**Single Adults 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 |

**IF ‘YES’ TO HAVING EVER BEEN IN FOSTER CARE**

**There are some housing programs that specialize in serving those with specific life experiences or situations. Would you be interested in a housing program that specializes in serving those who have had or have the following life experiences?**

|  |  |  |  |
| --- | --- | --- | --- |
| *☐* | Are in extended foster care |  *☐* | Client doesn’t know |
| *☐* | Aged out of foster care in WA State | *☐* | Client refused |
| *☐* | Data not collected |

**ARE YOU ENROLLED IN SCHOOL FULL-TIME?**

|  |  |  |  |
| --- | --- | --- | --- |
|  *☐* | 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 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 |

**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 HAVE A DISABLING CONDITION?**

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

**DO YOU HAVE A PHYSICAL DISABILITY?**

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

**IF YOU HAVE A PHYSICAL DISABILITY, ARE YOU CURRENTLY RECEIVING SERVICES?**

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

**IF YOU HAVE A PHYSICAL DISABILITY, IS IT A LONG TERM PHYSICAL DISABILITY?**

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

 **IF YOU HAVE A PHYSICAL DISABILITY, IS IT DOCUMENTED?**

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

**DO YOU 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 HAVE A DEVELOPMENTAL DISABILITY?**

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

**IF YOU HAVE A DEVELOPMENTAL DISABILITY, ARE YOU CURRENTLY RECEIVING SERVICES?**

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

**IF YOU HAVE A DEVELOPMENTAL DISABILITY, DOES IT SUBSTANTIALLY IMPAIR YOUR INDEPENDENCE?**

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

 **IF YOU HAVE A DEVELOPMENTAL DISABILITY, IS IT DOCUMENTED?**

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

**DO YOU HAVE A CHRONIC HEALTH CONDITION?**

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

**IF YOU HAVE A CHRONIC HEALTH CONDITION, ARE YOU CURRENTLY RECEIVING SERVICES?**

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

**IF YOU 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 HAVE A CHRONIC HEALTH CONDITION, IS IT DOCUMENTED?**

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

**DO YOU HAVE A MENTAL HEALTH PROBLEM?**

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

**IF YOU HAVE A MENTAL HEALTH PROBLEM, ARE YOU CURRENTLY RECEIVING SERVICES?**

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

**IF YOU 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 HAVE A MENTAL HEALTH PROBLEM, IS IT DOCUMENTED?**

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

**DO YOU 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 HAVE A SUBSTANCE ABUSE PROBLEM, ARE YOU CURRENTLY RECEIVING SERVICES?**

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

**IF YOU HAVE A SUBSTANCE ABUSE PROBLEM, IS IT A LONG TERM SUBSTANCE ABUSE PROBLEM?**

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

 **IF YOU 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 FINANCIAL BENEFITS?**

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

**Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)**

Single Adults single adults American version 2.0

**BASIC INFORMATION**

|  |  |
| --- | --- |
| In what language do you feel best able to express yourself? |  |

|  |  |
| --- | --- |
| If the person is 60 years of age or older, then score 1.  | Score:  |

**A. HISTORY OF HOUSING AND HOMELESSNESS**

**1. WHERE DO YOU SLEEP MOST FREQUENTLY? (Check one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *☐* | Shelters | *☐* | Transitional Housing | *☐* | Safe Haven |
| *☐* | Outdoors | *☐* | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_ | *☐* | Refused |

|  |  |
| --- | --- |
| If the person answers anything other than “shelter”, “transitional housing”, or “safe haven”, then score 1.  | Score:  |

**2. HOW LONG HAS IT BEEN SINCE YOU LIVED IN PERMANENT STABLE HOUSING?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Refused

**3. IN THE LAST THREE YEARS, HOW MANY TIMES HAVE YOU BEEN HOMELESS?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Refused

|  |  |
| --- | --- |
| If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.  | Score:  |

**B. RISKS**

|  |
| --- |
| 4. In the past six months, how many times have you... |
| a) Received health care at an emergency department/room? |  | ☐ Refused |
| b) Taken an ambulance to the hospital? |  | ☐ Refused |
| c) Been hospitalized as an inpatient? |  | ☐ Refused |
| d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? |  | ☐ Refused |
| e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? |  | ☐ Refused |
| f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? |  | ☐ Refused |

|  |  |
| --- | --- |
| If the total number of interactions equals 4 or more, then score 1 for **EMERGENCY SERVICE USE.**  | Score:  |

5.

