

Family Intake Housing Triage Tool

***NOTE – New Clients (for each family member, including minors) to the HMIS system will also need to fill out:**

1. HMIS Client Consent for Data Collection and Release of Information (ROI)
2. Clarity HMIS: KC – Coordinated Entry System Enrollment & Profile

These can be found at: <http://kingcounty.hmis.cc/client-forms/>

****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.

SUPPLEMENTAL KING COUNTY QUESTIONS

ASSESSMENT TYPE

<input type="checkbox"/>	In Person	<input type="checkbox"/>	By Phone
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CLIENT CONTACT/LOCATION INFORMATION

(Enter under Contact tab/Location tab in HMIS, collect for each family member)

CLIENT CONTACT INFORMATION	Can we leave a message for you?	Identify preferred contact method
Name:		
Phone:	Yes / No	<input type="checkbox"/>
Alternate phone:	Yes / No	<input type="checkbox"/>
Text:	Yes / No	<input type="checkbox"/>
Email:	Yes / No	<input type="checkbox"/>
Other (Facebook (name/unique hyperlink), social media, etc.):	Yes / No	<input type="checkbox"/>
Additional Contacts:		

CLIENT LOCATION INFORMATION		
Address:		
City:	State:	Zip:
Notes:		

HAVE YOU EVER BEEN IN FOSTER CARE?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

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

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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DO YOU OR SOMEONE IN YOUR FAMILY HAVE A MEDICAL CONDITION WHICH REQUIRES TREATMENT OR MEDICATION YOU CAN'T CURRENTLY MAINTAIN BECAUSE OF HOMELESSNESS?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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ACUITY REVIEW TEAM NOTES

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

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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ARE YOU INTERESTED IN BEING REFERRED TO PROGRAMS THAT SPECIALIZE IN SERVING THOSE WHO

<input type="checkbox"/> Identify as Asian or Pacific Islander	<input type="checkbox"/> Identify as Black or African American
<input type="checkbox"/> Identify as Hispanic/Latino	<input type="checkbox"/> Identify as an immigrant or refugee
<input type="checkbox"/> Identify as Native American/Alaskan Native	<input type="checkbox"/> Identify as LGBTQ
<input type="checkbox"/> Currently in Recovery	<input type="checkbox"/> Are Ex-Offenders/Re-Entry

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

SINGLE ADULTS

AMERICAN VERSION 2.0

BASIC INFORMATION

PARENT #1	FIRST NAME	NICKNAME	LAST NAME
	IN WHAT LANGUAGE DO YOU FEEL BEST ABLE TO EXPRESS YOURSELF?		
	DATE OF BIRTH DD/MM/YYYY:_____/_____/_____		
	AGE	SOCIAL SECURITY NUMBER	
	CONSENT TO PARTICIPATE		YES/NO <input type="checkbox"/> Refused

PARENT #2	<input type="checkbox"/> No second parent currently part of the household		
	FIRST NAME	NICKNAME	LAST NAME
	IN WHAT LANGUAGE DO YOU FEEL BEST ABLE TO EXPRESS YOURSELF?		
	DATE OF BIRTH DD/MM/YYYY:_____/_____/_____		
	AGE	SOCIAL SECURITY NUMBER	
	CONSENT TO PARTICIPATE		YES/NO <input type="checkbox"/> Refused

CHILDREN

1. HOW MANY CHILDREN UNDER THE AGE OF 18 ARE CURRENTLY WITH YOU?		<input type="checkbox"/> Refused
2. HOW MANY CHILDREN UNDER THE AGE OF 18 ARE NOT CURRENTLY WITH YOUR FAMILY, BUT YOU HAVE REASON TO BELIEVE THEY WILL BE JOINING YOU WHEN YOU GET HOUSED?		<input type="checkbox"/> Refused
3. IF HOUSEHOLD INCLUDES A FEMALE: IS ANY MEMBER OF THE FAMILY CURRENTLY PREGNANT?	Y/N	<input type="checkbox"/> Refused

4. PLEASE PROVIDE A LIST OF CHILDREN'S NAMES AND AGES:

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>AGE</u>

A. HISTORY OF HOUSING AND HOMELESSNESS

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

<input type="checkbox"/> Shelters	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Outdoors	<input type="checkbox"/> Couch Surfing	<input type="checkbox"/> Car
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Refused

6. HOW LONG HAS IT BEEN SINCE YOUR FAMILY LIVED IN PERMANENT STABLE HOUSING?

☐ Refused

7. IN THE LAST THREE YEARS, HOW MANY TIMES HAVE YOU AND YOUR FAMILY BEEN HOMELESS?

☐ Refused

B. RISKS

8. IN THE PAST SIX MONTHS, HOW MANY TIMES HAVE YOU OR ANYONE IN YOUR FAMILY...

A. Received health care at an emergency department/room?		<input type="checkbox"/> Refused
B. Taken an ambulance to the hospital?		<input type="checkbox"/> Refused
C. Been hospitalized as an inpatient?		<input type="checkbox"/> Refused
D. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		<input type="checkbox"/> 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?		<input type="checkbox"/> 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?		<input type="checkbox"/> Refused

