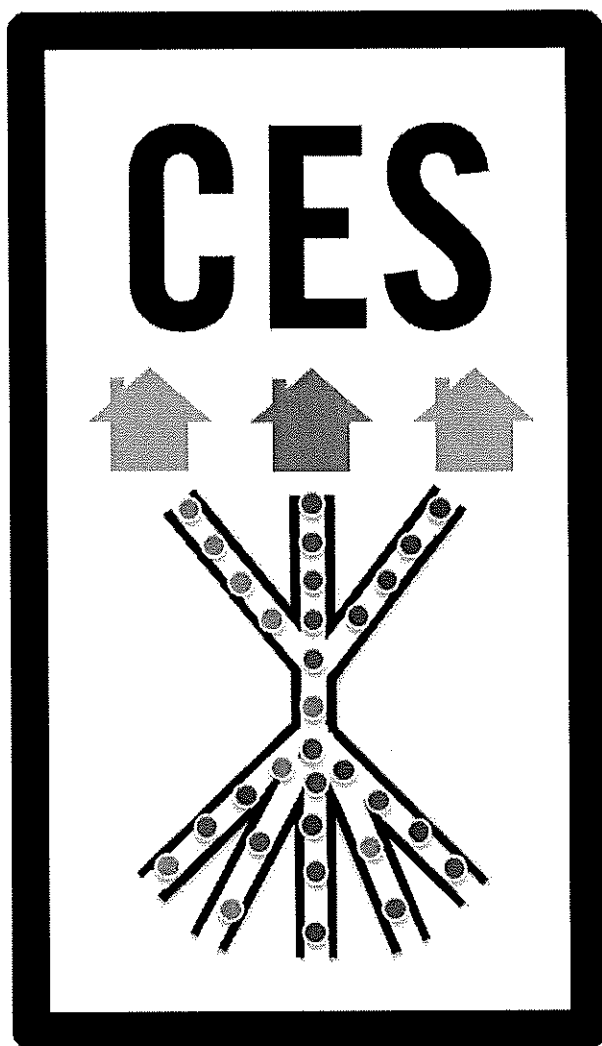


**ATTACHMENT J: Coordinated Entry System Packet – Vulnerability Index-Service
Prioritization Decision Assistance Tool (VI-SPDAT v2):**

An evidenced based assessment tool that multiple providers across the Los Angeles homeless continuum of care utilize to assess the severity of co-occurring issues and symptoms for homeless Veterans.

Note: See <http://ceslosangeles.weebly.com/forms--resources.html>



**Greater Los Angeles
Coordinated Entry System
For Individuals**

Survey Packet

Version 3.2

CES Survey: Introduction

Thank you for taking time to know the name and needs of our homeless neighbors. The 20-30 minutes you will spend are invaluable to helping us understand the unique needs of the respondent and also the broader region in which he/she resides. Your engagement of the respondent and effective application of the following survey is a critical first step to ending homelessness in Greater Los Angeles. Thank you!

CONTENTS

- 1. Instructions (for Surveyor):** Brief guidelines for best application of this survey - further instructions are available at www.lahsa.org/hmis, under Provider Tools: Document Library and Video Library, and on the CES Website at ceslosangeles.weebly.com (Forms & Resources)
- 2. Checklist:** A list of the steps involved in making the respondent eligible for referrals through CES.
- 3. Instructions (for Respondent):** A script of instructions to be read aloud to the respondent.
- 4. Consent:** Required form to gain legal permission to share respondent answers in Homeless Management Information System.
- 5. Part 1 (VI-SPDAT v2 and basic intake)**
Part 1 of the CES Survey features the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT v2). The VI-SPDAT is a triage tool designed to recommend the best type of permanent housing solution for someone experiencing homelessness. It is a holistic survey developed by OrgCode Consulting and Community Solutions and is written in a manner designed to be understood more easily by respondents. Part 1 of the survey also includes a set of basic intake and eligibility questions to help begin identifying resources and supports that the respondent may qualify for immediately.
- 6. Part 2 (Program Intake questions)**
The program intake assessment captures all additional data that is required when entering a program. This assessment should be completed when the client is entering into any homeless service program or upon engagement in outreach and assessment only programs.
- 7. Supplemental: VA**
The VA release of information should be filled out for any client that identifies as a US veteran. While typically the VA supplemental assessment is completed by VA staff, this can also be completed by the surveyor.. It does not have to be filled out exclusively by VA staff.
- 8. Contact Sheet:** A sheet with follow-up contacts that you may wish to provide the respondent upon request.
- 9. Additional Consents (*If Provided):** Additional authorization, release and consent forms may be provided by your agency or coordinator to allow for seamless coordination with other supports or resources.

