



BTG Policies and Procedures Manual

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I. PURPOSE

In July 2012, HUD published the new Continuum of Care (CoC) Program interim rule. The CoC Program interim rule requires that the CoC establish and consistently follow written standards for providing CoC assistance, in consultation with recipients of the ESG program.

At a minimum, these written standards must include:

- Policies and procedures for evaluating eligibility for individuals and families for assistance in the CoC Program
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid re-housing assistance

The goals of the written standards are to:

- Establish community-wide expectations on the operations of projects within each community
- Ensure that the system is transparent to users and operators
- Establish a minimum set of standards and expectations in terms of the quality expected of projects
- Make the local priorities transparent to recipients and sub-recipients of funds
- Create consistency and coordination between recipients' and sub-recipients' projects within the jurisdictions of Bridging the Gap
- Support CoC Program standards in accordance with Violence Against Women Act (VAWA) regulations

The Bridging the Gap (BTG) Coordinated Entry System (CES) is the Hawai'i Balance of State (Hawai'i County, Maui County, and Kaua'i County) Continuum of Care (CoC) approach to organizing and providing services and assistance to families and individuals experiencing a housing crisis throughout the Continuum of Care. Individuals and families, including youth, who are seeking homeless or homelessness prevention assistance are directed to defined entry/access points, assessed in a uniform and consistent manner, prioritized for housing and services, and then linked to available interventions in accordance with the intentional service strategy defined by BTG's CoC leadership. Each service participant's acuity level and housing needs are aligned with a set of service and program strategies that represent the appropriate intensity and scope of services needed to resolve the housing crisis.

II. ROLES AND RESPONSIBILITIES

A. Convener

1. Case Conference

County staff serve as CES conveners for their respective Counties and are responsible for managing/maintaining the BNL, overseeing the CES process in each county and conducting case conferencing meetings. Case Conferencing meetings are convened to discuss issues surrounding CES including but not limited to clients on the BNL that haven't been referred, why they haven't been referred, warm handoffs, etc. The goal is to achieve and sustain a well-coordinated and efficient community system that assures homelessness is rare, brief and non-recurring.

2. Case Conference Management & Facilitation

The Convener will have access to the CES Referral Dashboards and the CES Updates Dashboards to facilitate the following:

- Keep the group on task while facilitating solution-based discussions.
- Targeted Inquiries: The Convener should ask probing but respectful questions to promote efficient coordination among providers, appropriate shelter and emergency services, and rapid housing placement.
- Ongoing Adjustments: Foster the group dynamic by asking for feedback during meetings, by email or through an alternative medium to share. If there is a need to change processes or procedures, add the topic to the agenda for discussion.
- Affirmation: Ensure that successes are celebrated and partner efforts are affirmed. Strive to include in your discussion a positive story from one of the providers in the meeting. Rotate who gets to share if possible. No success is too small to celebrate.

3. Meeting Attendees and Format:

The Convener will ensure key service and housing partners are actively involved and dialogue is focused on case coordination and problem-solving.

- Representing Organizations: Access points, Housing Resource providers
- Attendees: Determine which specific staff should be present at case conference meetings. Ideal attendees are those who have in-depth knowledge about the status, needs and preferences of each client being reviewed and who are also able to make decisions regarding provision of shelter, services or housing assistance. Attendees should be streamlined to keep the group's size manageable.
- Medium of Meeting: Convene in-person when possible. Utilize electronic meetings to accommodate attendees/conveners separated by distance.
- Agenda: Agenda simple and to the point. Primary focus of case conference meetings are the individual clients who are being discussed. A simple agenda might include the following items:

- Welcome & Introductions
- Key System Updates: Be sure to keep these brief and include any critical system indicators, such as average length of time for all individuals to access housing.
- Case Conferencing: Client specific updates and discussion.
- Follow Up Items: General, client specific follow-up or action items identified during the meeting.

4. Meeting Frequency

At a minimum once per month and more frequently when possible or necessary.

5. Client-Level Review:

Create a standard set of elements to review for each client so providers can be prepared to effectively discuss cases. Below are suggested elements to review:

- Current status: For example: active in shelter, active unsheltered, missing and whether that status has changed since the last case conference review
- Preferences: Housing plans and next steps should be guided by the client's preferences.
- Critical Housing Placement Barriers: Review and problem-solve any barriers to housing placement.
- Critical Service Barriers: Review and problem-solve any challenges to connecting clients to critical services.
- Next Steps: Identify any immediate or critical action items related to the client, including roles and timelines

B. CES Oversight Committee

CES oversight committee is responsible for updating/maintaining CES policies and procedures. Receives and responds to any CES grievances.

C. BTG BOD

BTG BOD oversee the entire CES process, CES conveners and CES oversight committee. Ensure that HMIS policies & procedures, CES policies & procedures and the participation agreement are followed.

D. Access Points

Outreach or Enrolled in Emergency Shelter/Transitional Shelter

Responsible for the following:

- Homeless verification for all adults in household – uploaded to HMIS
- Completing VI SPDAT assessment based on household configuration in HMIS
- Household document readiness: photo ID, social security card/letter and completing chronic homeless verification packet as applicable – uploaded to HMIS. Staff should quantify which essential documents the person currently possesses, and begin working with them to begin collecting missing documents.
- Preparing clients for housing: increasing income, life skills, etc
- Responsible for locating households the organization added to the BNL when household is referred to a housing resource
- Serve as BTG CES contacts for household until they are permanently housed
- Coordinate warm handoff within 72 hours

“Warm hand off” is a person to person transfer of responsibility to an alternate service provider who is better equipped to address the relevant, specific needs of the Participant. If access points do not respond within 72 hours, the Convener will reach out the non-responding agency. If a response is not received within an additional 72 hours, a special case conferencing will be convened to directly address these concerns. Unresolved issues will be elevated to the BTG CES oversight committee.

The following documents are required and must be uploaded in the HMIS in order to be matched to a housing program:

Permanent Supportive Housing (PSH) referrals require the following documents:

- CH Verification Documentation for Head of Household member (see sample form in the appendices); and
- Valid government issued Photo ID (Driver’s License, State ID, Military ID or Passport); and
- Social Security Card or Letter.

Rapid Re-Housing (RRH) referrals require the following documents:

- Certification of Homelessness; and
- Valid government issued Photo ID (Driver’s License, State ID, Military ID or Passport); and
- Social Security Card or Letter.
- For Rapid Re-Housing (RRH) for those Fleeing from Domestic Violence (DV) – DV Verification form or letter (See Appendices)

Transitional Housing (TH) referrals require the following documents:

- Certification of Homelessness.

Some Programs may require additional eligibility documents:

For Households with minor children, programs shall require documents including but not limited to:

- Social Security Card or Letter; and
- Birth Certificate; or
- Hospital Certificate.

For Veteran Households, programs may require and not limited to:

- DD-214

Domestic Violence(DV) Service Providers are responsible for the following:

- All access point responsibilities defined above – without uploaded client assessment or documents to HMIS
- Complete anonymous DV specific CES assessment in HMIS

E. Housing Providers

Housing Providers are responsible for the following:

- “Pull” CES referrals from HMIS based on staff and financial capacity for each program.
- Will make contact with BTG CES contact immediately to begin vetting process.
- Shall serve clients from the top of the BNL and in order of prioritization.
- Ensure clients served through program meet all funder requirements
- Voucher/financial assistance programs will assist clients in locating suitable housing – clients are not solely responsible for finding their own housing units.

