

**Bridging the Gap**  
**Coordinated Entry**  
**System**  
**Policy and**  
**Procedures**  
**Manual**

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## Coordinated Entry Overview

In 2016, Housing ASAP initiated a process to improve the delivery of housing and crisis response services and assistance to families who are homeless or at imminent risk of homelessness throughout Hawai'i by redesigning the community's process for access, assessment, and referrals within its homeless assistance system.

This process became the foundation for the **Bridging the Gap (BTG) Coordinated Entry System**. BTG is the Hawai'i Balance of State Continuum of Care (CoC) with three chapters on the neighboring islands of Hawai'i (Community Access Partners), Kaua'i (Kaua'i Community Alliance), and Maui (Maui Homeless Alliance). The process institutes consistent and uniform access, assessment, and referral processes to determine the most appropriate response to the immediate housing needs of each household (single individual, individuals, or family). This new system of Coordinated Entry is not only mandated by HUD and many other funders, but is recognized nationally as a **best practice** that improves efficiency within systems, provides clarity for people experiencing homelessness, and can help serve more people more efficiently with assistance targeted to address housing needs.

This **Coordinated Entry System (CES) Policies and Procedures Manual** provides operational guidance and direction for the day to day management, oversight, and evaluation of BTG's coordinated entry approach. This manual will be revised on an ongoing basis as the actual application and practical experience of Coordinated Entry System design principles are refined and improved.

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## **Introduction and 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.

## **Guiding Principles**

In 2016, through a series of community planning 'boot camps,' Housing ASAP developed and agreed upon on a shared set of guiding principles:

- Decisions are made based on data and evidence whenever it is available
- We have a shared responsibility to end homelessness
- While we advocate for community-appropriate resources and programs, we will try to ensure all existing funding and programs work toward ending individual and family homelessness, rather than managing homelessness

- Depth of need guides services and interventions
- The Continuum of Care takes responsibility for planning and decision making and possesses autonomy to drive the direction for individuals and families
- Establish a routine review and reset of priorities
- Have entire system be a housing-focused homeless system
- Only support initiatives that are aligned with a housing-focused approach and will advocate against those that are not aligned
- Quality sustainable services, not high quantity
- Help individuals become as sustainable and independent as possible

## **Fair Housing, Tenant Selection and Other Statutory and Regulatory Requirements**

All CoC projects in BTG's Coordinated Entry System must include a strategy to ensure CoC resources and Coordinated Entry System options (referral options) are eligible to all individuals and families regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. Special outreach to families and individuals who might be or identify with one or more of these attributes ensures the Coordinated Entry System is accessible to all people.

All CoC projects in BTG's Coordinated Entry System must ensure that all people in different populations and subpopulations throughout the geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the crisis response system.

All CoC projects in BTG's Coordinated Entry System must document steps taken to ensure effective communication with people with disabilities. Access points must be accessible to individuals with disabilities, including physical locations for individuals who use wheelchairs, as well as people who are least likely to access homeless assistance.

## Coordinated Entry System Terms

### **Chronically Homeless (HUD Definition)**

HUD defines a chronically homeless single individuals and families 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
  - a. 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
  - b. 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;
2. 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
3. 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
  - a. 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
  - b. 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;
2. 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
3. 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.

## 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.

## 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.

## 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.

### **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

### **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.)

### **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.

### **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.

### **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.

## **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.

## **Coordinated Entry System Program Component Definitions – See Appendix A**

Continuum of Care providers have a variety of options of housing interventions for individuals and families experiencing a housing crisis. These opportunities vary by agency, by island, and across time. Appendix A outlines the definitions of each component type, the essential elements of each, and for whom each intervention is targeted.

## **Staffing Roles and Participation Responsibilities**

### **Coordinated Entry System Continuum of Care Leadership**

Leadership from Bridging the Gap will conduct oversight and monitoring of Coordinated Entry functions to ensure consistent application of Coordinated Entry System policies and procedures and high quality service delivery for people experiencing a housing crisis. (See Appendix G for details on the CoC Chapters, Local leaders, and Access Points.)

During the initial implementation of the Coordinated Entry System, CoC chapter (Hawai'i County, Kaula'i County, and Maui County) leadership shall meet as often as necessary to monitor progress, hear appeals and implement changes and updates to Coordinated Entry System operations.

After Coordinated Entry System implementation, CoC leadership may determine that a shift to meeting on an ad hoc basis is more appropriate. Efficacy in monitoring progress, hearing appeals and implementing changes will be assessed on an ongoing basis.

The DHS Homeless Programs Office (HPO) is identified by HUD as the "collaborative applicant" on behalf of the neighbor island counties for homeless funds, including the responsibility for posting meeting minutes online at <http://humanservices.Hawaii.gov/besd/home/hp/bridging-the-gap-meeting-minutes>

### **Case Referrals/Matching**

For individuals or families experiencing homelessness, referral to prevention/diversion resources, street outreach, transitional housing, rapid re-housing and permanent supportive housing

interventions, will be intentionally and primarily made in a centralized manner within each BTG chapter/county. To facilitate successful launch, for the initial matches, chapter leaders may invite assessors, outreach, housing guide specialists and housing providers trained on the assessment process to be involved.

In general, chapter leaders identified by BTG will hold responsibility for downloading the local list of individuals and families in need of placement (the "by name list"), gathering program openings from providers, and making matches between the two.

Providers will receive referrals via HMIS that designate the (1) housing resource (i.e. transitional housing or rapid re-housing) to which the individual is matched, the (2) HMIS ID number for the individual, the (3) date of the referral, and where available, (4) point of contact for engagement. BTG currently has sufficient housing resources in Permanent Supportive Housing and Rapid Re-housing. When appropriate, providers may receive as five matches needed for every one opening/vacancy they have. This promotes choice on behalf of both the individuals referred and the project. Matches/assignments, and when necessary, unsuccessful matches/"un-assignments" will be reflected within HMIS via assignments made on the HMIS record of the individual being referred.

