

Coordinated Access for Adults and Families: Authorization for Disclosure of Confidential Information

Coordinated Access for Adults and Families is a network of separate agencies that coordinate the delivery of rental assistance and supportive services to individuals and families, primarily who are homeless, with priority for those with the longest history of homelessness and most service needs. A full list of Coordinated Access for Adults and Families partner agencies is available upon request and published online at ahomeforeveryone.net/coordinatedaccess.

Coordinated Access for Adults and Families agencies will enter the information you provide into a vendor-hosted Homeless Management Information System (HMIS), a computerized and secured record-keeping system known as ServicePoint. These agencies are required by law to maintain the privacy of your personal information. Your information will not be disclosed to other agencies without your authorization except as required or permitted by law.

By signing this form, I authorize the disclosure of my Client Record [Name, Social Security Number, and Veteran Status], Demographics [Date of Birth, Gender, Race, and Ethnicity], Coordinated Access related Program Enrollment and Exit Information, information about the nature of my situation, and Services and Referrals I receive, to Coordinated Access for Adults and Families partner agencies for the purpose of payment, health care operations activities and coordination of housing and related services. I also authorize the disclosure of information to Housing Owners or Property Managers to facilitate access to housing opportunities.

I authorize the disclosure of the following categories of personal information (all adult household members participating in services initial):	
A. Mental Health	Initial/s: _____
B. Substance use disorder diagnosis, treatment, and treatment referral. I understand that records disclosed made may be bound by Part 2 of Title 42 of the Code of Federal Regulations (CFR) governing confidentiality of substance use disorder records. Recipients of these records may re-disclose the records only with my written consent or as permitted by 42 CFR Part 2.	Initial/s: _____
C. HIV/AIDS	Initial/s: _____

I understand that this information may include information that would otherwise be protected by Oregon and federal law. All Coordinated Access for Adults and Families participating agencies acknowledge that any information disclosed among these agencies will not be re-disclosed to other parties without my further written authorization, unless otherwise required or permitted by law.

This authorization becomes effective on the date below and **will expire 12 months from my last date of participation in Coordinated Access for Adults and Families**; a period reasonably needed to complete the disclosure of information for the purposes described and named in this authorization unless I indicate otherwise. Specific expiration date: _____.

I may revoke this authorization at any time except to the extent that action has already been taken in reliance on it. Revocation of this authorization is effective upon receipt by a Coordinated Access for Adults and Families agency.

This authorization is voluntary. I may refuse to sign this authorization and my refusal will not affect my ability to obtain treatment, payment, enrollment or eligibility for benefits. Refusing to sign this authorization may affect my engagement with Coordinated Access for Adults and Families, shared prioritization lists, and access to partner agencies. I may inspect or copy any information used and/or disclosed under this authorization. My signature below indicates I approve of this authorization and understand its meaning.

Please list the names and dates of birth of all household members participating in services:

_____	_____
_____	_____

_____	_____	_____
Client or Legal Guardian Name (please print)	Client or Legal Guardian Signature	Date
_____	_____	_____
Additional Adult's Name (please print)	Additional Adult Signature	Date

ONLY COMPLETE THIS SECTION TO REVOKE PREVIOUS AUTHORIZATION		
I revoke this authorization.	Signature: _____	Date: _____
	Signature: _____	Date: _____

**VULNERABILITY INDEX & SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
 PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN**

Date: _____

ServicePoint Client ID:

The purpose of this survey is to understand your current situation and help figure out what resources you might be eligible for through Coordinated Access for Adults. Everyone reaching out to us is asked this same set of questions. I will first ask you for some general information and some questions about where you are currently staying. Are you interested in going through the survey with me?

IF YES, CONTINUE.

