

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

# Sonoma County Continuum of Care

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

## Living Situation – Page #2

<b>A.54</b> What was the client's residence prior to project entry?  <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> <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or outside) <input type="checkbox"/> Safe Haven <i>(Do Not Use - Sonoma County has NO Safe Havens)</i> <input type="checkbox"/> Interim Housing <b>Institutional Situation</b> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <b>Transitional or Permanent Housing Situation</b> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected <i>(continued on next page)</i>
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<b>A.54</b> Other Type of residence prior to project entry	If other for "Type of Residence" please specify where:	
<p><b>The following questions are to be asked in the following situations:</b></p> <p>A. Participant is entering Emergency Shelter or Street Outreach program</p> <p>B. Participant is entering any other type of program if:</p> <ol style="list-style-type: none"> <li>1. Participant residence prior to entry was homeless</li> <li>2. Participant residence prior to entry was an Institutional setting at which they stayed <i>less than 90 day</i></li> <li>3. Participant resident prior to entry was Permanent or Transitional Housing at which they stayed <i>less than 7 nights</i></li> </ol> <p><b>In all other cases, please skip to "Income and Benefits - Page #6"</b></p>		
<b>A.56</b> If Prior Residence was Institutional Setting: 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> If Prior Residence was Transitional or Permanent: 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> Length of Stay in Prior Living Situation <i>Select One</i>	<input type="checkbox"/> One day or less <input type="checkbox"/> Two days to one week <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, but less than one year	<input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected
<b>A.59</b> 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>	
<p><b>The key concepts to help determine the actual or approximate start date are:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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:             <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>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.</li> </ol> </li> <li>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).</li> <li>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</li> </ol>		

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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> Approximate date homelessness started	____/____/____	<b>A.65</b> 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	<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected
<b>A.67</b> Total number of months homeless on the street, in an Emergency Shelter, or a Safe Haven in the past three years	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 7 Months <input type="checkbox"/> 8 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months <input type="checkbox"/> 11 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 Months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected	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.  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> Is the client currently receiving income from any source?  <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected			
	<i>(Enter Monthly Amounts)</i>			
	<b>A.157</b> Earned Income (employment income)	\$		
	<b>A.159</b> Unemployment Insurance	\$		
	<b>A.161</b> Supplemental Security Income (SSI)	\$		
	<b>A.163</b> Social Security Disability Income (SSDI)	\$		
	<b>A.165</b> VA Service-Connected Disability Compensation	\$		
	<b>A.167</b> VA Non-Service-Connected Disability Pension	\$		
	<b>A.169</b> Private Disability Insurance	\$		
	<b>A.171</b> Worker's Compensation	\$		
	<b>A.173</b> Temporary Assistance for Needy Families(TANF)	\$		
	<b>A.175</b> General Assistance (GA)	\$		
	<b>A.177</b> Retirement Income from Social Security	\$		
	<b>A.179</b> Pension or retirement from a former job	\$		
	<b>A.181</b> Child Support	\$		
<b>A.183</b> Alimony or other spousal support	\$			
<b>A.185</b> Income from any other source	\$			
If Other Source (describe) _____				
<b>A.188 Total Monthly Income</b>		\$		

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<b>A.190</b> Is the client currently receiving non-cash benefits from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected			
<b>Non-Cash Benefits that are expected to be ongoing</b>  <i>Select All That Apply</i>	<b>A.191</b> Supplemental Nutrition Assistance Program (SNAP) (previous food stamps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.192</b> Special Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.193</b> TANF Child Care services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.194</b> TANF transportation services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.195</b> Other TANF funded services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.196</b> Section 8, public housing or other ongoing rental assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.197</b> Temporary rental assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.198</b> Benefits from any other source	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Other Source (describe) _____ _____ _____				

**Health Insurance – Page #7**

(Required of all Clients including Children and Unaccompanied Youth)

<b>A.200</b>				
Is the client currently covered by health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected			
Health Insurance currently covering client  <i>Select All That Apply</i>	<b>A.201</b> MEDICAID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.203</b> MEDICARE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.205</b> State children's health insurance program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.207</b> Veteran's Administration (VA) medical services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.209</b> Employer provided health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.211</b> COBRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.213</b> Private pay health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.215</b> State health insurance for adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.217</b> Indian Health Services Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.219</b> Another type of insurance not listed above	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If another type (describe) _____ _____ _____				