### **Case Conferencing**

Case conferencing supports referrals or matches (described above) that require a more comprehensive, multi-agency approach.

Chapter conveners will call case conferencing meetings at their discretion on an ad hoc basis to determine where individuals or families are in the homeless assistance system, particularly when specific individuals or families do not show progress. Chapter conveners will coordinate with multiple agencies during case conferencing in order to determine what needs to be done, what barriers need to be removed to get the individual or family into housing, and coordinate with providers responsible for each aspect in order to achieve a successful placement of the individual or family.

BTG currently has sufficient State Housing First and Rapid Re-housing resources. With weekly updates, convener has the discretion to allow eligible participants to receive assistance.

## BTG Continuum of Care Providers' Agreement

BTG Continuum of Care providers serving those experiencing homelessness agree to the following:

1. **Adopt and follow Coordinated Entry System policies and procedures.** Coordinated Entry System participating providers shall maintain and adhere to these policies and procedures for Coordinated Entry System operations, and as established by the BTG Coordinated Entry System Continuum of Care Leadership for access points, assessment procedures, and referral to available services and housing.
2. **Maintain low barrier to enrollment.** Providers serving individuals and/or families experiencing homelessness shall limit barriers to enrollment in services and housing. No person may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to individuals with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.

CoC providers offering Prevention and/or Short-Term Rapid Re-housing assistance (i.e. 0 – 24 months of financial assistance) may choose to apply some income standards for their enrollment determinations.

3. **Maintain Fair and Equal Access.** Coordinated Entry System participating providers shall ensure fair and equal access to Coordinated Entry System programs and services for all individuals and families regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, veteran status, or sexual orientation.

If a program participant's self-identified gender creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual/family or assist in locating an alternative accommodation that is appropriate and responsive to the individual's needs. Coordinated Entry System participating providers shall offer universal program access to all subpopulations as appropriate, including chronically homeless people, veterans, youth, transgender persons, and individuals/families fleeing domestic violence.

Population-specific projects and those projects maintaining affinity focus (e.g. women only, youth only, native Hawaiian only, veterans only, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the Coordinated Entry System Continuum of Care Leadership and their funders.

4. **Provide appropriate safety planning.** Coordinated Entry System participating providers shall provide necessary safety and security protections for individuals and families fleeing

or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.

5. **Create and share written eligibility standards.** Provide detailed written guidance for eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be discussed. Include funder specific requirements for eligibility and program-defined requirements such as individual or family characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the Coordinated Entry System Continuum of Care Leadership as well as funders.
6. **Communicate vacancies.** Homeless providers must communicate project vacancies, either bed, unit, or voucher, to the Coordinated Entry System Continuum of Care Leadership in a manner determined by and outlined in these policies and procedures.
7. **Limit enrollment to participants referred through the defined Coordinated Entry System access point(s).** Each bed, unit, or voucher that is required to serve someone who is homeless must receive their referrals through the Coordinated Entry System. Any agency filling homeless mandated units from alternative sources will be reviewed with funders for compliance. Coordinated Entry System access points will need to be informed of every opening and how and when they were filled.
8. **Participate in Coordinated Entry System planning.** CoC projects shall participate in Coordinated Entry System planning and management activities as defined and established by Coordinated Entry System Continuum of Care Leadership.
9. **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each provider with homeless dedicated units will be required to participate in HMIS. Providers should work with the Hawai'i HMIS Lead Agency with funding sources to determine specific forms and assessments required for HUD compliance within HMIS.
10. **Ensure staff who interact with the Coordinated Entry System process receive regular training and supervision.** Each provider must notify Coordinated Entry System Continuum of Care Leadership to changes in staffing, in order to ensure employees have access to ongoing training and information related to the Coordinated Entry System.
11. **Ensure rights are protected and individuals/families are informed of their rights and responsibilities.** Single individuals and families shall have rights explained to them verbally and in writing when completing an initial intake. At a minimum, rights will include:
  - The right to be treated with dignity and respect;
  - The right to appeal Coordinated Entry System decisions;
  - The right to be treated with cultural sensitivity;
  - The right to have an advocate present during the appeals process;
  - The right to request a reasonable accommodation in accordance with the project's tenant/participant selection process;

- The right to accept housing/services offered or to reject housing/services;
- The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

## **Coordinated Entry System Workflow and Policies**

### **I. Coordinated Entry Workflow Overview**

Street outreach, shelter, transitional housing staff, as well as day center, rapid re-housing and permanent supportive housing staff will work to ensure as many of the individuals and families they engage will be assessed with the appropriate VI-SPDAT, readily able to be located, motivated to pursue housing, in possession of the documentation required for potential housing options, and successfully engaged by Continuum of Care providers seeking to resolve their crisis of homelessness.

### **II. Survey – Explaining What You’re Doing and Why**

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 housing intervention to different subpopulations (such as youth, families, and single adults) based on their acuity in several core areas. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on the presence of vulnerability across components that address: (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 available supports. The four most common currently used version(s) of the VI-SPDAT will be shown in Appendices C through F.

BTG's Coordinated Entry System has agreed to use the VI-SPDAT as the universal triage/initial assessment tool across the Continuum of Care for screening and matching individuals, families, and youth experiencing homelessness in Hawai'i County, Kaua'i County, or Maui County. Staff administering any of the SPDAT tools should be trained by an authorized trainer.

Individuals engaged by providers representing the Coordinated Entry System should receive the same information regarding what that process involves. Assessors should communicate the survey process and its results clearly and consistently across the community. This ensures both that the benefits to participating in a survey are described clearly to encourage people to participate, but is equally important to make sure that individuals understand that participating does not guarantee (and may not result in) housing. It is also important that individuals receive a clear understanding of where their information will be shared. An example of what to standardize follows below, and is further described in Appendix B:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 10 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- that the information is going to be stored in the Homeless Management Information System

- that other providers conducting assessments and the housing providers connected to the Coordinated Entry System will have access to the information so that the individual does not need to complete the assessment multiple times, that housing providers can identify people to target for housing resources as they come available, and for planning purposes.
- that if the participant does not understand a question, clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

### III. Additional Subpopulation Considerations

#### **Veterans:**

Providers serving veterans may require a Health Insurance Portability Accommodations Act (HIPAA)-compliant Release of Information to enable representatives from the Department of Veterans Affairs, the State, and other relevant stakeholders to ensure veterans are able to access the full spectrum of housing resources designated for this subpopulation.