➤ CLIENT Name (First, Middle, Last, Suffix)					
Also known as:					
➤ Date of Birth (DOB)		➤ DOB Data Quality		➤ Have you ever served in the U.S. Military?	
/ /		<input type="checkbox"/> Full DOB <input type="checkbox"/> Estimated DOB		<input type="checkbox"/> DOB Unknown <input type="checkbox"/> DOB Refused	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
➤ Gender (✓ one or more)		➤ Race (✓ one or more and (circle) primary)		➤ Ethnicity	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Don't Know		<input type="checkbox"/> A gender not singularly Female or Male (e.g. non-binary, agender) <input type="checkbox"/> Refused		<input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African, or American African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Slavic	
<input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		<input type="checkbox"/> Hispanic/Latino/a/x <input type="checkbox"/> Non-Hispanic/Latino/a/x <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
➤ What is your primary language?					
<input type="checkbox"/> English <input type="checkbox"/> Albanian <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Burmese <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Eritrean <input type="checkbox"/> Farsi <input type="checkbox"/> French <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Kirundi <input type="checkbox"/> Laotian <input type="checkbox"/> Mandarin <input type="checkbox"/> Mien <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Slovak <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____					
➤ Is anyone in the household pregnant?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused					
➤ Number of people in Household?			➤ Of those, number under age 18?		
<p>IF NO CHILDREN UNDER THE AGE OF 18 IN THE HOUSEHOLD, CONTINUE. * OTHERWISE, COMPLETE THE FAMILY ASSESSMENT. IF EVERYONE IN HOUSEHOLD UNDER 25, REFER TO YOUTH SYSTEM.</p> <p><i>*Pregnant adults without other children in the household, and adults with a plan in place to gain custody of children (but who do not currently have children in the household) can complete both the family and adult assessment.</i></p>					
➤ Residence Prior to Program Entry Date (Generally, where stayed last night?)					
<input type="checkbox"/> *Emergency Shelter, including hotel or motel paid for with an emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless <input type="checkbox"/> *Place not meant for habitation (street, car, camp, etc.) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility					
<input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy (such as Section 8, SSVF) <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living in a family member's room, apt. or house <input type="checkbox"/> Staying or living in a friend's room, apt. or house <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Other: (Explain: _____) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused					
➤ Length of Stay (How long have you been there?)					
<input type="checkbox"/> One day or less <input type="checkbox"/> Two days to one week <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused					
➤ Continuous Homelessness			➤ Episodic Homelessness		
Approximate date started: / /			Regardless of where stayed last night, number of times on street/in shelter in past 3 years		
➤ Disabling Condition			Total number of months on street/in shelter in past 3 years		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused					

IF STAYING IN SHELTER, TRANSITIONAL HOUSING, PLACE NOT MEANT FOR HABITATION OR HAS BEEN IN AN INSTITUTION (HOSPITAL, JAIL, ETC.) FOR LESS THAN 90 DAYS & WAS IN ONE OF THE AFOREMENTIONED LOCATIONS BEFOREHAND, CONTINUE. OTHERWISE, STOP.

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

PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN

I am now going to ask you a series of questions related to your homelessness, health conditions, and daily life. Most of the questions only require a yes or no answer, or ask about the number of times you may have experienced something. Please answer each question to the best of your knowledge. If there is a question you do not want to answer, we can skip it, and you can stop at any time. I am not here to judge you, I just want to get a good sense of what services you may need or want. Please know that any information shared will be confidential.

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	PRESCREEN SCORE
1. What is the total length of time you have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless again?		<input type="checkbox"/>	
PRESCREEN HOUSING & HOMELESSNESS SUBTOTAL			

I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

B. RISKS

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE	REFUSED	PRESCREEN SCORE	
3. In the past six months, how many times have you been to the emergency department/room?		<input type="checkbox"/>		
4. In the past six months, how many times have you had an interaction with the police?		<input type="checkbox"/>		
5. In the past six months, how many times have you been taken to the hospital in an ambulance?		<input type="checkbox"/>		
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?		<input type="checkbox"/>		
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?		<input type="checkbox"/>		
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	PRESCREEN SCORE
8. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	PRESCREEN SCORE
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12, OR if respondent provides any answer OTHER THAN "Shelter" in question 13, then score 1.	YES	NO	REFUSED	PRESCREEN SCORE
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check <u>only one</u> .)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY): _____			
PRESCREEN RISKS SUBTOTAL				

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

PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN

C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	PRESCREEN SCORE
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to meet all of your expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	PRESCREEN SCORE
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	PRESCREEN SCORE
18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES		NO	PRESCREEN SCORE
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
PRESCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				

**VULNERABILITY INDEX & SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN**

D. WELLNESS

QUESTIONS				
If Does Not Go For Care, score 1.	RESPONSE			PRESCREEN SCORE
21. Where do you usually go for healthcare or when you are not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.				
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:	YES	NO	REFUSED	MEDICAL CONDITIONS
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in "Other Medical Conditions" column.	YES	NO	REFUSED	OTHER MEDICAL CONDITIONS
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:	YES		NO	
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>		<input type="checkbox"/>	
If any response is YES in questions 35 through 41, score 1 in the "Substance Use" column.	YES	NO	REFUSED	SUBSTANCE USE
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:	YES		NO	
41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	<input type="checkbox"/>		<input type="checkbox"/>	