III. PRIORITIZATION SCHEME MATRIX

Clients will be triaged utilizing the VI-SPDAT and F-VI-SPDAT tool, and prioritized for housing resources according to the following:

A. Transitional Housing

Single and Adult Only Households

- Verified as experiencing homelessness
- VI-SPDAT Score Range 4-7

Families with Minor Children & Pregnant Women

- Verified as experiencing homelessness
- F-VI-SPDAT Score Range 4-8

B. Rapid Rehousing

Single and Adult Only Households

- Verified as experiencing homelessness
- VI-SPDAT Score Range 8-17 and not verified as chronically homeless
- Document Ready (all documents must be uploaded to HMIS):
 - Valid Government Issued Photo ID
 - Social Security Card/Letter

Families with Minor Children & Pregnant Women

- Verified as experiencing homelessness
- F-VI-SPDAT Score Range 9-22 and not verified as chronically homeless
- Document Ready (all documents must be uploaded to HMIS):
 - Valid Government Issued Photo ID
 - Social Security Card/Letter

C. Permanent Supportive Housing

Single and Adult Only Households

- Verified as chronically homeless
- VI-SPDAT Score Range 8-17
- Document Ready (all documents must be uploaded to HMIS):
 - Valid Government Issued Photo ID
 - Social Security Card/Letter
 - Chronically Homeless Verification Packet including supporting documents

Families with Minor Children & Pregnant Women

- Verified as chronically homeless
- F-VI-SPDAT Score Range 9-22
- Document Ready (all documents must be uploaded to HMIS):
 - Valid Government Issued Photo ID
 - Social Security Card/Letter
 - Chronically Homeless Verification Packet including supporting documents

D. Domestic Violence Funded Projects

Clients currently fleeing and prioritized as defined above

E. Special Populations

VASH

Discharge Status: Honorable and General Under Honorable Conditions

SSVF

Discharge Status: Honorable, General Under Honorable Conditions, Under Other Than Honorable Conditions and Bad Conduct

Steadfast Group Home Projects *PSH criteria as defined above

1. PSH and AMHD verified
2. PSH and CCS verified
3. PSH

IV. HMIS/CES CONSENT FORM – TO SHARE DOCUMENTS

Upon completion of the VI-SPDAT, CES access point organizations review and explain the purpose and intention of the HMIS/CES Consent Form. With client's consent, HMIS participating organizations will share client documents within HMIS via the BTG Client Documents Roles.

This role has been designed for the exclusive use by BTG to upload client documents (e.g., Photo ID, Passport, Social Security Card/letter, etc.). Organizations shall ensure that the document type matches the document that is uploaded in the system.

With this role, organizations can view all documents they have uploaded into the HMIS. Clients must have a signed consent for this information to be shared.

V. HOUSING RESOURCES

See Appendix I– Program Eligibility Rules Matrix. KMNH will update as new programs are added/removed or Program eligibility rules change.

VI. CES REFERRALS

A. Referrals

CES Referrals shall be made based on the BTG Prioritization Scheme detailed in section III. If housing provider does not receive an adequate referral to fill vacancy, they MUST immediately email the county convener for assistance. Convener can run the VI-SPDAT list and through targeted efforts, find eligible clients to fill housing vacancies. Conveners will work with both Access Points and Housing Resource agencies to identify, locate and document ready eligible clients. If client meets minimum referral eligibility criteria, client can then be referred to fill the vacancy.

B. Case Notes

Case notes should be completed weekly for all active referrals.

C. Unassignments

Unassignments will be made in accordance with the following:

Category 1: NO FURTHER REFERRALS WILL BE GENERATED FOR THIS VI-SPDAT (VI-SPDATS should be exited)
1. Client has obtained housing
2. Client is no longer on island
3. Client is no longer interested in housing at this time
4. Client is already matched to other housing resources
5. Client has been confirmed as deceased
6. Client is institutionalized for more than 31 days (incarcerated/hospitalized/treatment facility)
7. Client unable to be located after a minimum of 3 attempts over a period of 14 calendar days.
Category 2: CLIENT CAN BE REFERRED AGAIN BUT NOT TO THIS PROGRAM
1. Client expressed safety concerns with this program
2. Program denial
3. Client declined housing through this program
4. Client does not meet program eligibility criteria
Category 3: ACTION IS REQUIRED BEFORE CLIENT CAN BE REFERRED TO ANY PROGRAM AGAIN
1. Client not document ready

Please note the following regarding Category 3 Unassignments: Action is required before client can be referred to any program again: The Access Point/Referring agency is responsible for regular review of the *CES Referral Unassignments Requiring Followup Report*. Regular review of this report to resolve issues will ensure that clients who are still interested in housing resources can be referred again and are not “stuck” on the Unassigned list.

VII. GRIEVANCE POLICY

BTG BOD oversees the CES process through the CES oversight committee. All CES concerns/grievances should be brought to the county convener and the BOD CES oversight committee in writing via the BTG HMIS help desk: <https://helpdesk.hawaiihomelessprogramshmis.org/>. The ticket will be forwarded to the local chapter convener and the BTG oversight committee. A response will be provided within 5-7 business days.

All grievances must be received in writing – verbal grievances will not be accepted.

VIII. COORDINATED ENTRY SYSTEM TERMS

A. Chronically Homeless (HUD Definition)

HUD defines a chronically homeless single individual and family as follows:

An individual, including youth, who:

1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
2. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute a break in homelessness, but rather such stays are included in the cumulative total; and
3. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
4. A person who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph (1) of this definition, before entering that facility; or
5. Who meets all of the criteria in paragraph (1) of this definition.

A family that:

1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
2. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute a break in homelessness, but rather such stays are included in the cumulative total; and
3. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
4. A family who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph (1) of this definition, before entering that facility; or
5. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

B. Youth

For purposes of the BTG Coordinated Entry System, the term “youth” includes individuals ages 12 to 17 and parenting young adults ages 18 to 24. In general, young adults and parenting young adults, ages 18-24, will follow the same triage/assessment/intake process outlined for other adults, except a different triage tool may be used and assistance may be sought from youth-focused agencies. (See “Additional Subpopulation Considerations” for details about triage/assessment tools.)

Unaccompanied youth ages 12 through 17 who are experiencing homelessness while not in the physical custody of a parent or legal guardian, will be connected with a local youth provider agency for services, including access to shelter. For youth provider information, refer to the Access Points information in Appendix I.

Note: Although the CES serves youth and young adults, for purposes of Rapid ReHousing (RRH) programs, youth must be at least 18 years old to sign a lease. Therefore, for purposes of RRH, youth are defined as ages 18 to 24.

C. Disability (HUD Definition)

HUD defines a person with disabilities as a person who:

1. Has a disability as defined in Section 223 of the Social Security Act (42 U.S.C.423), or
2. Is determined by HUD regulations to have a physical, mental, or emotional impairment that:
 - a. is expected to be of long, continued, and indefinite duration;
 - b. substantially impedes his or her ability to live independently; and
 - c. is of such a nature that more suitable housing conditions could improve such ability,or
3. Has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), or
4. Has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV).

For qualifying for low income housing under HUD public housing and Section 8 programs, the definition does not include a person whose disability is based solely on any drug or alcohol dependence.

D. Literally Homeless (HUD Homeless Definition Category 1)

A person or family lacking a fixed, regular, and adequate nighttime residence.

- a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, camping ground; or
- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by

charitable organizations or by federal, state, or local government program for low-income individuals); or

- c. A family or an individual who is exiting an institution where they resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

E. **At imminent risk of homelessness (HUD Homeless Definition Category 2)**

A person or family who will imminently lose their housing (within 14 days) and become literally homeless

F. **Homeless under other Federal statutes (HUD Homeless Definition Category 3)**

A person or family defined as “homeless” by other federal statute (e.g., Dept. of HHS, Dept. of Ed.)

G. **Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)**

A person or family fleeing or attempting to flee domestic violence, stalking, dating violence, or sexual assault.

H. **At Risk of Homelessness**

1. Category 1- A family or person who:
 - a. has an annual income below 30% of median income for the area; AND
 - b. does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND Meets one of the following conditions:
 - i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 - ii. Is living in the home of another because of economic hardship; OR
 - iii. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 - iv. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income households; OR
 - v. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
 - vi. Is exiting a publicly funded institution or system of care; OR
 - vii. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan.
2. Category 2: A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
3. Category 3: An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with him or her.

I. **Homeless Management Information System (HMIS)**

A Homeless Management Information System is an electronic web-based data collection and reporting tool designed to record and store person-level information on the characteristics and service needs of homeless individuals and families throughout a Continuum of Care (CoC) jurisdiction. Usage of the HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for any person experiencing homelessness.