#### **Survivors of Domestic Violence:**

While individuals and families currently experiencing homelessness have often previously survived domestic violence, the Violence Against Women Act (VAWA) prevents providers dedicated to serving this subpopulation from inputting their personally identifiable information within a Homeless Management Information System (HMIS) because of the additional safety precautions specific for these individuals. While the VI-SPDAT is not primarily a domestic violence-specific triage tool, providers dedicated to serving survivors of domestic violence can assess individuals and families who desire access to the broader range of housing options dedicated to people experiencing homelessness. Those results will need to be stored within a VAWA-compliant electronic system or in paper files secured according the full requirements of the law. Individuals served in this way who are later matched to outside providers will have further provider-specific security precautions, outlined in Section X. Universal Access below.

#### **Youth:**

##### Young adults and parenting young adults, ages 18-24

For young adults in this age group, assessors will follow the assessment process outlined for other adults, except that the TAY-VI-SPDAT should be used for single young adults, and the F-VI-SPDAT should be used for young adult-headed households with children. For any young adults who report any housing instability, a TAY-VI-SPDAT or F-VI-SPDAT should always be completed, regardless of their current housing situation.

##### Youth aged 12-17

Unaccompanied youth are youth experiencing homelessness while not in the physical custody of a parent or legal guardian. This includes youth who have run away or have been forced to leave their homes. No TAY-VI-SPDAT should be completed for a youth under the age of 18. An outreach or other worker who comes across an unaccompanied youth can assist the youth in contacting a local youth provider agency in order to connect them with services, including access to shelter. For youth provider contact 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.

#### **IV. Survey Refusals**

For limited instances when families or individuals refuse specific questions throughout the assessment process, the assessor may request permission to ask additional questions in order to utilize their conversation with the individual, surveyor observation, documentation and information from other professionals in order to provide responses. When staff encounter people who do not provide a response to any of the first questions, they should stop and acknowledge that the assessment will not provide useful information if the individual or family receiving the assessment does not want to participate. Staff should utilize continued progressive engagement and rapport building with these individuals or families until they are willing to be assessed. The VI-SPDAT should be completed in one engagement (although not necessarily first contact).

Individuals and families who respond better to a conversational approach may benefit from the more comprehensive full SPDAT, further described in Appendix E – Full SPDAT Process.

#### **V. Survey – Concluding the Engagement**

Upon completion of the VI-SPDAT, the Assessor may ask if the individual or family is currently working with a provider towards one of those forms of housing assistance. If so, the individual or family receiving the survey should be encouraged to continue to engage with their existing case management supports. If not, staff can provide a brief description of the resources currently available within the community and ask if the individual or family is interested in specific forms of housing assistance.

Assessors should emphasize the importance of having reliable and comprehensive information regarding the best time and place to contact the individual or family. Staff should collect information on whereabouts across a 24 hour period, beginning with where they wake up until they bed down at night, with notations for days when location patterns changed, and record that information within the VI-SPDAT. This includes where meals are obtained, transportation methods and times to and from meal and shelter providers, cross streets of locations where they receive services, outside agency names and staff with whom they engage, etc.

Assessors may emphasize that while completion of the assessment does not make them now the individual's or family's case manager, it remains critically important that the assessor possesses the most reliable methods possible for locating the individual or family being assessed, especially if that includes an outside agency or staff attempting to contact the person or family at a later date.

#### **VI. Next Steps – Collecting Documentation for Housing**

Once the VI-SPDAT is completed, or as part of the initial engagements for individuals and families already assessed, staff should quantify which essential documents the person currently possesses, and begin working with them to begin collecting missing documents, as staff time and resources allow.

Assessors (outreach workers or in shelters) should emphasize that specific documentation is required for many programs, and shall obtain the following documents prior to referral to a transitional or permanent housing program: government issued **photo identification, social security card, proof of income or zero income**, and **verification of homelessness**. Other program-specific documentation may be required, so providing assistance in securing documentation such as a **birth certificate** and **DD-214** for individuals who have served in the United States armed forces (regardless of discharge status or length of service) benefits the individual or family and may speed placement.

To expedite PSH and RRH resource allocation and ensure that automated referrals are generated properly, access point organizations must focus on "document readying" all clients, uploaded and checked off in their HMIS record.

**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

**Transitional Housing (TH)** referrals require the following documents:

- Certification of Homelessness.

**Programs may require additional eligibility documents:**

**For Households with minor children, programs may require and not limited to:**

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

**Or Veteran Households, programs may require and not limited to:**

- DD-214

## VII. Getting Connected – Referrals

### Referrals to Homelessness Prevention, Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing

Upon successful VI-SPDAT completion, Continuum of Care providers including homelessness prevention, transitional housing, rapid re-housing and permanent supportive housing will fill their case load (for services only programs) and/or beds (for housing programs) from the Coordinated Entry System.

Providers will identify the eligibility requirements for each of their programs that they will be dedicating to the Coordinated Entry process and, if they haven't received a referral or referrals from the CES chapter leadership, can run a CaseWorthy report of VI-SPDAT results from single individuals or families experiencing homelessness from within the HMIS. The provider can then notify CES chapter leaders that they are requesting a referral or match.

Providers receiving matches from HMIS shall make contact with the current BTG CES Contact. The BTG CES contact shall respond within 72 hours to coordinate a warm hand off with the housing resource agency. A **“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.

The housing provider commits to working with the assessor to locate the person or family and to engage with them to verify the housing referral provides a good match. The housing provider commits to communicating in writing with the County Convener when 50% or more of matches do not lead to successful program entry in order to facilitate more successful referrals (further outlined below).