**VULNERABILITY INDEX & SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
 PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN**

D. WELLNESS (CONTINUED)

If any response is YES in questions 42 through 48, score 1 in the "Mental Health" column.	YES	NO	REFUSED	MENTAL HEALTH
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Ever been told you have a learning disability or f disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:	YES		NO	
48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.</i>				TRI-MORBIDITY
If YES to question 49, score 1.	YES	NO	REFUSED	PRESCREEN SCORE
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	YES	NO	REFUSED	PRESCREEN SCORE
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRESCREEN WELLNESS SUBTOTAL				

SCORING SUMMARY

DOMAIN	SUBTOTAL
A. HISTORY OF HOUSING & HOMELESSNESS (0-1)	
B. RISKS (0-4)	
C. SOCIALIZATION & DAILY FUNCTIONS (0-4)	
D. WELLNESS (0-10)	
ADULT VI-SPDAT PRESCREEN TOTAL (0-19)	

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

PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN

ADDITIONAL LOCAL ASSESSMENT QUESTIONS

➡ Are you caring for a parent or other elder adult in your household?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

➡ Are you in immediate danger?	➡ Is someone hurting you?	➡ Abuser Relationship	➡ Has somewhere to go tonight to be safe from this person?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Current Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Current Cohabitant <input type="checkbox"/> Former Cohabitant <input type="checkbox"/> Current Dating Partner <input type="checkbox"/> Former Dating Partner	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Acquaintance <input type="checkbox"/> Stranger <input type="checkbox"/> Other <input type="checkbox"/> Don't Know
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

➡ Do you think culturally specific services might help you overcome your housing challenges?	➡ Have you or an immediate family member ever experienced racial discrimination in housing?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

➡ Do you have a permanent disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

➡ REVIEW INTERGENERATIONAL	SCORE
If caring for older adult or parent in household, enter one (1).	<input type="checkbox"/> 0 <input type="checkbox"/> 1
➡ REVIEW ABUSER RELATIONSHIP	SCORE
Identifies Abuser Relationship for Domestic Violence questions, enter one (1).	<input type="checkbox"/> 0 <input type="checkbox"/> 1
➡ REVIEW AGE, MOBILITY AND PREGNANCY STATUS	SCORE
If 50 or older, pregnant and/or has a physical disability that limits mobility, enter one (1).	<input type="checkbox"/> 0 <input type="checkbox"/> 1
➡ REVIEW CLIENT GENDER	SCORE
If self-identifies as "transgender", "questioning", or "a gender not singularly female or male", enter one (1).	<input type="checkbox"/> 0 <input type="checkbox"/> 1
➡ REVIEW IF CULTURALLY SPECIFIC SERVICES MIGHT HELP OVERCOME CHALLENGES	SCORE
If culturally specific services might help overcome housing challenges, enter two (2).	<input type="checkbox"/> 0 <input type="checkbox"/> 2

TOTAL VULNERABILITY SCORE	
Enter VI-SPDAT Prescreen Total (0–19)	
Enter Additional Points Total (0–6)	
Add Two Totals Above for Total Vulnerability Score (0-25)	

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

PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN

We are almost done! I'm now going to ask a few questions to better understand your eligibility for specific programs and what services you may need or want. These questions do not impact your general eligibility for resources through Coordinated Access for Adults.

Monthly Household Income	\$					
Source of Income	Yes	No	Not Collected	Incomplete	Amount	
Alimony or Other Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Earned Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Pension or retirement income from another job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Private Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Retirement Income from Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Social Security Disability Benefits (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Unemployment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
VA Non-Service Connected Disability Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
VA Service Connected Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	

➡ Would you be interested in culturally specific services for African Americans? <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	➡ Would you be interested in culturally specific services for Native Americans and Alaska Natives? <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused
➡ Would you be interested in culturally specific services for immigrants and refugees? <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	➡ Would you be interested in culturally specific services for the Hispanic/Latino/Latina/Latinx <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused
➡ Have you or any of your ancestors (including parent, guardian, or grandparent) ever lived in North or Northeast Portland? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
➡ If yes, have you applied for affordable housing through the City's Preference Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
<i>If yes to ever living in North or Northeast Portland and has not applied for the City's NNE Preference Policy, contact the NNE Preference Hotline at (503) 823-4147. Applying to the NNE Preference will not affect a household's priority for coordinated access resources. The policy is a tool used to sort the waiting list for City-sponsored housing opportunities in N/NE Portland.</i>	