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

The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode and Community Solutions is a triage tool that assists in informing an appropriate ‘match’ to a particular housing intervention to people based on their acuity in several core areas. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across five components: (A) history of housing and homelessness (B) risks (C) socialization and daily functioning (D) wellness - including chronic health conditions, substance usage, mental illness and trauma and (E) the family unit. BTG’s Coordinated Entry System has agreed to use the VI-SPDAT version appropriate for each population (for example, the VI-SPDAT for individuals and F-VI-SPDAT for families) as the universal assessment tool across the Continuum of Care for screening and matching individuals experiencing homelessness in Hawai’i. Staff administering any of the SPDAT tools must be trained by an authorized trainer

IX. RESOURCES AND DOCUMENTS

A. **Appendix A: CES Component Definitions**

Component definitions provide detailed descriptions of each CoC program type available through the Coordinated Entry System.

Street Outreach

Component Type	Essential Elements	Target Population
Emergency services and engagement intended to link unsheltered households (individuals and families) who are homeless and in need of shelter, housing, and support services.	Low-demand, street and community-based services that address basic needs (e.g., food, clothing, blankets) and seek to build relationships with the goal of moving people into housing and engaging them in services over time. In addition, outreach staff should provide or link individuals and families with: case manager assistance to develop a person-centered case management plan, housing placement and housing location support, psychiatric and addictions assessment, medication, other immediate and short-term treatment, and assessment to other programs and services.	Homeless individuals and families on the streets, frequently targeting those living with mental illness(es), severe addiction(s), or dual-diagnoses As providers funded to end people’s experience of homelessness match individuals and families to their available housing resources, street outreach will target people connected to a housing resource through these providers in order to demonstrate Coordinated Entry participation

Prevention

Component Type	Essential Elements	Target Population
<p>Prevention from homelessness includes financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized. The funds under this program are intended to target individuals and families who would be homeless but for this assistance.</p>	<p>Programs can provide a variety of assistance, including: short-term or medium-term rental assistance and housing relocation and stabilization services, including such activities as mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, and case management.</p>	<p>Individuals and families who are "at risk of homelessness."</p>

Emergency Shelter

Component Type	Essential Elements	Target Population
<p>Emergency Shelter programs providing stabilization and assessment; focusing on quickly moving all individuals (singles as well as families) to housing, regardless of disability or background. Short-term shelter that provides a safe, temporary place to stay (for those who cannot be diverted from shelter) with focus on initial housing assessment, immediate housing placement and linkage to other services.</p>	<p>Entry point shelter with:</p> <ul style="list-style-type: none"> ● showers, ● laundry, ● meals, ● other basic services, ● and linkage to case manager and housing counselor (co-located on-site), <p>with the goal of helping households move into stable housing as quickly as possible. Shelters include an array of stabilization options that allow for varying degrees of participation and levels of support based on family needs and engagement at the time they enter the system (i.e., for those with chronic addictions, mental illness, and co-occurring disorders). On-site supportive service staff should conduct the <i>appropriate VI-SPDAT</i> of repeat families and individuals, or families and individuals requesting such assessment following 7+ shelter nights to determine housing needs (e.g., unit size, rent levels, location), subsidy needs, and identify housing barriers, provide ongoing case management, and manage ongoing housing support and services that the family or individual will need to remain stably housed</p>	<p>Homeless individuals or families.</p> <p>As providers funded to end homelessness match families and individuals to their available housing resources, emergency shelters will target individuals or families connected to a housing resource through these providers in order to demonstrate Coordinated Entry participation</p>

Rapid Re-Housing

Component Type	Essential Elements	Target Population
<p>Rapid re-housing is an intervention designed to help individuals and families exit homelessness quickly and return to permanent housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. While a rapid re-housing program must have all three core components available, it is not required that a single entity provide all three services nor that a household utilize them all.</p>	<p>Housing Identification</p> <ul style="list-style-type: none"> ● Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness. ● Address potential barriers to landlord participation such as concern about short term nature of rental assistance and tenant qualifications. <p>Rent and Move-In Assistance (Financial)</p> <ul style="list-style-type: none"> ● Provide assistance to cover move-in costs, deposits, and the rental and/or utility assistance (typically six months or less) necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing. <p>Rapid Re-Housing Case Management and Services</p> <ul style="list-style-type: none"> ● Help individuals and families experiencing homelessness identify and select among various permanent housing options based on their unique needs, preferences, and financial resources. ● Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues). ● Help individuals and families negotiate manageable and appropriate lease agreements with landlords. ● Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing. ● Monitor participants' housing stability and be available to resolve crises, at a minimum during the time rapid re-housing financial assistance is provided. ● Provide or assist households with connections to resources that help them improve their safety and well-being and achieve their long-term 	<p>Homeless households with temporary barriers to self-sufficiency</p>

	<p>goals. This includes providing or ensuring that the household has access to resources related to benefits, employment and community-based services (if needed/appropriate) so that they can sustain rent payments independently when rental assistance ends.</p> <ul style="list-style-type: none"> ● Ensure that services provided are self-directed, respectful of individuals' right to self-determination, and voluntary. Unless basic, program-related case management is required by statute or regulation, participation in services should not be required to receive rapid re-housing assistance. ● Assist households to find and secure appropriate rental housing. 	
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Transitional Housing

Component Type	Essential Elements	Target Population
	<p>Safe units located in site-based or scattered site housing that focuses on housing planning, addictions treatment, stabilization, and recovery for individuals and families with temporary barriers to self-sufficiency. Recognizing that a zero tolerance approach does not work for all participants, transitional housing programs employ a harm reduction, or tolerant, approach to engage residents and help them maintain housing stability. Housing assistance may be provided for up to two years, including rental assistance, housing stabilization services, landlord mediation, case management, budgeting, life skills, parenting support, and child welfare preventive services.</p> <p>Housing plan within two weeks.</p> <p>Average stay is six months. Could stay up to two years.</p> <p>All programs provide follow up case management post exit.</p> <p>Expectation of six months of post placement tracking to assess success</p>	<ul style="list-style-type: none"> ● Homeless families and individuals contemplating recovery or newly in recovery, ● youth, ● ex-offenders, ● single-parent females younger than 25 with children under six years old, ● veterans (utilizing GPD) ● Families and individuals who are actively fleeing domestic violence

Permanent Supportive Housing

Component Type	Essential Elements	Target Population
<p>Project-based, clustered and scattered site permanent housing linked with supportive services that help residents maintain housing.</p>	<p>Permanent housing with supports that help families and individuals maintain housing and address barriers to self-sufficiency. PSH programs should provide subsidized housing or rental assistance; tenant support services; and recognize that relapse is part of the recovery process, PSH programs should hold units open for 30 days while families are in treatment or in other institutions. If a family of individual returns to a program after 30 days and their unit was given to someone else, staff should work with that family or individual to keep them engaged and place them in a unit when one is available. Some PSH programs should have a tolerant, or harm reduction, approach to engage families with serious substance abuse issues. While in PSH, families should receive supportive services appropriate to their needs from their case manager and/or the ACT or other multidisciplinary team.</p>	<p>Families and individuals experiencing long-term homelessness, living with disabilities, and significant barriers to self-sufficiency.</p>

Permanent Housing – Market Rate

Component Type	Essential Elements	Target Population
<p>Housing where people may stay indefinitely with temporary or long-term rental assistance and/or supportive services.</p>	<p>Broad range of clustered or scattered-site permanent housing options for individuals and families with temporary barriers to self-sufficiency, including group living arrangements, shared apartments, or scattered-site apartments. Families and individuals can receive rental subsidies (transitional or permanent, deep, or shallow) and supportive services. Both length and intensity of housing subsidy and services are defined on a case-by-case basis depending on individual's and family's needs. Once families or individuals are placed in housing, a multi-disciplinary case management team (lead by the primary case manager of an assigned PH provider) should conduct a comprehensive assessment and develop a long-term case management plan based on their needs. Families and individuals should maintain the same primary case manager for as long as they are in the homeless system, but members of the multi-disciplinary team may change as the participants' needs change.</p>	<p>Families and individuals who were formerly homeless</p>

B. Appendix B: Conducting the VI-SPDAT

Sample Messaging for Conducting the VI-SPDAT

"My name is [] and I work for a group called []. I have a 10 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. All that I need from you is to be honest in responding, so that there isn't a "correct" or preferred answer that you need to provide, or information you need to conceal. We can come back to or skip any question you don't feel comfortable answering, and I can explain what I mean for any question that's unclear.