The Housing Provider will document any unsuccessful matches and provide the following:

- (A) reason(s) why they were not housed,
- (B) date of unsuccessful match/ “unassignment” and
- (C) name of the project being unassigned within HMIS so that the individual or family can be reassigned to additional providers (further outlined below).

The housing provider will also document each match that leads to successful program entry and update HMIS with the date the individual or family moves into housing.

#### **HOUSING PRIORITIZATION MATRIX:**

##### **A. Transitional Housing for Single Individuals**

Single individuals will be referred to **Transitional Housing** per the following criteria:

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

##### **B. Transitional Housing Families**

Pregnant women and families will be referred to **Transitional Housing** per the following criteria:

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

### **C. Rapid Re-Housing Single Individuals**

Single individuals will be referred to **Rapid Re-Housing** per the following criteria:

- Verified as experiencing homelessness
- VI-SPDAT Score Range 8-17 and not verified as chronically homeless

### **D. Rapid Re-Housing -Families**

Pregnant women and families will be referred to **Rapid Re-Housing** per the following criteria:

- Verified as experiencing homelessness
- F-VI-SPDAT Score Range 9-22 and not verified as chronically homeless

### **E. Permanent Supportive Housing -Individuals**

Individuals will be referred to **Permanent Supportive Housing** per the following criteria:

- Verified as chronically homeless (verification uploaded to HMIS)
- VI-SPDAT Score Range 8-17

### **F. Permanent Supportive Housing -Families**

Pregnant women and families will be referred to **Permanent Supportive Housing** per the following criteria:

- Verified as chronically homeless (verification uploaded to HMIS)
- F-VI-SPDAT Score Range 9-22

## **VIII. Unsuccessful Matches Process**

### **By Individual or Family**

Individuals or families may reject a housing referral due to the health, safety or wellbeing of the individual or family being compromised by the potential referral. Respecting individual choice and preference, individuals and families may also reject a housing referral due to not being willing to work with the housing provider to which they are referred. Rejections of housing referrals by individuals or families should be infrequent and must be documented in HMIS. Repeated rejections on behalf of staff, programs, and/or agencies may require case conferencing and additional review from Continuum of Care leadership.

### **By Housing Provider**

BTG CoC providers and program participants may deny or reject referrals from the Coordinated Entry System, although service denials should be infrequent and must be documented in HMIS. The specific allowable criteria for denying a referral shall be published by each project and be reviewed and updated annually or as they change, whichever happens first. All participating projects shall provide the reason for service denial, and may be subject to a limit on the number of service denials.

Unassigned Reasons
<b>Category 1: NO FURTHER REFERRALS WILL BE GENERATED FOR THIS VI-SPDAT</b>
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 incarcerated for an extended period
<b>Category 2: Client can be referred again immediately but not to this program</b>
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
<b>Category 3: ACTION IS REQUIRED BEFORE CLIENT CAN BE REFERRED TO ANY PROGRAM</b>
1. Client requires additional documentation
2. Client unable to be located after multiple communication attempts
3. Client confirmed as hospitalized or in treatment facility for unspecified time

If the denial is the result of a third-party property management/landlord (private or partner of service provider) rejecting the Individual's or family's application, the rejection will trigger a **case conferencing** meeting. If the Individual chooses to appeal this decision, a new referral will not be provided to the housing program until the appeal process has reached its conclusion.

As previously stated, the Housing Provider will document any unsuccessful matches and provide the following:

- (A) reason(s) why they were not housed,
- (B) date of unsuccessful match/ "unassignment" and
- (C) name of the project being unassigned within HMIS so that the individual or family can be reassigned to additional providers.

The housing provider will also document each match that leads to successful program entry and update HMIS with the date the individual or family moves into housing.

## IX. Re-Screening

While Individuals or families generally do not need to be surveyed multiple times with the VI-SPDAT, there are circumstance under which Individuals or families who have been screened using the VI-SPDAT or F-VI-SPDAT would qualify to be re-screened, including the following:

- a. An individual or family has not had contact with the homeless services system for one year or more since the initial VI-SPDAT screening.
- b. An individual or family has encountered a significant life change defined as one of the following items: an adult member added to their household, re-unification with a child, or SPMI identified by a credentialed professional.
- c. In rare occurrences, an Individual or family who is screened and referred to a housing program may be eligible for re-screening if the program identifies after extensive efforts the Individual or family needs a higher level of support than can be offered in that level of intervention.
- d. An Individual or family who has known extensive history within the shelter and other emergency systems but whose acuity is not accurately depicted on their first screening.

Note: Individuals or families who qualify under items c and d, listed above, may benefit from the more comprehensive full SPDAT (or F-SPDAT) further described in Appendix G – Full SPDAT Process.

## X. Universal Access Across Subpopulations

**Universal access for all individuals and Families.** BTG Continuum of Care providers shall provide directly or plan through other means to ensure universal access to crisis response services including shelter for individuals and families seeking emergency assistance at all hours of the day and all days of the year.

**Crisis response during non-business hours.** BTG Continuum of Care providers shall document planned after-hours emergency services and publish hours of operation in an easily accessible location or posted publicly on the Internet. After hours' crisis response access may include telephone crisis hotline access, coordination with police and/or emergency medical care.

**Individuals and families fleeing domestic violence or sexual assault.** BTG Continuum of Care providers shall be trained on the complexity of responding to individuals and families fleeing domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at access points. BTG CoC providers shall make safety referrals to victim service providers as determined to be clinically appropriate or at the request of the individual or family. Since providers dedicated to serving the Coordinated Entry System will work in partnership with advocacy organizations/shelters serving survivors of domestic violence to ensure considerations are made to address the specific safety and privacy needs of victims. This includes individuals having the ability to decline housing in neighborhoods that would compromise their location, the choice to be entered anonymously into a separate database, and have full access to housing options.

## Transfers

There are circumstances under which an individual or family enrolled with one housing provider may benefit from transferring to another program or provider.