**Health Information – Page #8**

<p>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>	<p><b>Q.221</b></p> <p><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</p> <p>    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</p> <p>    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</p> <p>    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></p> <p><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</p> <p>    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</p> <p>    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</p> <p>    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></p> <p><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</p> <p>    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</p> <p>    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</p> <p>    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>											

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<p>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>	<p><b>Q.233</b>  <input type="checkbox"/> <b>HIV/AIDS</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          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          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          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.237</b>  <input type="checkbox"/> <b>Mental 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          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          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          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.243</b>  <input type="checkbox"/> <b>Substance Abuse?</b>      <input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both alcohol and drug abuse             <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected          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          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          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.248</b> <i>(note this response SHOULD auto populate based on the answers above but you should check)</i>  <input type="checkbox"/> Disabling Condition      <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>A.231</b> Is the client a victim or survivor of domestic violence? (HOH and Adults only)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<p><b>A.232</b> If Yes, when did client's last episode of DV occur?</p>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three-Six months (excluding 6 mos. Exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p><b>A.233</b> Is client currently fleeing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		

## Form Notes

Fields for Client Doesn't Know, Client Refused or Data Not Collected are light grey because every effort must be made to **collect all client data and not** check these boxes. Sonoma County has **no** Safe Haven programs so those responses are formatted in grey as well.

For detailed information about how to accurately assess each data element please refer to the HUD 2017 Data Manual released July 2017.

<http://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2017.pdf>





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

## Prescreen for Families (English)

Survey Number/ID \_\_\_\_\_

### Page #2. General Information

Interviewer's Name <i>(No EtO Entry)</i>		A-15. Interviewer Role  <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Consumer Guide
A-17. Date of Survey	A-18. Date (HMIS Entry)	A-19. <i>(optional)</i> Start Time: _____ End Time: _____
A-20. Sonoma Location of Participant Interview <input type="checkbox"/> Cotati/Rohnert Park <input type="checkbox"/> North County/Cloverdale <input type="checkbox"/> Healdsburg/Windsor <input type="checkbox"/> Petaluma/South County <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Sonoma Valley <input type="checkbox"/> West County		A-21. Agency Taking Survey <input type="checkbox"/> Buckelew <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Cloverdale Wallace House <input type="checkbox"/> Community Development Commission <input type="checkbox"/> COTS Petaluma <input type="checkbox"/> Social Advocates for Youth <input type="checkbox"/> Sonoma County DA Homeless Victims <input type="checkbox"/> The Living Room <input type="checkbox"/> West County Community Services <input type="checkbox"/> West County Health <input type="checkbox"/> Sober Sonoma <input type="checkbox"/> Interfaith Shelter Network <input type="checkbox"/> Reach for Home
A-24. In what language other than English or Spanish do you feel most comfortable speaking in?		_____

Page #3. Children	RESPONSE
A-25. Total number of children under the age of 18 that are currently with the head(s) of household.	
A-26. 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?	

A-27. Children List				Notes <i>(optional)</i>
Last Name	First Name	Age	Gender <i>(circle)</i>	
			M    F    O	
			M    F    O	
			M    F    O	
			M    F    O	
			M    F    O	
			M    F    O	

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

## Prescreen for Families (English)

			M	F	O	
			M	F	O	
I-6. Is any member of the family currently pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>			
I-7. Is the Female Participant pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>			
I-8. Is this participant part of a single parent family? <i>(if any member pregnant)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>			
I-9. If single parent family - are there are least 2 (or more) children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>			
I-10. If single parent family - is any one child over the age of 11?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>			
I-12. Is this participant part of a two parent family?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>			
I-13. If two parent family - are there more than 3 children under the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>			
I-14. If two parent family - is there at least one child who's age is 6 or younger?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>			

### Page #4. A. HOMELESSNESS/HOUSING HISTORY

QUESTION	RESPONSE	REFUSED
I-15. What is the total length of time you and your family have lived on the streets or in shelters? <i>(record in months)</i>		<input type="checkbox"/>
I-16. In the past 3 years, how many times have you and your family been housed, and then homeless again?		<input type="checkbox"/>

### Page #5 B. RISKS

**SCRIPT:** I am going to ask you some questions about yours or any of your family member's interactions with health and emergency services. If you need any help figuring out when 6 months ago was, just let me know.