The information collected goes into the Homeless Management Information System, 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 survey.

After the survey, I can give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible but unlikely that you would be housed through this process. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources I can refer you to.

Would you like to take the survey with me?"

C. Appendix C: The VI-SPDAT (Individual)

BTG VI-SPDAT V2 (Individual)

Identifying

First Name*: _____ **Last Name*:** _____

Client has nickname

Nickname _____

Birth Date*: _____ Full DOB Partial (MM/YY) Partial (DD/YY)

Age: _____ Client doesn't know Refused Data not collected

Gender*

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Client Refused
- Other _____

Social Security#*: _____

- Full
- Partial
- Client doesn't know
- Refused
- Data Not Collected

Which VI SPDAT would you like to fill out for this client*?

- Individual

Citizenship Status*

- U.S. Citizen
- Eligible Non-Citizen
- Non-US Citizen COFA
- U.S. National (American Samoa or Swains Island)
- Ineligible Non-Citizen
- Undocumented
- Client doesn't know
- Client refused
- Data Not Collected

Language in which client is best able to express him/herself*?

- Chinese
- Chuukese
- English
- Ilocano
- Japanese
- Korean
- Marshallese
- Spanish
- Tagalog
- Vietnamese
- Other _____

Has client ever served in the US Military*?

- Yes No Refused

Contact Info

Is there a phone number where someone can safely get in touch with you or leave a message?

- Yes No

If Yes,

- Cell Phone: _____ Primary Secondary Tertiary
- Home Phone: _____ Primary Secondary Tertiary
- Work Phone: _____ Primary Secondary Tertiary

Is there an email where someone can safely get in touch with you*?

- Yes No

If Yes,

Email: _____
Confirm Email: _____

Sharing

Relationship to Head of Household*

- Self (H of H)

Sharing* Shared Not Shared

BTG VI-SPDAT V2 (Individual)

BTG CES Contact (You must have at least one contact in order to proceed with the workflow)

Name* _____

Email* _____

VI SPDAT Enrollment Add/Edit

Program Entry Date*: _____

Program (County)*: _____

Provider*: _____

Restricted Information* Shared Not Shared

VI SPDAT Enrollment -

Family or Individual* (HMIS Self Populates) _____

HOH Age* (HMIS Self Populates) _____

Interviewer's Name*: _____

Position*: Staff
 Team Volunteer

Interview location*: _____

Survey Date and Time*: _____

Has Consented to Participate*: Yes No

A. History of Housing and Homelessness

1. Where do you sleep most frequently?*

- Shelters Outdoors
 Transitional Housing Refused
 Safe Haven Other _____

2. How long has it been since you lived in permanent stable housing (in months)?* _____

- Answered
 Refused

3. In the past three years, how many times have you been homeless?*

- Answered
 Refused

B. Risks

For 4a-4f, in the past six months, how many times have you:

4a. Received health care at an emergency department/room?* _____

- Answered
 Refused

4b. Taken an ambulance to the hospital?*: _____

- Answered
 Refused

4c. Been hospitalized as an inpatient?* _____

- Answered
 Refused

4d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*

- Answered
 Refused

4e. 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?*

- Answered
 Refused

4f. 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?*

- Answered
 Refused

5. Have you been attacked or beaten up since becoming homeless?*

- Yes
 No
 Refused

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

- Yes
 No
 Refused

BTG VI-SPDAT V2 (Individual)

Risks (Continued)

- | | | | |
|---|---|--|---|
| 7. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines, or make it more difficult to rent a place to live?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 8. Does anybody force or trick you to do things that you do not want to do?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |

C. Socialization and Daily Functioning

- | | | | |
|---|---|--|---|
| 10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 12. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 14. Is your 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 17. 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 19. When you are sick or not feeling well, do you avoid getting help?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

BTG VI-SPDAT V2 (Individual)

Wellness (Continued)

23a. 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 mental health issue or concern?*

- Yes
 No
 Refused

23b. 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 past head injury?*

- Yes
 No
 Refused

23c. 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 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?*

- Yes
 No
 Refused

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

- Yes
 No
 Refused

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

- Yes
 No
 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?*

- Yes
 No

Follow-Up Questions

On a regular day, where is it easiest to find you? _____

What time of day is it easiest to do so?

- Specific Time _____
- Morning (8 am – Noon) Evening (4 – 8 pm)
 Afternoon (Noon – 4pm) Night (8 pm – 12 midnight)

Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? Yes No Client doesn't know
 Refused Data Not Collected

Veteran Assessment (If client is a Veteran)

Discharge Status* Honorable Bad Conduct Client doesn't know
 General under honorable conditions Dishonorable Client refused
 Under other than honorable conditions Uncharacterized Data not collected

Date Entered Service* _____ Date Separated from Service* _____

Months of Active Duty* _____

Are you required to register as a sex offender?*

- No Yes

D. Appendix D: The VI-SPDAT (Family)

BTG VI-SPDAT V2 (Family)

Identifying

First Name*: _____ **Last Name*:** _____

Client has nickname

Nickname _____

Birth Date*: _____ Full DOB Partial (MM/YY) Partial (DD/YY)
Age: _____ Client doesn't know Refused Data not collected

Gender*

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Client Refused
- Other _____

Social Security#*: _____

- Full
- Partial
- Client doesn't know
- Refused
- Data Not Collected

Which VI SPDAT would you like to fill out for this client*?

- Family

Citizenship Status*

- U.S. Citizen
- Eligible Non-Citizen
- Non-US Citizen COFA
- U.S. National (American Samoa or Swains Island)
- Ineligible Non-Citizen
- Undocumented
- Client doesn't know
- Client refused
- Data Not Collected

Language in which client is best able to express him/herself*?

- Chinese
- Chuukese
- English
- Ilocano
- Japanese
- Korean
- Marshallese
- Spanish
- Tagalog
- Vietnamese
- Other _____

Has client ever served in the US Military*?

- Yes
- No
- Refused

Sharing

Relationship to Head of Household* Self (H of H)

Sharing* Shared Not Shared

BTG CES Contact (You must have at least one contact in order to proceed with the workflow)

Name* _____ **Email*** _____

Add Family Member

First Name*:	Last Name*:	Birth Date*:	Age:	Gender*:
1) _____	_____	_____	_____	_____
Relationship to Head of Household*		Social Security#*:		<input type="checkbox"/> Male
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Full DOB	<input type="checkbox"/> Partial (MM/YY)	<input type="checkbox"/> Female
<input type="checkbox"/> Child	<input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Partial (DD/YY)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Step-Child	<input type="checkbox"/> Unknown	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused		<input type="checkbox"/> Refused
<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected		<input type="checkbox"/> Other
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				

BTG VI-SPDAT V2 (Family)**Add Family Member – Continued**

First Name*:	Last Name*:	Birth Date*:	Age:	Gender*:
2) _____				
Relationship to Head of Household*		Social Security#*:		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Full	<input type="checkbox"/> Full DOB	<input type="checkbox"/> Male
<input type="checkbox"/> Child	<input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial (MM/YY)	<input type="checkbox"/> Female
<input type="checkbox"/> Step-Child	<input type="checkbox"/> Unknown	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Partial (DD/YY)	<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client refused	<input type="checkbox"/> Refused
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Other

First Name*:	Last Name*:	Birth Date*:	Age:	Gender*:
3) _____				
Relationship to Head of Household*		Social Security#*:		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Full	<input type="checkbox"/> Full DOB	<input type="checkbox"/> Male
<input type="checkbox"/> Child	<input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial (MM/YY)	<input type="checkbox"/> Female
<input type="checkbox"/> Step-Child	<input type="checkbox"/> Unknown	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Partial (DD/YY)	<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client refused	<input type="checkbox"/> Refused
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Other

