH PROBLEM?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A MENTAL HEALTH PROBLEM, IS IT DOCUMENTED?**

|  |  |
| --- | --- |
|  *☐* | Yes |
|  *☐* | No |

**DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A SUBSTANCE ABUSE PROBLEM?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Yes, both alcohol and drug abuse |
|  *☐* | Yes, alcohol abuse |  *☐* | Client doesn’t know |
|  *☐* | Client refused |
|  *☐* | Yes, drug abuse |  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A SUBSTANCE ABUSE PROBLEM, ARE YOU/THEY CURRENTLY RECEIVING SERVICES?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | Yes |  *☐* | Client doesn’t know |
|  *☐* | No |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A SUBSTANCE ABUSE PROBLEM, IS IT A LONG TERM SUBSTANCE ABUSE PROBLEM?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | Yes |  *☐* | Client doesn’t know |
|  *☐* | No |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF YOU OR ANY FAMILY MEMBER HAVE A SUBSTANCE ABUSE PROBLEM, IS IT DOCUMENTED?**

|  |  |
| --- | --- |
|  *☐* | Yes |
|  *☐* | No |

**DO YOU HAVE A CRIMINAL BACKGROUND IN ANY OF THE FOLLOWING?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *☐* | Registered sex offender | *☐* | Arson | *☐* | Client doesn’t know |
| *☐* | Meth production | *☐* | Open warrant | *☐* | Client refused |
| *☐* | Class A felony w/in 12 mths |  |  | *☐* | Data not collected |

**ARE YOU INTERESTED IN BEING REFERRED TO PROGRAMS THAT SPECIALIZE IN SERVING THOSE WHO**

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | Identify as Asian  | *☐* | Identify as Black or African American |
| *☐* | Identify as Hispanic/Latino | *☐* | Client doesn’t know |
| *☐* | Identify as LGTBQ | *☐* | Client refused |
| *☐* | Identify as Native American/Alaskan Native | *☐* | Data not collected |
| *☐* | Identify as an immigrant or refugee |  |  |

**ARE YOU INTERESTED IN BEING REFERRED TO PROGRAMS THAT SPECIALIZE IN SERVING THOSE WHO**

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | Are in recovery  | *☐* | Client doesn’t know |
| *☐* | Are Ex-offenders/re-entry | *☐* | Client refused |
| *☐* | Are Deaf/hearing impaired | *☐* | Data not collected |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SOME PROGRAMS REQUIRE PROOF OF A VALID SOCIAL SECURITY NUMBER AND LEGAL IMMIGRATION STATUS. ARE YOU INTERESTED IN BEING REFERRED TO ONE OF THESE PROGRAMS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

**IF ‘YES’ TO VETERAN STATUS, ARE YOU REGISTERED WITH THE VA PUGET SOUND HEALTH CARE SYSTEM?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

 |
| **IF ‘YES’ TO VETERAN STATUS, DID YOU SERVE AS AN ARMY NATIONAL GUARD OR RESERVE MEMBER?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

 |
| **IF ‘YES’ TO VETERAN STATUS, HAVE YOU HAD AT LEAST ONE DAY OF ACTIVE DUTY?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
| *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |

 |

 **IF ‘YES’ TO VETERAN STATUS, DO YOU RECEIVE ANY VA BENEFITS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | No |  *☐* | Client doesn’t know |
|  *☐* | Yes |  *☐* | Client refused |
|  *☐* | Data not collected |















**ASSESSOR – FLAG CLIENT AS UNABLE TO COMPLETE VI-SPDAT?** *(check if applicable)*

☐Yes, flag this Housing Triage Tool for review, due to following specific concerns. Please identify which questions you are flagging. Then include specific information and/or examples below

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was this Housing Triage Tool flagged as part of a CEA Housing Triage Tool Disability Accommodation?** *(check only if applicable)*

☐Yes

**HOUSING TRIAGE TOOL ADMINISTRATION INFORMATION**

**ASSESSOR INFORMATION**

**DATE HOUSING TRIAGE TOOL COMPLETED**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  *-* |  |  |  *-* |  |  |  |  |
| Month |  | *Day* |  | *Year* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Last |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Agency  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Survey Location |  |

**Was this Housing Triage Tool completed by RAP staff?**

☐Yes, RAP staff

☐Yes, RAP mobile staff

☐No

**If this Housing Triage Tool was completed by RAP staff, at which RAP do you work?**

☐CCS - East

☐CCS - Seattle

☐Solid Ground – North Seattle

☐MSC – Federal Way

☐YWCA - Renton

**If this Housing Triage Tool was completed by RAP staff, was this a walk-in appointment or scheduled?**

☐Walk-in appointment

☐Scheduled

**If this Housing Triage Tool was completed by RAP MOBILE staff, where did the Housing Triage Tool take place?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I confirm that this client’s consent status (Release of Information) has been documented in HMIS under their privacy shield.***

**Please enter initials here: \_\_\_\_\_\_\_\_\_\_\_\_\_**