For example,

- A. An individual or family has lost several scattered-site housing placements due to problems with visitors or
- B. An individual or family in a site-based setting is unable to comply with rules around sobriety or the environment is not conducive to mental or physical well-being or
- C. A program is closing or no longer funded by the CoC.

The Coordinated Entry System seeks to minimize the number of individuals and families who are exited back to homelessness, only to have to be re-screened, and re-prioritized, and wait again for supportive housing. If the current housing provider is unable to continue serving a household, staff should contact the appropriate Coordinated Entry System CoC County Convener representative to discuss options besides exiting to homelessness.

If a transfer within the same level of service intervention (i.e., one PSH provider to another PSH provider) is being considered, the referral should come through the Coordinated Entry System process. To do so, the current housing provider must contact Coordinated Entry System CoC County Convener in order to determine what other housing providers have available capacity. Housing programs shall not initiate transfers between providers without the involvement and permission of Coordinated Entry System CoC County Convener and program funder.

**Housing providers are prohibited from transferring a household from one service intervention to another (i.e., TH to PSH, internally or externally) without permission from the BTG Continuum of Care.** If a provider has an opening in a PSH program, they MUST receive the referral through the Coordinated Entry System, and may not fill that opening internally via transfer from a lower service intervention program. Additionally, if it is identified that a household may need a higher intervention than what was determined initially, the housing provider should discuss this with Coordinated Entry System CoC chapter leadership.

## CES Monitoring and Evaluation

### **Monitoring and Reporting of the Coordinated Entry System**

BTG Continuum of Care providers shall adhere to HUD-defined monitoring and reporting plans for the Coordinated Entry System. The State-defined monitoring process will report on performance objectives related to Coordinated Entry System utilization, efficiency, and effectiveness.

HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;

3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;
7. Successful housing placement;

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. Measuring the number of homeless people (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD's homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. For example, the length of time homeless measure (#1) encourages communities to quickly re-house people, while measures on returns to homelessness (#2) and successful housing placements (#7) encourage communities to ensure that those placements are also stable. Taken together, these measures allow communities to evaluate the factors more comprehensively that contribute to ending homelessness.

## **Termination**

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Any Authorized User Agency may terminate their participation in the Coordinated Entry System by giving written notice. Housing programs that are required to participate due to HUD or other agency (such as the Hawai'i state Homeless Programs Office) guidelines will need HUD or other agency approval to terminate participation.

## **Grievances and Questions**

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Coordinated Entry System grievances that are related to CE policies and/or procedures shall be directed in writing to the nearest County Representative shown on the chart in Appendix I, Access Points.

Questions about the CES Policies and Procedures may be directed to the CoC Chapters or Access Points as well as to the County Leaders shown in Appendix J.

## **HMIS/CES Consent Form to share documents**

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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. Viewing documents uploaded by other organizations has been limited by the BTG Board of Directors (BOD) to five (5) users per organization, plus the executive director, with the additional requirement that clients must have a signed consent for this information to be shared.

## **Auto Exit**

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All VI-SPDAT assessments will auto exit after 1-year. Clients will remain on the BNL for 1-year if they also have an active program enrollment in HMIS (street outreach, emergency/transitional shelter, rapid rehousing enrollments without a move in date) and for 90 days if the client does not have an active program enrollment in HMIS. Otherwise, VI-SPDATs will auto-exit after one year.

## Appendices

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Appendix A: CES Component Definitions

Appendix B: Conducting the VI-SPDAT

Appendix C: The VI-SPDAT (Individual)

Appendix D: The VI-SPDAT (Family)

Appendix E: The Prevention VI-SPDAT

Appendix F: The TAY-VI-SPDAT

Appendix G: The Full SPDAT Process

Appendix H: Forms/Sample Documents

1. Chronic Homelessness Documentation Checklist
2. Verification of Disability
3. Verification of Income

Appendix I: BTG CES Access Points

Appendix J: BTG Chapters and CES Leaders

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## 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
<p>Emergency services and engagement intended to link unsheltered households (individuals and families) who are homeless and in need of shelter, housing, and support services.</p>	<p>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.</p> <p>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.</p>	<p>Homeless individuals and families on the streets, frequently targeting those living with mental illness(es), severe addiction(s), or dual-diagnoses</p> <p>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</p>

### 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"> <li>● showers,</li> <li>● laundry,</li> <li>● meals,</li> <li>● other basic services,</li> <li>● and linkage to case manager and housing counselor (co-located on-site),</li> </ul> <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 <b>appropriate VI-SPDAT</b> of repeat families and individuals, or families and individuals requesting such assessment <b>following 7+ shelter nights</b> 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. 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</p>	<p>Housing Identification</p> <ul style="list-style-type: none"> <li>● Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness.</li> <li>● Address potential barriers to landlord participation such</li> </ul>	<p>Homeless households with temporary barriers to self-sufficiency</p>

<p>(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>as concern about short term nature of rental assistance and tenant qualifications.</p> <p>Rent and Move-In Assistance (Financial)</p> <ul style="list-style-type: none"> <li>● 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.</li> </ul> <p>Rapid Re-Housing Case Management and Services</p> <ul style="list-style-type: none"> <li>● Help individuals and families experiencing homelessness identify and select among various permanent housing options based on their unique needs, preferences, and financial resources.</li> <li>● Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues).</li> <li>● Help individuals and families negotiate manageable and appropriate lease agreements with landlords.</li> <li>● Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing.</li> <li>● Monitor participants' housing stability and be available to resolve crises,</li> </ul>	
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	<p>at a minimum during the time rapid re-housing financial assistance is provided.</p> <ul style="list-style-type: none"> <li>● Provide or assist households with connections to resources that help them improve their safety and well-being and achieve their long-term 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.</li> <li>● 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.</li> <li>● Assist households to find and secure appropriate rental housing.</li> </ul>	
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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</p>	<ul style="list-style-type: none"> <li>● Homeless families and individuals contemplating recovery or newly in recovery,</li> <li>● youth,</li> <li>● ex-offenders,</li> <li>● single-parent females younger than 25 with children under six years old,</li> <li>● veterans (utilizing GPD)</li> </ul>