QUESTION	RESPONSE	REFUSED
I-18. In the past six months, how many times have you and/or members of your family been to the emergency department/room?		
I-19. In the past six months, how many times have you and/or members of your family had an interaction with the police?		
I-20. In the past six months, how many times have you and/or members of your family been taken to the hospital in an ambulance?		
I-21. In the past six months how many times have you and/or members of your family used a crisis service, including distress centers or suicide prevention hotlines?		

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

## Prescreen for Families (English)

QUESTION	RESPONSE		REFUSED
I-22. In the past six months, how many times have you and/or members of your family been hospitalized as an in-patient including in a mental health hospital?			
I-25. Have you or any family member been attacked or beaten up since becoming homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-26. Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-28. Do you or any member or the family have any legal stuff going on right now that may result in you being locked up or having to pay fines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-30. Does anybody force or trick you or any member of the family to do things that you do not want to do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-31. Do you or any family member 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 really know, share a needle, anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-32. I'm going to read types of places people sleep. Please tell me which one that you and your family sleep at most often. <i>(Check only one)</i>	<input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Car, Van, or RV <input type="checkbox"/> Bus or subway <input type="checkbox"/> Park, beach, camping <b>Other place slept (SPECIFY):</b> <b>I-33. Other place slept</b> <hr/>		

### Page #6. C: SOCIALIZATION/DAILY FUNCTIONS

QUESTION	RESPONSE		REFUSED
I-35. Is there anybody that thinks you or any family member owes them money?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-36. Does the family have any money coming in on a regular basis? Like a job, government benefits, or even working under the table, recycling, sex work, odd jobs, day labor, or anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-37. Does your family have enough money to meet all expenses on a monthly basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-39. Do you and each member of the family have planned activities each day other than just surviving that bring you happiness and fulfillment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-41. Do you or any member of the family have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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

## Prescreen for Families (English)

QUESTION	RESPONSE		REFUSED
I-42. Do any friends, family or other people in you or your family's life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-44. Surveyor, do you detect signs of poor hygiene or daily living skills or any family member? <i>(note for 211 or phone interviews disregard this question)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Page #7. D. WELLNESS</b>			
<b>SCRIPT:</b> OK, now I'm going to ask you some questions about your health	<b>RESPONSE</b>		
I-46. Where do you and other family members usually go for healthcare when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Does not go for care <input type="checkbox"/> <b>Other (Specify)</b> I-47. _____		
<b>SCRIPT:</b> Do you have now, have you ever had, or has a healthcare provider ever told you that you or any member of your family have any of the following medical conditions?	<b>RESPONSE</b>		<b>REFUSED</b>
I-49. Kidney disease/End Stage Renal Disease or Dialysis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-50. History of frostbite, Hypothermia, or Immersion Foot	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-51. Liver disease, Cirrhosis, or End-Stage Liver Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-52. HIV+/AIDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-58. History of Heat Stroke/Heat Exhaustion	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-59. Heart disease, Arrhythmia, or Irregular Heartbeat	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-60. Emphysema	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-61. Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-62. Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-63. Cancer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-64. Hepatitis C	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-65. Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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

## Prescreen for Families (English)

QUESTION	RESPONSE		REFUSED
<b>OBSERVATION ONLY – DO NOT ASK:</b> I-66. Surveyor do you observe signs or symptoms of a serious health condition? <i>(211 or phone interviews disregard this question)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I-68. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-69. Have you or any member of the family consumed alcohol and/or drugs almost every day or every day for the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-70. Have you or any member of the family ever used IV drugs in the last six months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-71. Have you or any member of the family ever been treated for drug or alcohol problems and returned to drinking or using drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-72. Have you or any member of the family used non-beverage alcohol (like cough syrup, rubbing alcohol, cooking wine, or anything like that in the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-73. Have you or any family member blacked out because of your alcohol or drug use in the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-74. Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> I-75. Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse? <i>(note for 211 or phone interviews disregard this question)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I-77. Have you or any member of your family ever been taken to a hospital against your will for a mental health reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-78. Have you or any member of your family gone to the emergency room because you weren't feeling 100% well emotionally or because of their nerves?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-79. Have you or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last 6 months because of your mental health - whether that was voluntary or because someone insisted that it be done?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-80. Have you or any member of your family had a serious brain injury or head trauma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-81. Have you or any member of your family ever been told you have a learning disability or developmental disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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