➡ What would you like the focus of care in your housing to be?		
<input type="checkbox"/> Mental Health <input type="checkbox"/> Family Services <input type="checkbox"/> Physical Health	<input type="checkbox"/> Drug and Alcohol Treatment <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

➡ Have you ever been diagnosed with a mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	➡ Do you want mental health treatment attached to your housing? <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused
---	--

**VULNERABILITY INDEX & SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
 PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN**

➡ What type of health insurance do you have, if any?			
<input type="checkbox"/> Medicaid (Oregon Health Plan)	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Medicare	<input type="checkbox"/> Other Insurance	<input type="checkbox"/> Refused	
<input type="checkbox"/> VA Medical	<input type="checkbox"/> No Health Insurance		
➡ Has anyone in your household ever been diagnosed with an intellectual or developmental disability, or think they may have an intellectual or developmental disability?		➡ Is anyone in your household HIV positive?	
<i>If yes, the person may be eligible for housing and other services from the Multnomah County Developmental Disabilities Services Division. Number to refer: (503) 988-6258</i>		<i>If yes, the person may be eligible for a HIV specific housing and case management program through Cascade AIDS Project (CAP). Number to refer: (503) 223-5907</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> No	<input type="checkbox"/> Refused
➡ Does any of the following apply to you?			
<input type="checkbox"/> Landlord Debt	<input type="checkbox"/> Eviction within the last 12 months	<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Debt to Home Forward or another Housing Authority		<input type="checkbox"/> Refused	
➡ What other agencies or providers are you working with (for example, NARA, a medical social worker, etc.)?			
➡ Do you need an ADA accommodation?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
If yes, write in:			
➡ Does client want shelter?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

**VULNERABILITY INDEX & SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN**

RECOVERY HOUSING

A few housing programs in our community are recovery-oriented, meaning they are alcohol and drug free and support people in their recovery. I am going to ask you a few questions that relate to this. If these questions are not relevant, we can skip to the next section.

➡ If any response is NO in questions 1 through 3, STOP and proceed to Contact Information. If YES, continue.	YES	NO	DON'T KNOW	REFUSED
1. Do you have a history of drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you in recovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If available, would you be interested in living totally clean and sober in housing that supports your recovery with peer support and case management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently engaged in or have you completed detox services?				
a. Past or anticipated date of completion (best estimate).	Date: / /		<input type="checkbox"/>	<input type="checkbox"/>
5. Are you stabilized on medication for a Substance Use Disorder (e.g. methadone, buprenorphine, naltrexone, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What was the date of last drug or alcohol use?	Date: / /		<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently enrolled in or have you completed Substance Use Treatment other than detox?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what agency?	Agency: _____		<input type="checkbox"/>	<input type="checkbox"/>
b. Past or anticipated date of completion (best estimate).	Date: / /		<input type="checkbox"/>	<input type="checkbox"/>
8. If available, would you be interested in recovery housing that is focused on employment services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VETERAN STATUS

Only ask these questions if “Yes” to “Have you served in the U.S. Military?”

➡ Year entered Military Service	➡ Year separated from Military Service
_____ / _____ / _____	_____ / _____ / _____
➡ Wars/Conflicts	<input type="checkbox"/> World War II <input type="checkbox"/> Korean War <input type="checkbox"/> Vietnam War <input type="checkbox"/> Persian Gulf War <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq Freedom <input type="checkbox"/> Iraq Dawn <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
➡ Other Peace-keeping Operations or Military Interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
➡ Branch of the military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
➡ Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions (OTH) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
➡ Were you ever called into active duty as a member of the National Guard or as a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
➡ Are you receiving any type of benefit through Department of Veteran Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VULNERABILITY INDEX & SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
 PRESCREEN FOR ADULTS WITHOUT MINOR CHILDREN**

CONTACT INFORMATION

➡ How would you like to be contacted? (How, when, where etc.)		
<input type="checkbox"/> Primary Phone:	() —	<input type="checkbox"/> Email Address: _____
Safe to leave a phone message?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Contact(s):
OK to send texts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Thank you for taking the time to go through this survey with me. You will be placed on a list for housing through Coordinated Access for Adults. Unfortunately, we can't tell you how long it may be until you reach the top of this list, and we can't guarantee that you will receive services through this program. We will get in touch with you using the contact information you gave us when and if your name comes up. In the meantime, please let us know if your contact information or situation changes.

ASSESSOR INFORMATION

* Assessor Name and Organization	* Assessor Phone and/or Email Address
* Assessor Notes: are there any additional details about this person's situation that you think we should have to help in the prioritization or matching process?	