	<p>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.  Housing plan within two weeks.  Average stay is six months.  Could stay up to two years.  All programs provide follow up case management post exit.  Expectation of six months of post placement tracking to assess success</p>	<ul style="list-style-type: none"> <li>Families and individuals who are actively fleeing domestic violence</li> </ul>
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**Permanent Supportive Housing**

<b>Component Type</b>	<b>Essential Elements</b>	<b>Target Population</b>
<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 or 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</p>	<p>Families and individuals experiencing long-term homelessness, living with disabilities, and significant barriers to self-sufficiency.</p>

	in PSH, families should receive supportive services appropriate to their needs from their case manager and/or the ACT or other multidisciplinary team.	
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**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>

## 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?"

## 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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| 19. When you are sick or not feeling well, do you avoid getting help?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>20. FOR FEMALE RESPONDENTS ONLY:</b> Are you currently pregnant?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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<br><input type="checkbox"/> No<br><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\***

<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Client refused
<input type="checkbox"/> Under other than honorable conditions	<input type="checkbox"/> Uncharacterized	<input type="checkbox"/> 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

## 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

1) First Name\*: \_\_\_\_\_ Last Name \*: \_\_\_\_\_ Birth Date\*: \_\_\_\_\_ Age: \_\_\_\_\_ Gender\*:

Relationship to Head of Household\*  Spouse  Child  Step-Child  Grandparent  Guardian  Other Relative  Other Non-Relative  Unknown  Grandchild  Foster-Child

Social Security#\*:

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

Birth Date\* options:

- Full DOB
- Partial (MM/YY)
- Partial (DD/YY)
- Client doesn't know
- Client refused
- Data Not Collected

Gender\* options:

- Male
- Female
- Trans M-F
- Trans F-M
- Refused
- Other

Veteran  Yes  No  Refused

**BTG VI-SPDAT V2 (Family)**

**Add Family Member – Continued**

<b>First Name*:</b>	<b>Last Name *:</b>	<b>Birth Date*:</b>	<b>Age:</b>	<b>Gender*:</b>
2) _____				
<b>Relationship to Head of Household*</b>		<b>Social Security#*:</b>		
<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
<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Other

<b>First Name*:</b>	<b>Last Name *:</b>	<b>Birth Date*:</b>	<b>Age:</b>	<b>Gender*:</b>
3) _____				
<b>Relationship to Head of Household*</b>		<b>Social Security#*:</b>		
<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
<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Other

<b>First Name*:</b>	<b>Last Name *:</b>	<b>Birth Date*:</b>	<b>Age:</b>	<b>Gender*:</b>
4) _____				
<b>Relationship to Head of Household*</b>		<b>Social Security#*:</b>		
<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
<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Other

<b>First Name*:</b>	<b>Last Name *:</b>	<b>Birth Date*:</b>	<b>Age:</b>	<b>Gender*:</b>
5) _____				
<b>Relationship to Head of Household*</b>		<b>Social Security#*:</b>		
<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
<b>Veteran</b> <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  No

Is there a second parent currently part of the household? \*  Yes  No

Second Parent's Name\*: \_\_\_\_\_

**Children**

1. How many children under the age of 18 are currently with you?\* \_\_\_\_\_  Answered  Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?\* \_\_\_\_\_  Answered  Refused

3. Is any member of the family currently pregnant?\*  Yes  No  Refused

**A. Housing**

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

Shelters

Transitional Housing

Safe Haven

Outdoors

Refused

Other \_\_\_\_\_

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

7. 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  Refused

8b. taken an ambulance to the hospital?\* \_\_\_\_\_  Answered  Refused

8c. been hospitalized as an inpatient?\* \_\_\_\_\_  Answered  Refused

8d. used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?\* \_\_\_\_\_  Answered  Refused

8e. 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  Refused

8f. 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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><input type="checkbox"/> Refused</p> |

## BTG VI-SPDAT V2 (Family)

### D. Wellness (Continued)

- |  |   |   |   |
|--|---|---|---|
| <b>25.</b> Will drinking or drug use make it difficult for your family to stay housed or afford your housing?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>26a.</b> 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?*                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>26b.</b> 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?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>26c.</b> 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?* | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>27.</b> Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>CONDITIONAL QUESTION: Based on answers provided for questions #19-27.</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>29.</b> Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>28.</b> Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>31.</b> 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?* |   | <b>30.</b> Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |

### E. Family Unit

- |   |   |  |   |
|---|---|--|---|
| <b>32.</b> Are there any children that have been removed from the family by a child protection service within the last 180 days?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>33.</b> Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?* | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>34.</b> In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>35.</b> Has any child in the family experienced abuse or trauma in the last 180 days?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>CONDITIONAL QUESTION: IF THERE ARE SCHOOL-AGED CHILDREN:</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |  |   |
| <b>36.</b> Do your children attend school more often than not each week?*   |   |  |   |
| <b>37.</b> Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?* | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>38.</b> Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |



Appendix E: The Prevention VI-SPDAT  
(ADD THIS IMAGE)

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

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

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

#### 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<br/><input type="checkbox"/> No<br/><input type="checkbox"/> Refused</p> | <p>8. Were you ever incarcerated when younger than age 18?*</p>   | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><input type="checkbox"/> Refused</p> |
| <p>15c. Because your family or friends caused you to become homeless?*</p>              | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/><input type="checkbox"/> Refused</p> | <p>15d. Because of conflicts around gender identity or sexual orientation?*</p>                                   | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/><input type="checkbox"/> Refused</p> |
| <p>15e. Because of violence at home between family members?*</p>                        | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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<br/><input type="checkbox"/> No<br/><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?\*

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?\*

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)

## 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/>

## **Appendix H: Forms/Sample Documents**

- 1. Chronic Homelessness Documentation Checklist**
- 2. Verification of Disability**
- 3. Verification of Income**

## 1. Chronic Homelessness Documentation Checklist

(ADD UPDATED FORM – GET FROM MAUDE)