CES Survey: Introduction

INSTRUCTIONS FOR THE SURVEYOR ****Please do not read aloud****

- **THE CONSENT MUST BE COMPLETED AND SIGNED (FOR HOUSEHOLDS, EVERY ADULT MEMBER MUST SIGN)**
In the case that respondent refuses consent, or answering affirmatively in the domestic violence section, you may still proceed, however please note these special instructions: Do not enter Personal Identifiable Information (PII) into HMIS. HMIS will automatically generate an anonymous ID. Please retain at least the first page of CES Survey Part I (with HMIS ID & Client Name) for your records and future matches since you will not be required to enter identifying information into HMIS.
- **FOLLOW A MODEL OF PROGRESSIVE ENGAGEMENT.**
The various sections of the survey (Part 1, Part 2, and Supplemental sections) may be completed at one time or over various engagements, based on the comfort and preference of the respondent. Allow respondents to go at a pace that is comfortable for them. This may mean doing multiple sections, one section, or even just portion of a section.
- **REFERRALS AND NEXT STEPS.**
Initial eligibility questions for specific resources are located throughout the survey. Next steps are listed for these questions in the body of survey as well as in the office only section. Complete the next step (either a supplemental assessment or a referral) based on the comfortability and preference of the respondent.
- **RESERVE JUDGEMENT.**
Regardless of the outcome of the survey responses, please remain neutral in your response and reserve judgment and unsolicited advice.
- **DO NOT BE DISAPPOINTED IF THE RESPONDENT DOESN'T WANT TO BE SURVEYED.**
Negative experiences with past services may cause the respondent to be distrustful. Reversing course on that is a process, and your positive interaction and respect of their boundaries will help future engagements.
- **DO NOT PROMISE HOUSING OR SERVICES.**
Though you may be trying to be helpful, false promises will only add to their distrust and disinterest with future engagements.
- **DO NOT MANIPULATE RESPONSES.**
Major eligibility criteria are officially verified later so it does not benefit the respondent to be dishonest.
- **DO NOT VOLUNTEER THE SCORE OR THE SCORING PROCESS.**
You may share the general housing recommendation, but we do not want people being referred to as numbers.
- **YES AND NO ANSWERS ARE FINE, IDEAL EVEN. AVOID FOLLOW UP QUESTIONS.**
Respondents do not need to explain themselves. Explain questions if further clarification is needed, but try to keep the conversation short and clear to respect their time. Make note of items you may want to come back to, but allow engagement/case management to happen separate from the survey itself.
- **COUNT BACKWARDS AND PAUSE.**
For any question that asks a date range, count backward to the first date – so if today is January 1, 2015 and the questions asks “in the last 6 months,” say in “in the last 6 months...December, November, October, September, August, July. So since July 2014 ...” Also, for any question that states “anything like that,” add an intentional pause between “or anything (pause) like (pause) that” to help emphasize that you have read a list.
- **BE PREPARED TO EXPLAIN LENGTH OR QUESTIONS**
If a respondent finds a question offensive or is frustrated by the length, please explain that each question will help to avoid some inappropriate referrals and hopefully save them time in the long run. For other questions with more obvious answers, you may explain that you wanted to give them the ability to speak for themselves.
- **PRACTICE.**
As you become more comfortable with the survey, you should notice a gradual reduction in the amount of time it takes to complete.