First Name*:	Last Name*:	Birth Date*:	Age:	Gender*:
4) _____				
Relationship to Head of Household*		Social Security#*:		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Full	<input type="checkbox"/> Full DOB	<input type="checkbox"/> Male
<input type="checkbox"/> Child	<input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial (MM/YY)	<input type="checkbox"/> Female
<input type="checkbox"/> Step-Child	<input type="checkbox"/> Unknown	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Partial (DD/YY)	<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client refused	<input type="checkbox"/> Refused
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Other

First Name*:	Last Name*:	Birth Date*:	Age:	Gender*:
5) _____				
Relationship to Head of Household*		Social Security#*:		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Full	<input type="checkbox"/> Full DOB	<input type="checkbox"/> Male
<input type="checkbox"/> Child	<input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial (MM/YY)	<input type="checkbox"/> Female
<input type="checkbox"/> Step-Child	<input type="checkbox"/> Unknown	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Partial (DD/YY)	<input type="checkbox"/> Trans M-F
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Refused	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Trans F-M
<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster-Child	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client refused	<input type="checkbox"/> Refused
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Other

To add additional family members, please use the VI Family additional member form page 2a.

BTG VI-SPDAT V2 (Family)**VI SPDAT Enrollment Add/Edit**

Program Entry Date*: _____

Program (County)*: _____

Provider*: _____

Restricted Information* Shared Not Shared**General Information/Consent**

Family or Individual* (HMIS Self Populates) _____

Interviewer's Name*: _____

 Staff

Survey Date and Time*: _____

Position*: Team Volunteer

Interview location*: _____

Has Consented to Participate*: Yes NoIs there a second parent currently part of the household? * Yes No

Second Parent's Name*: _____

Children1. How many children under the age of 18 are currently with you?* _____ Answered Refused2. 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?* _____ Answered Refused3. Is any member of the family currently pregnant?* Yes No Refused**A. Housing**

5. Where do you and your family sleep most frequently?*

 Shelters Outdoors Transitional Housing Refused Safe Haven Other _____

6. How long has it been since you and your family lived in permanent stable housing (in months)?* _____

 Answered Refused7. In the last three years, how many times have you and your family been homeless?* _____ Answered Refused**B. Risks****For 8a-8f -- In the past six months, how many times have you or anyone in your family:**8a. received health care at an emergency department/room?* _____ Answered Refused8b. taken an ambulance to the hospital?* _____ Answered Refused8c. been hospitalized as an inpatient?* _____ Answered Refused8d. used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?* _____ Answered Refused8e. talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?* _____ Answered Refused8f. stayed 1 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?* _____ Answered Refused

BTG VI-SPDAT V2 (Family)

B. Risks (Continued)

- | | | | |
|---|--|---|--|
| <p>9. Have you or anyone in your family been attacked or beaten up since they've become homeless?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>10. Have you or anyone in your family threatened to or tried to harm them self or anyone else in the last year?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>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 they don't know, share a needle, or anything like that?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | | |

C. Socialization

- | | | | |
|---|--|--|--|
| <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | | |

D. Wellness

- | | | | |
|---|--|---|--|
| <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |

BTG VI-SPDAT V2 (Family)

D. Wellness (Continued)

- | | | | |
|--|--|---|--|
| <p>25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>26a. 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 mental health issue or concern?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>26b. 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 past head injury?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>26c. 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 learning disability, developmental disability, or other impairment?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>CONDITIONAL QUESTION: Based on answers provided for questions #19-27.</p> <p>28. Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No</p> |
| <p>31. Has your family's 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 or anyone in your family have experienced?*</p> | | | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |

E. Family Unit

- | | | | |
|---|--|--|--|
| <p>32. Are there any children that have been removed from the family by a child protection service within the last 180 days?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>35. Has any child in the family experienced abuse or trauma in the last 180 days?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>CONDITIONAL QUESTION: IF THERE ARE SCHOOL-AGED CHILDREN:</p> <p>36. Do your children attend school more often than not each week?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | | |
| <p>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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |

BTG VI-SPDAT V2 (Family)

E. Family Unit (Continued)

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 family movie, or anything like that?
- Yes
 No
 Refused
- 40a. 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 3 or more hours per day for children aged 13 or older?*
- Yes
 No
 Refused
- 40b. 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 2 or more hours per day for children aged 12 or younger?*
- Yes
 No
 Refused
- CONDITIONAL QUESTION: IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:**
41. 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?*
- Yes
 No
 Refused

Follow-Up Questions

- On a regular day, where is it easiest to find you? _____
- What time of day is it easiest to do so?
- Specific Time _____
- Morning (8 am – Noon) Evening (4 – 8 pm)
 Afternoon (Noon – 4pm) Night (8 pm – 12 midnight)
- Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?
- Yes No Client doesn't know
 Refused Data Not Collected

Veteran Assessment (if client is a Veteran)

- Client Name _____
- Discharge Status* Honorable Bad Conduct Client doesn't know
 General under honorable conditions Dishonorable Client refused
 Under other than honorable conditions Uncharacterized Data not collected
- Date Entered Service* _____ Date Separated from Service* _____
- Months of Active Duty* _____
- Are you required to register as a sex offender?*
- No Yes

- Client Name _____
- Discharge Status* Honorable Bad Conduct Client doesn't know
 General under honorable conditions Dishonorable Client refused
 Under other than honorable conditions Uncharacterized Data not collected
- Date Entered Service* _____ Date Separated from Service* _____
- Months of Active Duty* _____
- Are you required to register as a sex offender?*
- No Yes

E. Appendix E: The Prevention VI-SPDAT (Individual)

BTG PR-VI-SPDAT (Individual)

Identifying

First Name*: _____ Last Name *: _____

Client has nickname Nickname _____

Birth Date*: _____ Full DOB Partial (MM/YY) Partial (DD/YY)

Age: _____ Client doesn't know Refused Data not collected

Gender*

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Client Refused
- Other _____

Social Security#*:

- Full
- Partial
- Client doesn't know
- Refused
- Data Not Collected

Which VI SPDAT would you like to fill out for this client*?

- Individual

Citizenship Status

- U.S. Citizen
- Eligible Non-Citizen
- Non-US Citizen COFA
- U.S. National (American Samoa or Swains Island)
- Ineligible Non-Citizen
- Undocumented
- Client doesn't know
- Client refused
- Data Not Collected

Language in which client is best able to express him/herself *

- Chinese
- Chuukese
- English
- Ilocano
- Japanese
- Korean
- Marshallese
- Spanish
- Tagalog
- Vietnamese
- Other _____

Has client ever served in the US Military?*

- Yes
- No
- Refused

Sharing

Relationship to Head of Household* Self (H of H)

Sharing* Shared Not Shared

VI SPDAT Enrollment Add/Edit

Program Entry Date*: _____

Program (County)*: _____ Provider*: _____

Restricted Information* Shared Not Shared

General Information/Consent

Family Or Individual* (HMIS Self Populates) _____ Interviewer's Name*: _____

Staff

Survey Date and Time*: _____ Position*: Team Volunteer

Interview location*: _____ Has Consented to Participate*: Yes No

BTG PR-VI-SPDAT (Individual)

A. Safety

- | | | | |
|--|---|---|---|
| 1. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 2. Have you experienced violence or threats of violence in the last six months that has had an impact on feeling safe where you live?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 3. Is your current situation 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 4. I do not need any details, just a YES or NO: is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you or anyone in your family has experienced?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

B. Long Term Housing Stability

- | | | | |
|--|---|--|---|
| 5. Do you have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to stay housed?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 6. Do you do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 7. Have you harmed yourself or anyone else in the last six months?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 8. Is anyone currently forcing you to do something they don't want to do?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 9. If female, are you currently pregnant?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |

C. History of Housing and Homelessness

- | | | | |
|--|---|---|--|
| 10. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |
| a) IF YES: How many times has that occurred in the last three years?* | _____ <input type="checkbox"/> Refused | b) IF YES: What is the total length of time that has happened if you add all of the different times together in the last three years? (in months)* | _____ <input type="checkbox"/> Refused |
| 11. In the last six months, have you accessed supports from any churches, other faith groups, or a non-profit organization to get supports to stay housed such as financial assistance, help working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 12. Within the last six months in your current housing, how many complaints have there been about you from neighbors, the landlord or tenant/owner, or, the police?* | _____ <input type="checkbox"/> Refused |

BTG PR-VI-SPDAT (Individual)

C. History of Housing and Homelessness cont.

For 13a-13g. Do any of the following issues make it hard for you to find or stay in permanent housing or connect with other resources that can help you do that:

- | | | | |
|--|---|---|---|
| 13a) Accessible housing because you have a disability that requires a special type of housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 13b) A poor credit history?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 13c) Restrictions on where you can live because of legal stuff?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 13d) No references for your housing or poor references on your housing history?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 13e) Difficulties understanding or communicating in English?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 13f) Difficulties with math that make it hard to budget or take care of your finances?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 13g) Safety issues which may include keeping where you live unknown to a past abuser?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |
| 14. Are you currently living in an overcrowded situation(which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 15. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months if that is legally possible?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

D. Personal Administration & Money Management

- | | | | |
|--|---|--|---|
| 16. Is there any person, landlord, business, utility company, bookie, dealer, or government group like the IRS that thinks you owe them money?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 16a) IF YES: What is the total amount of money that other think is owed?* | _____ <input type="checkbox"/> Refused |
| 17. Do you get any money or assistance from the government like SSI, SSDI, TANF or Food Stamps or do you have a pension (CPP), inheritance, get money from a regular job or working under the table or anything like that?* | | | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| a) IF YES: When is the next date that you will receive money?* | _____ <input type="checkbox"/> Refused | Is the date you expect to receive money 14 or more days past the survey date?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| b) IF YES: What is the total amount that you will expect to receive?* | _____ <input type="checkbox"/> Refused | | |
| 18. What is the total amount of money you currently have including any money in the bank or investments?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 19. Is there anyone currently helping you manage your finances, like a payee, guardianship, or trustee, because a judge or the government said you have to?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 20. In the last year, how many times have you received a cash advance or loan from a business, bank, or person, where you have not repaid the full amount and the interest owed is 15% or more?* | _____ <input type="checkbox"/> Refused | 21. Have other members of your family or friends provided emergency financial assistance to you in the last three years to help you stay housed like helping you with rent, paying off arrears, paying a utility company to keep your lights on or anything like that, where they still expect you to pay them back but you have not been able to?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

BTG PR-VI-SPDAT (Individual)

E. Meaningful Daily Activity

22. Do you have planned activities, other than just surviving, that makes you feel happy and fulfilled?*
- Yes
 No
 Refused

F. Self Care and Daily Living Skills

23. 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?*
- Yes
 No
 Refused

G. Interactions with Emergency Services

For 24a-24f. In the past six months, how many times have you:

- | | | | |
|---|----------------------------------|--|----------------------------------|
| 24a) Received health care at an emergency department/room?* | <input type="checkbox"/> Refused | 24b) Taken an ambulance to the hospital?* | <input type="checkbox"/> Refused |
| 24c) Been hospitalized as an inpatient?* | <input type="checkbox"/> Refused | 24d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?* | <input type="checkbox"/> Refused |
| 24e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?* | <input type="checkbox"/> Refused | 24f) 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 |

H. Wellness

- | | | | |
|---|---|--|---|
| 25. Have you ever had to leave an apartment, residential program, or other place you were staying because of your physical health?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 26. Do you have any chronic health issues where you are not accessing appropriate care or that is making it difficult to stay housed?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 27. 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 help is needed?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 28. When you are sick, do you avoid getting medical help?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 29. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 30. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

BTG PR-VI-SPDAT (Individual)

H. Wellness (cont.)

For 31a-31c. 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:

31a. A mental health issue of concern?*

Yes
 No
 Refused

31b. A past head injury?*

Yes
 No
 Refused

31c. A learning disability, developmental disability, or other impairment?*

Yes
 No
 Refused

32. Do you have any mental health or brain issues that would make it hard for you to live independently because help would be needed?*

Yes
 No
 Refused

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

Yes
 No
 Refused

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

Yes
 No
 Refused

F. Appendix F: The TAY-VI-SPDAT

BTG VI-SPDAT V1 (Youth)

Identifying

First Name*: _____ **Last Name *:** _____

Client has nickname **Nickname** _____

Birth Date*: _____ Full DOB Partial (MM/YY) Partial (DD/YY)

Age: _____ Client doesn't know Refused Data not collected

Gender*

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Client Refused
- Other _____

Social Security#*:

- Full
- Partial
- Client doesn't know
- Refused
- Data Not Collected

Which VI SPDAT would you like to fill out for this client*?

- TAY

Citizenship Status*

- U.S. Citizen
- Eligible Non-Citizen
- Non-US Citizen COFA
- U.S. National (American Samoa or Swains Island)
- Ineligible Non-Citizen
- Undocumented
- Client doesn't know
- Client refused
- Data Not Collected

Language in which client is best able to express him/herself*?

- Chinese
- Chuukese
- English
- Ilocano
- Japanese
- Korean
- Marshallese
- Spanish
- Tagalog
- Vietnamese
- Other _____

Has client ever served in the US Military*?

- Yes
- No
- Refused

Contact Info

Is there a phone number where someone can safely get in touch with you or leave a message?

- Yes
- No

If Yes, Cell Phone: _____ Primary Secondary Tertiary
 Home Phone: _____ Primary Secondary Tertiary
 Work Phone: _____ Primary Secondary Tertiary

Is there an email where someone can safely get in touch with you*?

- Yes
- No

If Yes, Email: _____

Confirm Email: _____

Sharing

Consent* Yes No **Date of Consent*:** _____

Relationship to Head of Household* Self

BTG VI-SPDAT V1 (Youth)

BTG CES Contact (You must have at least one contact in order to proceed with the workflow)

Name* _____

Email* _____

VI SPDAT Enrollment – Add/Edit

Program Entry Date*: _____

Program (County)*: _____

Provider*: _____

Restricted Information* Shared Not Shared

VI SPDAT Enrollment -

Family Or Individual* (HMIS Self Populates) _____

HOH Age* (HMIS Self Populates) _____

Interviewer's Name*: _____

Agency Staff
Position*: Team Volunteer

Interview location*: _____

Survey Date and Time*: _____

Has Consented to Participate*: Yes No

A. History of Housing and Homelessness

1. Where do you sleep most frequently?*

- Shelters
- Transitional Housing
- Safe Haven
- Couch Surfing
- Outdoors
- Refused
- Other _____

2. How long has it been since you lived in permanent stable housing (in months)?* _____

- Answered
- Refused

3. In the past three years, how many times have you been homeless?*

- Answered
- Refused

B. Risks

In the past six months, how many times have you:

4a. Received health care at an emergency department/room?* _____ Answered Refused

4b. Taken an ambulance to the hospital?*: _____ Answered Refused

4c. Been hospitalized as an inpatient?* _____ Answered Refused

4d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*: _____ Answered Refused

4e. 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?* _____ Answered Refused

4f. Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?* _____ Answered Refused

5. Have you been attacked or beaten up since becoming homeless?* _____ Yes No Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?* _____ Yes No Refused

BTG VI-SPDAT V1 (Youth)

Risks (continued)

- | | | | |
|---|--|---|--|
| <p>7. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines, or make it more difficult to rent a place to live?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>8. Were you ever incarcerated when younger than age 18?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>9. Does anybody force or trick you to do things that you do not want to do?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>10. 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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |

C. Socialization and Daily Functioning

- | | | | |
|--|--|---|--|
| <p>11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>13. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>14. 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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |

Is your current lack of stable housing...