9. HAVE YOU OR ANYONE IN YOUR FAMILY BEEN ATTACKED OR BEATEN UP SINCE YOU'VE BECOME HOMELESS?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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10. HAVE YOU OR ANYONE IN YOUR FAMILY THREATENED TO OR TRIED TO HARM YOURSELF OR ANYONE ELSE IN THE LAST YEAR?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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11. DO YOU OR ANYONE IN YOUR FAMILY 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?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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12. DOES ANYBODY FORCE OR TRICK YOU OR ANYONE IN YOUR FAMILY TO DO THINGS THAT YOU DO NOT WANT TO DO?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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13. DO YOU OR ANYONE IN YOUR FAMILY EVER DO THINGS THAT MAY BE CONSIDERED TO BE RISKY LIKE EXCHANGE SEX FOR MONEY, RUN DRUGS FOR SOMEONE, HAVE UNPROTECTED SEX WITH SOMEONE YOU DON'T KNOW, SHARE A NEEDLE, OR ANYTHING LIKE THAT?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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C. SOCIALIZATION & DAILY FUNCTIONING

14. IS THERE ANY PERSON, PAST LANDLORD, BUSINESS, BOOKIE, DEALER, OR GOVERNMENT GROUP LIKE THE IRS THAT THINKS YOU OR ANYONE IN YOUR FAMILY OWE THEM MONEY?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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15. DO YOU OR ANYONE IN YOUR FAMILY GET ANY MONEY FROM THE GOVERNMENT, A PENSION, AN INHERITANCE, WORKING UNDER THE TABLE, A REGULAR JOB, OR ANYTHING LIKE THAT?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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16. DOES EVERYONE IN YOUR FAMILY HAVE PLANNED ACTIVITIES, OTHER THAN JUST SURVIVING, THAT MAKE THEM FEEL HAPPY AND FULFILLED?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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17. IS EVERYONE IN YOUR FAMILY CURRENTLY ABLE TO TAKE CARE OF BASIC NEEDS LIKE BATHING, CHANGING CLOTHES, USING A RESTROOM, GETTING FOOD AND CLEAN WATER AND OTHER THINGS LIKE THAT?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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18. IS YOUR FAMILY'S CURRENT HOMELESSNESS IN ANY WAY CAUSED BY A RELATIONSHIP THAT BROKE DOWN, AN UNHEALTHY OR ABUSIVE RELATIONSHIP, OR BECAUSE FAMILY OR FRIENDS CAUSED YOUR FAMILY TO BECOME EVICTED?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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D. WELLNESS

19. HAS YOUR FAMILY EVER HAD TO LEAVE AN APARTMENT, SHELTER PROGRAM, OR OTHER PLACE YOU WERE STAYING BECAUSE OF THE PHYSICAL HEALTH OF YOU OR ANYONE IN YOUR FAMILY?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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20. DO YOU OR ANYONE IN YOUR FAMILY HAVE ANY CHRONIC HEALTH ISSUES WITH YOUR LIVER, KIDNEYS, STOMACH, LUNGS, OR HEART?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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21. IF THERE WAS SPACE AVAILABLE IN A PROGRAM THAT SPECIFICALLY ASSISTS PEOPLE THAT LIVE WITH HIV OR AIDS, WOULD THAT BE OF INTEREST TO YOU OR ANYONE IN YOUR FAMILY?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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22. DOES ANYONE IN YOUR FAMILY HAVE ANY PHYSICAL DISABILITIES THAT WOULD LIMIT THE TYPE OF HOUSING YOU COULD ACCESS, OR WOULD MAKE IT HARD TO LIVE INDEPENDENTLY BECAUSE YOU'D NEED HELP?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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23. WHEN SOMEONE IN YOUR FAMILY IS SICK OR NOT FEELING WELL, DOES YOUR FAMILY AVOID GETTING MEDICAL HELP?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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24. HAS DRINKING OR DRUG USE BY YOU OR ANYONE IN YOUR FAMILY LED YOUR FAMILY TO BEING KICKED OUT OF AN APARTMENT OR PROGRAM WHERE YOU WERE STAYING IN THE PAST?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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25. WILL DRINKING OR DRUG USE MAKE IT DIFFICULT FOR YOUR FAMILY TO STAY HOUSED OR AFFORD YOUR HOUSING?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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26. HAS YOUR FAMILY EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:

A. A MENTAL HEALTH ISSUE OR CONCERN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused
B. A PAST HEAD INJURY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused
C. A LEARNING DISABILITY, DEVELOPMENTAL DISABILITY, OR OTHER IMPAIRMENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused

27. DO YOU OR ANYONE IN YOUR FAMILY HAVE ANY MENTAL HEALTH OR BRAIN ISSUES THAT WOULD MAKE IT HARD FOR YOUR FAMILY TO LIVE INDEPENDENTLY BECAUSE HELP WOULD BE NEEDED?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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28. DOES ANY SINGLE MEMBER OF YOUR HOUSEHOLD HAVE A MEDICAL CONDITION, MENTAL HEALTH CONCERNS, AND EXPERIENCE WITH PROBLEMATIC SUBSTANCE USE?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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29. ARE THERE ANY MEDICATIONS THAT A DOCTOR SAID YOU OR ANYONE IN YOUR FAMILY SHOULD BE TAKING THAT, FOR WHATEVER REASON, THEY ARE NOT TAKING?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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30. ARE THERE ANY MEDICATIONS LIKE PAINKILLERS THAT YOU OR ANYONE IN YOUR FAMILY DON'T TAKE THE WAY THE DOCTOR PRESCRIBED OR WHERE THEY SELL THE MEDICATION?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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31. YES OR NO: HAS YOUR FAMILY'S CURRENT PERIOD OF HOMELESSNESS BEEN CAUSED BY AN EXPERIENCE OF EMOTIONAL, PHYSICAL, PSYCHOLOGICAL, SECUAL, OR OTHER TYPE OF ABUSE, OR BY ANY OTHER TRAUMA YOU OR ANYONE IN YOUR FAMILY HAVE EXPERIENCED?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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E. FAMILY UNIT

32. ARE THERE ANY CHILDREN THAT HAVE BEEN REMOVED FROM THE FAMILY BY A CHILD PROTECTION SERVICE WITHIN THE LAST 180 DAYS?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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33. DO YOU HAVE ANY FAMILY LEGAL ISSUES THAT ARE BEING RESOLVED IN COURT OR NEED TO BE RESOLVED IN COURT THAT WOULD IMPACT YOUR HOUSING OR WHO MAY LIVE WITHIN YOUR HOUSING?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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34. IN THE LAST 180 DAYS HAVE ANY CHILDREN LIVED WITH FAMILY OR FRIENDS BECAUSE OF YOUR HOMELESSNESS OR HOUSING SITUATION?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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35. HAS ANY CHILD IN THE FAMILY EXPERIENCED ABUSE OR TRAUMA IN THE LAST 180 DAYS?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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36. IF THERE ARE SCHOOL-AGED CHILDREN: DO YOUR CHILDREN ATTEND SCHOOL MORE OFTEN THAN NOT EACH WEEK?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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37. HAVE THE MEMBERS OF YOUR FAMILY CHANGED IN THE LAST 180 DAYS, DUE TO THINGS LIKE DIVORCE, YOUR KIDS COMING BACK TO LIVE WITH YOU, SOMEONE LEAVING FOR MILITARY SERVICE OR INCARCERATION, A RELATIVE MOVING IN, OR ANYTHING LIKE THAT?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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38. DO YOU ANTICIPATE ANY OTHER ADULTS OR CHILDREN COMING TO LIVE WITH YOU WITHIN THE FIRST 180 DAYS OF BEING HOUSED?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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39. DO YOU HAVE TWO OR MORE PLANNED ACTIVITIES EACH WEEK AS A FAMILY SUCH AS OUTINGS TO THE PARK, GOING TO THE LIBRARY, VISITING OTHER FAMILY, WATCHING A MOVIE, OR ANYTHING LIKE THAT?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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40. AFTER SCHOOL, OR ON WEEKENDS OR DAYS WHEN THERE ISN'T SCHOOL, IS THE TOTAL TIME CHILDREN SPEND EACH DAY WHERE THERE IS NO INTERACTION WITH YOU OR ANOTHER RESPONSIBLE ADULT...

A. 3 OR MORE HOURS PER DAY FOR CHILDREN AGED 13 OR OLDER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused
B. 2 OR MORE HOURS PER DAY FOR CHILDREN AGED 12 OR YOUNGER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: DO YOUR OLDER KIDS SPEND 2 OR MORE HOURS ON A TYPICAL DAY HELPING THEIR YOUNGER SIBLING(S) WITH THINGS LIKE GETTING READY FOR SCHOOL, HELPING WITH HOMEWORK, MAKING THEM DINNER, BATHING THEM, OR ANYTHING LIKE THAT?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
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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. It is important to include specific information about the household's history and circumstances for each question you marked.

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

☐ Yes ☐ No

HOUSING TRIAGE TOOL ADMINISTRATION

DATE HOUSING TRIAGE TOOL COMPLETED

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Month

Day

Year

Staff First																
Staff 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, was this a walk-in appointment or scheduled?

- ☐ Walk-in appointment
☐ Scheduled

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 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: _____