## 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).*

<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Number in Household:</b>	<b>Client Head of Household:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Part 1: Current Housing Status</b>	
<p><i>Client must currently be in one of these locations in order to be considered chronically homeless.</i></p> <p><b>Client is currently residing:</b></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>	
<b>Start Date:</b> _____	<b>End Date:</b> _____
<b>Location Name/Address:</b>	
<b>Current Housing Status Notes:</b>	
<b>Chronic Homelessness Documentation Checklist - Page 1 of 4</b>	

Month # 3	Month # 4	Month # 5	Month # 6	Month # 7	Month # 8	Month # 9	Month # 10	Month # 11	Month # 12
<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach <input type="checkbox"/> Comp. <input type="checkbox"/> Database <input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of <input type="checkbox"/> Situation <input type="checkbox"/> Doc. of <input type="checkbox"/> steps to <input type="checkbox"/> obtain <input type="checkbox"/> evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach <input type="checkbox"/> Comp. <input type="checkbox"/> Database <input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of <input type="checkbox"/> Situation <input type="checkbox"/> Doc. of <input type="checkbox"/> steps to <input type="checkbox"/> obtain <input type="checkbox"/> evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. 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By <input type="checkbox"/> Outreach <input type="checkbox"/> Comp. <input type="checkbox"/> Database <input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of <input type="checkbox"/> Situation <input type="checkbox"/> Doc. of <input type="checkbox"/> steps to <input type="checkbox"/> obtain <input type="checkbox"/> evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. 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By <input type="checkbox"/> Outreach <input type="checkbox"/> Comp. <input type="checkbox"/> Database <input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of <input type="checkbox"/> Situation <input type="checkbox"/> Doc. of <input type="checkbox"/> steps to <input type="checkbox"/> obtain <input type="checkbox"/> evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach <input type="checkbox"/> Comp. <input type="checkbox"/> Database <input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of <input type="checkbox"/> Situation <input type="checkbox"/> Doc. of <input type="checkbox"/> steps to <input type="checkbox"/> obtain <input type="checkbox"/> evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach <input type="checkbox"/> Comp. <input type="checkbox"/> Database <input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of <input type="checkbox"/> Situation <input type="checkbox"/> Doc. of <input type="checkbox"/> steps to <input type="checkbox"/> obtain <input type="checkbox"/> evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach <input type="checkbox"/> Comp. <input type="checkbox"/> Database <input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of <input type="checkbox"/> Situation <input type="checkbox"/> Doc. of <input type="checkbox"/> steps to <input type="checkbox"/> obtain <input type="checkbox"/> evidence

Please detail and attach.

**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:**

<b>Part 4: Staff and Client Certifications</b>
--

<b>Client Certification:</b>
------------------------------

*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.*

<b>Client Name: (Printed)</b>	<b>Client Signature:</b>	<b>Date:</b>
-------------------------------	--------------------------	--------------

<b>Staff Certification:</b>
-----------------------------

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

<b>Staff Name: (Printed)</b>	<b>Staff Signature:</b>	<b>Date:</b>
------------------------------	-------------------------	--------------

<b>Staff Role:</b>	<b>Agency:</b>
--------------------	----------------

## 2. Verification of Disability

Note: This SAMPLE is of a copyrighted document and is for information ONLY.

**REQUEST FOR VERIFICATION  
HAWAII COUNTY HOUSING AGENCY  
APRIL 10, 2017**

Tenant ID

The person named below to the right has applied for Federal Housing Assistance and has authorized verification of their income, assets, and expenses. Should you have any questions, please call at .

Please complete the section below and return this form to the HAWAII COUNTY HOUSING AGENCY: **Hilo:** 1990 Kino'ole Street, Suite 105, Hilo, HI 96720 **West HI Civic Center:** 74-5044 Ane Keohokalole Hwy, Bldg B, 2nd Flr Kailua Kona, HI 96740 by 4/24/2017. You may fax the completed form to **Hilo** (808) 959-9308 **Kona** (808) 323-4301.

**Disability Verification**

Can the above referenced individual be considered disabled in accordance with any of the definitions below:

The Department of Housing and Urban Development defines a disabled person in 4 ways:

- Yes  No 1. A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- Yes  No 2. A developmentally disabled person is one with a severe chronic disability that:
- a. is attributable to a mental and/or physical impairment;
  - b. as manifested before age 22;
  - c. is likely to continue indefinitely;
  - d. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency; AND
  - e. requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- Yes  No 3. A disabled person is also one who has a physical, emotional or mental impairment that:
- a. is expected to be long-continued or indefinite duration;
  - b. substantially impedes the person's ability to live independently;
  - c. is such that the person's ability to live independently could be improved by more suitable housing conditions. This does not include a person whose disability is based solely on any drug or alcohol dependence.
- Yes  No 4. Is the above a person whose disability is based solely on any drug or alcohol dependence (the person has no other disability which meets the above definition).

Thank you for your time and assistance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Telephone No \_\_\_\_\_

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SH 4/10/2017 Page 1

**3. Verification of Income**

Note: This SAMPLE is for information ONLY.