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

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

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

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

|  |  |
| --- | --- |
| If “YES” to any of the above, then score 1 for **RISK OF HARM.**  | Score:  |

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

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

|  |  |
| --- | --- |
| IF “YES,” THEN SCORE 1 FOR **LEGAL ISSUES.**  | Score:  |

**8. Does anybody force or trick you to do things that you do not want to do?**

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

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

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

|  |  |
| --- | --- |
| IF “YES,” THEN SCORE 1 FOR **RISK OF EXPLOITATION.**  | Score:  |

**C. SOCIALIZATION & DAILY FUNCTIONING**

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

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

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

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

|  |  |
| --- | --- |
| IF “YES,” TO QUESTION 10 OR “NO” TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.**  | Score:  |

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

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

|  |  |
| --- | --- |
| IF “NO”, THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**  | Score:  |

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

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

|  |  |
| --- | --- |
| IF “NO”, THEN SCORE 1 FOR **SELF-CARE.**  | Score:  |

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

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

|  |  |
| --- | --- |
| IF “YES”, THEN SCORE 1 FOR **social relationships.**  | Score:  |

**D. WELLNESS**

|  |  |  |  |
| --- | --- | --- | --- |
| 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  | ☐ Yes | ☐ No | ☐ Refused |
| 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?  | ☐ Yes | ☐ No | ☐ Refused |
| 17. If there was space aVilable in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? | ☐ Yes | ☐ No | ☐ Refused |
| 18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? | ☐ Yes | ☐ No | ☐ Refused |
| 19. When you are sick or not feeling well, do you avoid getting help?  | ☐ Yes | ☐ No | ☐ Refused |
| 20. *for female respondents only: Are you currently pregnant?*  | ☐ Yes | ☐ No | ☐ N/A or Refused |

|  |  |
| --- | --- |
| IF “YES”, TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**  | Score:  |

**21. HAS YOUR DRINKING OR druG USE LED YOU TO BEING KICKED out of an apartment or program where you were staying in the pasT?**

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

**22. WILL DRINKING OR DRUG USE MAKE IT DIFFICULT FOR YOU TO STAY HOUSED OR AFFORD YOUR HOUSING?**

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

|  |  |
| --- | --- |
| IF “YES”, TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**  | Score:  |

**23. HAVE YOU EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:**

**A) A MENTAL HEALTH ISSUE OR CONCERN?**

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

**B) A PAST HEAD INJURY?**

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

**C) A LEARNING DISABILITY, DEVELOPMENTAL DISABILITY, OR OTHER IMPAIRMENT?**

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

 **24. DO YOU HAVE ANY MENTAL HEALTH OR BRAIN ISSUES THAT WOULD MAKE IT HARD FOR YOU TO LIVE INDEPENDENTLY BECAUSE YOU’D NEED HELP?**

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

|  |  |
| --- | --- |
| IF “YES”, TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**  | Score:  |

|  |  |
| --- | --- |
| IFTHE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH,** SCORE 1 FOR **TRI-MORBIDITY.**  | Score:  |

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

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

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

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

|  |  |
| --- | --- |
| IF“YES” TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**  | Score:  |

**27. *YES OR NO*: hAS YOUR CURRENT PERIOD OF HOMELESSNESS BEEN CAUSED BY AN EXPERIENCE OF EMOTIONAL, PHYSICAL, PSYCHOLOGICAL, SEXUAL, OR OTHER TYPE OF ABUSE, OR BY ANY OTHER TRAUMA YOU HAVE EXPERIENCED?**

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

|  |  |
| --- | --- |
| IF“YES”, SCORE 1 FOR **ABUSE AND TRAUMA.**  | Score:  |

**SCORING SUMMARY**

|  |  |  |
| --- | --- | --- |
| **domain** | **subtotal** | **results** |
| pre-survey | /1 | **Score:** 0-34-78+ | **Recommendation:**No housing interventionAn assessment for Rapid Re-HousingAn assessment for Permanent Supportive Housing/Housing First |
| A. history of housing & homelessness | /2 |
| b. risks | /4 |
| c. socialization &daily functioning | /4 |
| d. wellness | /6 |
| grand total: | /17 |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_**