- | | | | |
|---|--|---|--|
| <p>15a. Because you ran away from your family home, a group home or a foster home?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>15b. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>15c. Because your family or friends caused you to become homeless?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>15d. Because of conflicts around gender identity or sexual orientation?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>15e. Because of violence at home between family members?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>15f. Because of an unhealthy or abusive relationship, either at home or elsewhere?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |

D. Wellness

- | | | | |
|--|--|---|--|
| <p>16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>18. 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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>19. 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?*</p> | <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |

BTG VI-SPDAT V1 (Youth)

Wellness (continued)

20. When you are sick or not feeling well, do you avoid getting medical help?*

- Yes
 No
 Refused

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?*

- Yes
 No
 Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger?*

- Yes
 No
 Refused

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

- Yes
 No
 Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?*

- Yes
 No
 Refused

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:

25a. A mental health issue or concern?*

- Yes
 No
 Refused

25b. A past head injury?*

- Yes
 No
 Refused

25c. A learning disability, developmental disability, or other impairment?*

- Yes
 No
 Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?*

- Yes
 No
 Refused

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

- Yes
 No
 Refused

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

- Yes
 No
 Refused

Follow Up Questions

On a regular day, where is it easiest to find you?*

What time of day is it easiest to do so?*

- Specific Time : _____
 Morning (8 am – Noon)
 Afternoon (Noon – 4)
- Evening (4 – 8 pm)
 Night (8–12 midnight)

Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future.

May I do so?*

- Yes No

G. Appendix G: The Full SPDAT Process

While the VI-SPDAT is a pre-screen or triage tool that looks to confirm or deny the presence of more acute issues or vulnerabilities, the SPDAT (or "full SPDAT" or "full SPDAT for individuals") is an assessment tool looking at the depth or nuances of an issue and the degree to which housing may be impacted.

To provide a safety net for individuals who are presumed to be highly vulnerable but score too low on the VI-SPDAT to qualify for permanent supportive housing, those individuals would be recommended for full SPDAT assessment. The primary reason for recommending a SPDAT are when the individual being assessed under or over-reports what the Assessor observes or knows through outside observation.

By allowing for assessors to spend the time to complete this more in-depth analysis, the small set of individuals whose full depth of vulnerability may not be reflected within their VI-SPDAT assessment may still be considered for street outreach or housing assignments. In a subset of these very limited instances, it is possible for a full SPDAT to produce different results than the VI-SPDAT because it is a multi-method assessment that incorporates more comprehensive outside information than the primarily self-reported information collected through the VI-SPDAT. Those who have received a full SPDAT assessment will periodically be reviewed through case conferencing and housing match processes.

In instances where individuals have both a full SPDAT and VI-SPDAT assessment, whenever possible, referral for housing placement will prioritize the full SPDAT and not solely the VI-SPDAT score.

For additional information on the SPDAT for families, visit:

<http://everyonehome.org/wp-content/uploads/2016/02/F-SPDAT-2.0-Families.pdf>

For training, tools, or additional information about products related to the SPDAT, visit:

<http://orgcode.nationbuilder.com/>

H. Appendix H: Forms/Sample Documents







Will include copies of all assessments and standardized forms

1. Chronic Homelessness Documentation Checklist



Chronic Homelessness Definition

This tool provides some sample recordkeeping tools for the Chronic Homelessness Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578 and the [HUD Exchange](#).

Recordkeeping Documentation Options Explained			
<p>3rd Party Documentation</p>	 <p>Documentation from HMIS/Comparable Database</p> <p><i>Records must show entries/exits at Shelters.</i></p> <p><i>An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.</i></p>	 <p>Written observation by an outreach worker or Written referral by another housing or service provider</p>	 <p>Documentation from Institutions like Hospitals, Correctional Facilities, etc.</p> <p><i>Must include records about stay the length of stay, signed by Clinician or other appropriate staff.</i></p>
<p>Self Certification</p>	 <p>Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.</p> <p>Remember that for each Project:</p> <ul style="list-style-type: none"> • 100% of households served can use self-certification for 3 months of their 12 months, • 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and • 25% of households served can use self-certification as documentation for any and all months. 		
<p>When do you need third party documentation?</p> <p> Preferred to record all occasions of homelessness to document Chronic Homelessness.</p> <p> Not necessary to record breaks in homelessness, these can be based on self reports.</p>			

I. Appendix I: BTG County Programs

A. Hawaii County Programs - As of November 2019

Permanent Supportive Housing

- HIHR - PSH 1
- HIHR - PSH 2
- HIHR - PSH 3
- HIHR - PSH 4
- HOPE - Continuum of Care II PSH
- HOPE - HPO NI Housing First
- HOPE - Kukui S+C Program
- SHDC - Puamelia CoC Funded (Hilo)
- VA - VASH PSH Hawaii County

Rapid Re-Housing

- CCH - HPO CSHI Hawaii County Rapid Re-housing
- CCH - HPO SHEG NI Rapid Rehousing
- HOPE - ESG Rapid Re-housing
- HOPE - HPO HPP Rapid Re-housing
- HOPE - HPO RRH Rapid Re-Housing
- HOPE - New Start
- USVETS - SSVF Priority 1 Rapid Re-housing

Transitional Housing

- HAP - Na Kahua Hale O Ulu Wini
- HIHR - HPO Transitional Housing
- HOPE - Kuleana House
- HOPE - Wilder House
- SARMY - Big Island RHY TLP

Homeless Prevention

- CCH - HPO CSHI Hawaii County Homelessness Prevention
- CCH - HPO SHEG NI Homelessness Prevention
- HOPE - ESG Homelessness Prevention
- HOPE - HPO HPP Homelessness Prevention
- HOPE - HPO RRH Homeless Prevention
- USVETS - SSVF Priority 1 Homeless Prevention

B. Kauai County Programs - As of November 2019

Permanent Supportive Housing

CCH - HPO NI Housing First (Kauai)
KEO - Pa`a Hana PSH
SHDC - Kaahele CoC Funded (Kauai)
VA - VASH PSH Kauai County

Rapid Re-Housing

CCH - HPO RRH Rapid Re-Housing (Kauai)
CCH - HPO SHEG NI Rapid Rehousing
FLC - ESG Kauai Rapid Re-housing
FLC - HPO CSHI Kauai Rapid Re-housing
FLC - HPO HPP Kauai Rapid Re-housing
USVETS - SSVF Priority 1 Rapid Re-housing

Transitional Housing

KEO - HPO Komohana Group Home TH
KEO - HPO Mana'olana Transitional Housing
KEO - Kome Transitional Housing Program
KEO - Lawehana Transitional Housing Program
WIN - HPO Bridge To Success Kauai TH

Homeless Prevention

CCH - HPO RRH Homeless Prevention (Kauai)
CCH - HPO SHEG NI Homelessness Prevention
FLC - ESG Kauai Homelessness Prevention
FLC - HPO CSHI Kauai Homelessness Prevention
FLC - HPO HPP Kauai Homelessness Prevention
USVETS - SSVF Priority 1 Homeless Prevention

C. Maui County Programs - As of November 2019

Permanent Supportive Housing

FLC - HPO NI Housing First
FLC - Ohana One PSH CoC Program
FLC - S+C 1
FLC - S+C 2
FLC - S+C 3
FLC - S+C 6 (Eha split)
MAF - HOPWA Formula - PSH TBRA
SHDC - Eha S+C (Maui)
SHDC - Kaulana CoC Funded (Maui)
SHDC - Kulalani CoC Funded (Maui)
VA - VASH PSH Maui County

Rapid Re-Housing

CCH - HPO SHEG NI Rapid Rehousing
FLC - ESG Maui Rapid Re-housing
FLC - HPO CSHI Maui Rapid Re-housing
FLC - HPO HPP Maui Rapid Re-housing
FLC - HPO RRH Rapid Re-Housing
FLC - Rental Assistance Program (RAP)
USVETS - SSVF Priority 1 Rapid Re-housing

Transitional Housing

KHAKO - HPO Central TH
KHAKO - HPO Westside TH

Homeless Prevention

CCH - HPO SHEG NI Homelessness Prevention
FLC - ESG Maui Homelessness Prevention
FLC - HPO CSHI Maui Homelessness Prevention
FLC - HPO HPP Maui Homelessness Prevention
FLC - HPO RRH Homeless Prevention
MAF - HOPWA Formula STRMU
MYFS - BCP Homeless Prevention Program
USVETS - SSVF Priority 1 Homeless Prevention

Chronic Homelessness Documentation Checklist

An individual is defined by HUD as “Chronically Homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).