**VERIFICATION OF EMPLOYMENT**

<p style="text-align: center;">(NAME OF ORGANIZATION SEEKING INFORMATION)</p> <p><b>AUTHORIZATION: REGULATIONS REQUIRE US TO VERIFY EMPLOYMENT INCOME OF ALL MEMBERS OF THE HOUSEHOLD APPLYING FOR PARTICIPATION IN THE _____ PROGRAM WHICH WE OPERATE AND TO REEXAMINE THIS INCOME PERIODICALLY. WE ASK YOUR COOPERATION IN SUPPLYING THIS INFORMATION. THIS INFORMATION WILL BE USED ONLY TO DETERMINE THE ELIGIBILITY STATUS AND LEVEL OF BENEFIT OF THE HOUSEHOLD.</b></p> <p><b>YOUR PROMPT RETURN OF THE REQUESTED INFORMATION WILL BE APPRECIATED. A SELF-ADDRESSED RETURN ENVELOPE IS ENCLOSED.</b></p>	<p><b>EMPLOYED SINCE:</b> _____ <b>OCCUPATION:</b> _____</p> <p><b>SALARY:</b> _____</p> <p><b>EFFECTIVE DATE OF LAST INCREASE:</b> _____</p> <p><b>BASE PAY RATE:</b> \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p><b>NO. WEEKS</b> _____, <b>OR NO. WEEKS</b> _____ <b>WORKED/YEAR</b></p> <p><b>OVERTIME PAY RATE:</b> \$_____/HOUR</p> <p><b>EXPECTED AVERAGE NUMBER OF HOURS OVERTIME WORKED PER WEEK DURING NEXT 12 MONTHS</b> _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p> <p><b>FOR:</b> _____ <b>\$</b>_____ <b>PER</b> _____</p> <p><b>IS PAY RECEIVED FOR VACATION? YES NO</b></p> <p><b>IF YES, NO. OF DAYS PER YEAR</b> _____</p> <p><b>TOTAL BASE PAY EARNINGS FOR PAST 12 MOS. \$</b>_____</p> <p><b>TOTAL OVERTIME EARNINGS FOR PAST 12 MOS. \$</b>_____</p> <p><b>PROBABILITY AND EXPECTED DATE OF ANY PAY INCREASE:</b> _____</p> <p><b>DOES THE EMPLOYEE HAVE ACCESS TO A RETIREMENT ACCOUNT? YES NO</b></p> <p><b>IF YES, WHAT AMOUNT CAN THEY GET ACCESS TO:</b> <b>\$</b>_____</p>
<p><b>RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.</b></p> <p>_____</p> <p><b>(SIGNATURE OF APPLICANT)</b></p> <p>Date: _____</p>	<p>_____</p> <p style="text-align: center;">Signature of Authorized Employer Representative</p> <p>Title: _____</p> <p>Date: _____ Phone: _____</p> <p>Company Name: _____</p> <p>Email: _____</p>
<p><b>NOTE:</b> FOR ASSISTANCE COMPLETING THIS FORM, PLEASE CONTACT: _____ <b>PHONE:</b> _____</p>	

## Appendix I: BTG CES Access Points

Bridging the Gap offers a “no wrong door” approach with multiple access points that include primary (outreach) providers and secondary access points for subpopulations and expanded access.

<b>Bridging the Gap CES Access Points</b>		
<b>Hawai'i County</b>	<b>Kaua'i County</b>	<b>Maui County</b>
Primacy Access Point: <b>Hope Services Hawai'i</b> 357 Waiānuenuē Avenue, Hilo, HI 96720 Emergency shelter, outreach, other services. Phone: 808 935-3050	Primacy Access Point: <b>Kaua'i Economic Opportunity, Inc. (KEO)</b> 2804 Wehe Rd, Līhu'e Emergency shelter, outreach, other services. Phone: 808 245-4077	Primary Access Point: <b>Maui Family Life Center</b> 95 S Kane St., Kahului, HI 96732 Emergency shelter, outreach, other services. Phone: (808) 877-0880
Additional Access Points:  <b>Catholic Charities Hawai'i</b> Phone: 808 873-4673  <b>Neighborhood Place of Puna</b>  <b>Hawaii Affordable Properties – Hawaii Rise Foundation</b>  <b>Hawaii Island Home for Recovery</b>  <b>Hawaii Island AIDS Foundation</b>	Additional Access Points:  <b>Family Life Center</b> Phone: 808 268-9507 or 808-446-2570  <b>Catholic Charities Hawai'i</b> Phone: 808 632-6951 or 808 632-6950  <u><b>Youth:</b></u> <b>Hale 'Opio</b> Phone: 808 245-2873  <u><b>Domestic Violence:</b></u> <b>YWCA Kaua'i</b> <b>24-Hour Crisis Line:</b> <b>808 245-6362</b> Family Violence Shelter: 808 245-8404  <u><b>Veterans:</b></u> <b>US Veterans Initiative (US Vets)</b> Phone: 808 476-0645 or 808 476-0457	Additional Access Points:  <b>Catholic Charities Hawai'i</b> Phone: 808 935-4673
<b>For Additional Information or to Express Concerns, contact:</b>		
Community Access Partners (CAP)	Kaua'i Community Alliance (KCA)	Maui Homeless Alliance (MHA)
Sharon Hirota: 808-961-8019 sharon.hirota@hawaiicounty.gov	Sharon Graham: 808 241-4427 sgraham@kauai.gov	David Nakama: 808- david.nakama@mauicounty.gov

**Appendix J: BTG Chapters and CES Leaders**

<b>Bridging the Gap Chapters</b>		
<b>Hawai'i County</b>	<b>Kaua'i County</b>	<b>Maui County</b>
<b>Community Access Partners (CAP)</b>	<b>Kaua'i Community Alliance (KCA)</b>	<b>Maui Homeless Alliance (MHA)</b>
CAP meets the last Weds of every month. For information, contact Brandee @ (808) 938-3050	KCA meets the 2 <sup>nd</sup> Weds of every month. For information, contact Sharon @ (808) 241-4427	MHA meets the 3 <sup>rd</sup> Weds of every month. For information, contact Maude @ (808) 877-0880
<b>2019 Chapter Representatives to BTG Board</b>		
Brandee Menino	Sharon Graham	Monique Yamashita
Paul Normann	Laura Di Troia	Thelma Akita-Kealoha
Sharon Hirota	Crystal Caday-Bargayo	Lori Tshuhako and/or David Nakama
<b>2019 County Representatives</b>		
Sharon Hirota	Sharon Graham	Lori Tshuhako
		David Nakama
<b>2018 CES Chapter Leaders: County Housing Agency Managers of CES (Matching Local Consumer Referrals to Providers)</b>		
Sharon Hirota	Sharon Graham	David Nakama
BackUp:	Backup: Bricen Moritsugu	Backup: Lori Tshuhako