CES Survey: Introduction

CHECKLIST

Prepare

- Review:** Instructions for the Surveyor
- Read Aloud:** Instructions for the Respondent
- Request Signature:** Consent Form

Survey (portions may be completed together or at separate times)

- Verbally Administer:** Survey Part 1 (VI-SPDAT v2, basic intake, initial eligibility questions)
- Verbally Administer:** Survey Part 2 (Program Intake)
- Verbally Administer*:** VA Release of Information; Supplemental: VA (if applicable; can be referred to VA staff)
- Take picture:** Client may decline. Ask if you can take a picture of their ID instead or take a picture with them.
- Provide:** Contact sheet if you or your coordinator are willing to be available for follow-up contact

Follow-Up

- File Consent:** Keep record of consent and/or distribute to appropriate party in your SPA
- Data Entry:** Enter survey responses into HMIS
- Upload:** client picture, copies of documents, additional signed consents, to HMIS
- =====The following steps may be taken over by a Housing Navigator=====
- Obtain Documents (*if not already in possession):** Birth Certificate, ID & Social Security. Although not immediately required, please be prepared to quickly prepare income verification documents as well. *Possessing documents required for housing is the final step in becoming "match-ready" for most housing in CES.*
- Data Entry:** Note receipt of documents and upload scanned copy of documents into HMIS if possible.

CES Survey: Introduction

INSTRUCTIONS FOR RESPONDENT

Hello! My name is _____ and I am with a group called _____ (organization name). I have a survey I would like to complete with you.

- There are a few parts to this survey. The first part takes about 20-30 minutes to complete. Let's complete the first part and after that, we can see if we want to do more today, or wait for a different day.
- Most questions only require a "yes," "no" or other one-word answer. If you have more to share about an answer, I'd be happy to discuss that after the survey, but let's try and finish the survey first.
- This is not a housing application, but the answers will help us understand your health and housing needs and the needs of our community, and may help us make better referrals for you in the future.
- All that to say, I'm not using the answers you give to make any personal judgments about you.
- This survey is for anyone who is experiencing homelessness – not just people with a certain type of need.
- Some questions are personal in nature, but again, every question is designed to help us help you. You can skip or refuse any question that you don't feel comfortable answering, but the more questions you're willing to answer, the better.
- Someone may follow up with you to assist in getting documents needed to access resources, so it's important that we have accurate contact information for you.
- There is no need to take this survey twice, but from time to time we may want to update it with you, to make sure the information is accurate.
- Afterward, you may request a contact sheet and refer to it if you have questions.

Before we begin, I need to get your permission to do this survey with you. Please review the following form and let me know if you have any questions.

CES Survey: Consent

GREATER LOS ANGELES

HOMELESS MANAGEMENT INFORMATION SYSTEM (LA HMIS)

CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

The LA HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles County. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

What information is shared in the HMIS database?

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

How do you benefit from providing your information?

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

Who can have access to your information?

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

How is your personal information protected?

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

CES Survey: Consent

By signing below, you understand and agree that:

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- The Privacy Notice for the LA/OC HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
 - A correction of inaccurate or incomplete PPI
 - A copy of your consent form
 - A copy of your HMIS records; and
 - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

I consent to sharing my photograph. (Check here)

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Signature _____ Date _____

Head of Household (Check here)

Minor Children (if any):

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Print Name of Organization Staff

Print Name of Organization

Signature of Organization Staff

Date

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Client Profile (required questions are shaded)

HMIS Consent signed (Release of Information Permission): No Yes Date consented (Start Date): ____/____/____

Social Security Number	_____ - _____ - _____			
Quality of SSN	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
Last Name	_____			
First Name	_____			
Quality of Name	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
Quality of DOB	<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
Date of Birth	____/____/____			
	If the person is 60 years of age or older, then score 1.		Score:	
Middle Name	_____		Suffix:	
Maiden Name	_____			
Alias	_____			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
Ethnicity	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
Race	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
Primary Language	_____			
TB Clearance Date	____/____/____		Clinic:	
Have you ever served in the U.S. Military? (Veteran Status)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected	
If the client identifies as Yes to veteran status, then the following questions are required:				
Dates of military service (Year Only)	_____ to _____			
Branch of Military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force	<input type="checkbox"/> Navy <input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Theater of Operations	World War II	Korean War	Vietnam War	Persian Gulf War
	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused
	Afghanistan (Enduring Freedom)	Iraq (Iraqi Freedom)	Iraq (New Dawn)	Other Operations
	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Immediate Safety Assessment

Instructions for surveyor (DO NOT READ ALOUD): Due to the confidential nature of the following questions, we ask that you try to secure a private space where the **respondent is unaccompanied**. Regardless of the outcome, please remain neutral in your response and reserve judgment and unsolicited advice.