Client Name:	Date of Birth:
Number in Household:	Client Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part 1: Current Housing Status
<p><i>Client must currently be in one of these locations in order to be considered chronically homeless.</i></p> <p>Client is currently residing:</p> <p><input type="checkbox"/> In Emergency Shelter</p> <p><input type="checkbox"/> On the Streets/Place not Meant for Human Habitation</p> <p><input type="checkbox"/> In the Safe Haven</p> <p><input type="checkbox"/> In an Institutional Care Facility (Where they have been for fewer than 90 days)</p>

Start Date: _____	End Date: _____
--------------------------	------------------------

Location Name/Address:
Current Housing Status Notes:
Chronic Homelessness Documentation Checklist - Page 1 of 4

Part 2: Housing History

	Month # 1	Month # 2	Month # 3	Month # 4	Month # 5	Month # 6	Month # 7	Month # 8	Month # 9	Month # 10	Month # 11	Month # 12
Mo./Yr.												
Location	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter
<i>Check all that Apply</i>	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input checked="" type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral
<i>(Except Self-Cert. select both)</i>	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Break Mo./Yr. & Descr. or N/A	Break 1: Break 2: Break 3: If there are additional, breaks please detail and attach.											
Notes												
Self-Cert. Check	Does the documentation include more than 3 Months of Self-Certifications? * <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Please be advised that if you answered YES, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. Please check with you project administrator to ensure your project has not exceeded its self-certification cap.</i>											
Key	<i>Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description</i>											

Part 3: Disability Status

The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that

- *Is expected to be long-continuing or of indefinite duration;*
 - *Substantially impedes the individual's ability to live independently;*
 - *Could be improved by the provision of more suitable housing conditions; and*
 - *Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*
- *Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*
- *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.*

The head of household has been diagnosed with one or more of the following (check all that apply):

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- Other:

Documentation Attached:

- Written verification of the disability from a licensed professional;
- Written verification from the Social Security Administration;
- The receipt of a disability check; or
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Disability Notes:

Part 4: Staff and Client Certifications

Client Certification:

To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify _____ of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.

Client Name: (Printed)	Client Signature:	Date:
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Staff Certification:

To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.

Staff Name: (Printed)	Staff Signature:	Date:
Staff Role:	Agency:	

1. HOUSEHOLD DOES NOT MEET THE THRESHOLD FOR “CHRONICALLY HOMELESS” BECAUSE:

2. REASONS TO CONSIDER THIS HOUSEHOLD FOR PLACEMENT IN PERMANENT HOUSING:

AGENCY: _____

REVIEWED BY: _____ TITLE _____ DATE _____

(HPO) REVIEWED BY: _____ TITLE _____ DATE _____

APPROVED BY: _____ TITLE _____ DATE _____

APPROVED

NOT APPROVED

NEED MORE INFORMATION

K. Appendix K: Verification of Disability

PART 1: INSTRUCTIONS			
<ul style="list-style-type: none"> • To be eligible for all CoC funded PSH, evidence that one or more members of the household is diagnosed with a disability must be documented in the participant file. • To be eligible for a PSH unit that is dedicated to serve chronically homeless people, the disability must be documented for an adult head of household, or, if there is no adult in the family, a minor head of household. • Complete all fields in Part 2. • Complete all fields under the relevant option in Part 3 • Attach all supporting documents to this form. • Maintain this form and all supporting documents in the participant’s file. 			
PART 2: GENERAL INFORMATION			
Admitting CoC Agency Name:		CoC Project Name:	
Participant Name:	HMIS #	Date of Birth	CoC Project Entry Date
Part 3: DISABILITY CERTIFICATION			
Option #1: Social Security (SSI/DI) or Veteran’s Disability			
Evidence must include one of the following (Check One):			
<input type="checkbox"/> A) Written verification from the Social Security Administration; OR <input type="checkbox"/> B) Copies of a disability check (e.g., SSI, SSDI or Veterans Disability Compensation)			
ATTACH EVIDENCE OF EITHER A OR B TO THIS FORM			
<input type="checkbox"/> Check here to indicate that evidence has been attached.			

Option #2: Verification by a Qualified Licensed Professional

(Certifying professional must be licensed by the State to diagnose and treat the qualifying condition.
(Must be a medical doctor, psychologist or APRN)

The term homeless individual with a disability means an individual who is homeless, as defined in section 103, and has a disability that is :

1. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - o Is expected to be long-continuing or of indefinite duration; and
 - o substantially impedes the individual's ability to live independently; and
 - o could be improved by the provision of more suitable housing conditions; OR
2. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002) – means a severe, chronic disability that:
 - o Is attributable to a mental or physical impairment or combination and
 - o Is manifested before age 22 and
 - o Is likely to continue indefinitely and
 - o Results in substantial limitations in three or more major life activities – self-care; receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency and
 - o Reflects need for
 - A combination and sequence of special, interdisciplinary or generic services; OR
 - Individualized supports; OR
 - Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated
3. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

I, hereby, certify that _____ (Insert Participant Name) has been diagnosed with the following:

□□□□ Attach written diagnosis on professional letterhead or under the letterhead of health affiliation

Information About the Certifying Licensed Professional

Signature of Licensed Professional:	Credentials:	Date:
Printed Name:	Organization:	
License #:	Phone #:	

HAWAII STATE HOMELESS VERIFICATION

Department of Human Services Homeless Programs Office

This is to certify that

Participant's Name – Head of Household

Including Household Member(s)

Check all boxes that apply

record of entries/exits at shelters found on **Homeless Management Information System (HMIS)/comparable database.**

is currently living in a **place not meant for human habitation (e.g. cars, parks, abandoned buildings, streets/sidewalks).**

is currently living in an **emergency shelter** for homeless persons.

Emergency Shelter and Agency Name: _____

is currently living in a **transitional shelter** for homeless persons.

Transitional Shelter and Agency Name: _____

is currently living in a **hotel/motel** through sponsorship by a social service / government agency.

Social Service Agency Name: _____
Attached

Documentation

is being **evicted or forced out** from a private dwelling unit, no subsequent residence has been identified and the person lacks the resources and support needed to obtain housing.

At-Risk (within 45 days) Imminent At-Risk (within 14 days) Eviction Notice Attached

is being discharged from an **institution**, such as **hospital, mental health facility, substance abuse treatment facility** or **jail/prison** in which the person has been a resident for fewer than 90 days and no subsequent residence has been identified and the person lacks the resources and support networks necessary to obtain housing.

Institution Name: _____

is fleeing a **domestic violence** housing situation and no subsequent residence has been identified and the person lacks the resources and support necessary to obtain housing.

has been diagnosed with the following disability:

Documentation Attached:

- Written verification of the disability from a licensed professional;
- Written verification from the Social Security Administration;
- The receipt of a disability check; or
- Intake staff-recorded observation of disability
- Other: _____

Additional information (e.g. current living situation, homeless/housing history, disability status):

State Homeless Programs on Oahu and the rural counties require compliance with HUD’s definition of “Chronically Homeless” as an individual or family that:

1. is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
2. has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one (1) year or on at least four (4) separate occasions in the last three (3) years where those occasions cumulatively total at least 12 months; and
3. has an adult head of Household (or a minor head of Household if no adult is present in the Household) with a diagnosable substance abuse disorder, serious mental illness, developmental disability (as defined by HUD regulations), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two (2) or more of those conditions; the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently.

Does this person meet the definition of Chronically Homeless?

- Yes, this person is chronically homeless.
- No. He/she is currently homeless but not chronically homeless.

Signature of Person Completing Form: _____

Date: _____

Name & Title of Person Completing Form: _____

Organization of Person Completing Form: _____

Participant’s Signature: _____

Date: _____

M. Appendix M: Verification of Income