## Prescreen for Families (English)

QUESTION	RESPONSE		REFUSED
I-82. Do you or any member of your family have any problems concentrating and/or remembering things?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-83. Surveyor, do you detect signs of symptoms or severe, persistent mental illness or severely compromised cognitive functioning? <i>(211 or phone interviews disregard this question)</i>	YES <input type="checkbox"/>		NO <input type="checkbox"/>
<i>(surveyor, if the respondent answers Yes to any question I-76 through I-82 ask this question)</i> I-85. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance abuse use. Is that the same member of the family in all those instances?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
I-87. Have you or any other member of the family had any medicines prescribed by a doctor that were not taken, sold, stolen, misplaced, or where the prescriptions were never filled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-89. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or has caused your homelessness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

### Page #8. E: FAMILY UNIT

QUESTION	RESPONSE		REFUSED
I-91. Do any of your children spend two or more hours per day when you don't know where they are?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-92. On most days, do any children do tasks that adults would normally do, like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-94. What is the total number of times adults in the family have changed in the family over the past year because of things like a new relationship or a breakdown in the relationship, prison, military deployment, or anything like that?			
I-95. What is the total number of times that children have been separated from the family or returned to the family over the past year?			
I-97. Are there any school-aged children that are not enrolled in school or missing more days of the school year than they are attending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-98. Right now or any point in the last six months have any or your children been separated from you to live with a family member or friend?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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

## Prescreen for Families (English)

QUESTION	RESPONSE		REFUSED
I-100. Has there been any involvement with any member of your family and child protective services in the last six months even if it was resolved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-101. Have you had anything in family court over the past six months or anything currently being considered in family court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-103. Have you or any member of your family been diagnosed with the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-104. Do you have a documented Mental Health diagnosis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-105. Are you currently working with Sonoma County Behavioral Health?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>

**SCRIPT:** Finally I'd like to ask you some questions to help us better understand homelessness, and improve housing and support services.

### Page #9. Miscellaneous

I-106. <i>(If yes this participant served in the military) which war/war era did you serve in?</i>	<input type="checkbox"/> WWII <input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) I-105. _____ <input type="checkbox"/> Refused
I-107. <i>If yes you served, what was the character of your discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Refused
I-110. Where did you live prior to becoming homeless?	<input type="checkbox"/> Sonoma County <input type="checkbox"/> Northern California <input type="checkbox"/> Other part of CA <input type="checkbox"/> Elsewhere (Specify:) I-107. _____
I-113. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
I-114. Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
I-115. Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
I-116. Do you or any member of the family have a physical disability that limits your mobility? <i>(i.e. wheelchair, amputation, unable to climb stairs)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
I-117. <i>If yes, please note any restrictions (i.e. bottom bunk only, wheel chair accessible, etc.):</i>	

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

## Prescreen for Families (English)

A-118. If given the choice, which housing option do you think would be best for you?	<input type="checkbox"/> Strictly Clean and Sober <input type="checkbox"/> Sobriety Expectation <input type="checkbox"/> No Sobriety Requirements
A-119. 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
I-120. Do you have a service animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
I-121. <i>If yes, did your animal play a role in your becoming homeless?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
I-122. Is there an area in Sonoma County you would prefer to stay?	<input type="checkbox"/> No preference <input type="checkbox"/> Guerneville/North Coast <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Cloverdale/Healdsburg <input type="checkbox"/> Petaluma <input type="checkbox"/> Sonoma Valley
I-123. What kind of health insurance do you have, if any? <i>(check all that apply)</i>	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____
I-128. On a regular day, where is it easiest to find you, and what time of day is easiest to do so? <i>(Note: while working in EtO – the participant's phone number and email will display directly above this field – add any additional info to this area that will assist in locating the participant such as a current shelter location, mailing address etc.)</i>	
I-129. Other than the information you already provided - is there any other phone number and/or email where someone can get in touch with you or leave you a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
	_____