Single Adults Intake Housing Triage Tool

***NOTE – New Clients 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

☐	In Person	☐	By Phone

CLIENT CONTACT/LOCATION INFORMATION (Enter under Contact tab/Location tab in HMIS)

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

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

HAVE YOU EVER BEEN IN FOSTER CARE?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
		☐	Data not collected

ARE YOU ENROLLED IN SCHOOL FULL-TIME?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
		☐	Data not collected

DO YOU HAVE A MEDICAL CONDITION WHICH REQUIRES TREATMENT OR MEDICATION YOU CAN'T CURRENTLY MAINTAIN BECAUSE OF HOMELESSNESS?

☐	No	☐	Yes

ACUITY REVIEW TEAM NOTES

_____
_____
_____
_____
_____
_____

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

☐	Identify as Asian or Pacific Islander	☐	Identify as Black or African Americar
☐	Identify as Hispanic/Latino	☐	Identify as an immigrant or refugee
☐	Identify as Native American/Alaskan N	☐	Identify as LGBTQ
☐	Currently in Recovery	☐	Are Ex-Offenders/Re-Entry

_____

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

SINGLE ADULTS AMERICAN VERSION 2.0

A. HISTORY OF HOUSING AND HOMELESSNESS

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

☐	Shelters	☐	Transitional Housing	☐	Safe Haven
☐	Outdoors	☐	Couch Surfing	☐	Car
☐	Other (specify): _____	☐	Client Doesn't Know	☐	Refused

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

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

5. HAVE YOU BEEN ATTACKED OR BEATEN UP SINCE YOU'VE BECOME HOMELESS?

☐	No	☐	Yes	☐	Refused

6. HAVE YOU THREATENED TO OR TRIED TO HARM YOURSELF OR ANYONE ELSE IN THE LAST YEAR?

☐	No	☐	Yes	☐	Refused

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

8. DOES ANYBODY FORCE OR TRICK YOU TO DO THINGS THAT YOU DO NOT WANT TO DO?

☐	No	☐	Yes	☐	Refused

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

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. 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

12. DO YOU HAVE PLANNED ACTIVITIES, OTHER THAN JUST SURVIVING, THAT MAKE YOU FEEL HAPPY AND FULFILLED?

☐	No	☐	Yes	☐	Refused

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

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

D. WELLNESS

15. HAVE YOU EVER HAD TO LEAVE AN APARTMENT, SHELTER PROGRAM, OR OTHER PLACE YOU WERE STAYING BECAUSE OF YOUR PHYSICAL HEALTH?

☐	No	☐	Yes	☐	Refused

16. DO YOU HAVE ANY CHRONIC HEALTH ISSUES WITH YOUR LIVER, KIDNEYS, STOMACH, LUNGS, OR HEART?

No	☐	Yes	☐	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?

No	☐	Yes	☐	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?

No	☐	Yes	☐	Refused	

19. WHEN YOU ARE SICK OR NOT FEELING WELL, DO YOU AVOID GETTING HELP?

No	☐	Yes	☐	Refused	

20. FOR FEMALE RESPONDENTS ONLY: ARE YOU CURRENTLY PREGNANT?

No	☐	Yes	☐	N/A or Refused	

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

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?	☐ Yes	☐ No	☐ Refused
B) A PAST HEAD INJURY?	☐ Yes	☐ No	☐ Refused
C) A LEARNING DISABILITY, DEVELOPMENTAL DISABILITY, OR OTHER IMPAIRMENT?	☐ Yes	☐ No	☐ 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

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. 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

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

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

		-			-				

Month *Day* *Year*

Staff First Name																
Staff Last Name																
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: _____