1. Are you seeking services today because you are concerned about your immediate safety related to abuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
2. If you experienced domestic or intimate partner violence, was this within the past month?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
3. Are you currently fleeing because you are in danger?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

If question #2 and #3 were both answered as "Yes", then participant should be referred to the LA County Domestic Violence Hotline 1-800-978-3600. Participant has the choice to continue receiving services through CES.

A. History of Housing and Homelessness

4. Where do you sleep most frequently?	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (please specify: _____)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If the person answers anything other than "Shelters", "Transitional Housing", or "Safe Haven", then score 1.		Score: <input type="text"/>
5. How long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Less than a week <input type="checkbox"/> 1 week – 3 months <input type="checkbox"/> 3 – 6 months	<input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 – 2 years <input type="checkbox"/> 2 years or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
6. In the last three years, how many times have you been homeless?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.		Score: <input type="text"/>

B. Risks

7. In the past six months, how many times have you...		
7a. Received health care at an emergency department / room?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
7b. Taken an ambulance to the hospital?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
7c. Been hospitalized as an in-patient?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

7d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
7e. 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?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
7f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

If the total number of interactions equals 4 or more, then score 1 for Emergency Service Use .	Score: <input type="text"/>
-------------------------------------------------------------------------------------------------------	---------------------------------------

8. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
9. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

If "Yes" to any of the above, then score 1 for Risk of Harm .	Score: <input type="text"/>
----------------------------------------------------------------------	---------------------------------------

10. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

If "Yes", then score 1 for Legal Issues .	Score: <input type="text"/>
--------------------------------------------------	---------------------------------------

11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
12. 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"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

If "Yes" to any of the above, then score 1 for Risk of Exploitation .	Score: <input type="text"/>
------------------------------------------------------------------------------	---------------------------------------

C. Socialization & Daily Functioning

13. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
14. 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"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

If "Yes" to question 13 or "No" to question 14, then score 1 for Money Management .	Score: <input type="text"/>
--------------------------------------------------------------------------------------------	---------------------------------------

15. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
--------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

If "No", then score 1 for Meaningful Daily Activity .	Score: <input type="text"/>
--------------------------------------------------------------	---------------------------------------

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

16. 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"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

Score:	
If "No", then score 1 for <i>Self-Care</i> .	

17. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

Score:	
If "Yes", then score 1 for <i>Social Relationships</i> .	

D. Wellness

18. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
--------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

19. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
----------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

20. If there was space available in a program, housing, or resources that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

21. 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"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

22. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
-----------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

23. Are you currently pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
---------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

Score:	
If "Yes" to any of the above, then score 1 for <i>Physical Health</i> .	

24. 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"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

25. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

Score:	
If "Yes" to any of the above, then score 1 for <i>Substance Use</i> .	

26. 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:		
----------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

26a. A mental health issue or concern?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
----------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

26b. A past head injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
--------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

26c. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
----------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

27. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
----------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	-----------------------------------------------------------------------------------------

Score:	
If "Yes" to any of the above, then score 1 for <i>Mental Health</i> .	

Score:	
If the respondent scored 1 for <i>Physical Health</i> and 1 for <i>Substance Use</i> and 1 for <i>Mental Health</i> , score 1 for <i>Tri-Morbidity</i> .	

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

28. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
29. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused

If "Yes" to any of the above, then score 1 for <i>Medications</i> .	Score: <input type="text"/>
---------------------------------------------------------------------	--------------------------------

30. 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?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

If "Yes", then score 1 for <i>Abuse and Trauma</i> .	Score: <input type="text"/>
------------------------------------------------------	--------------------------------

Follow-Up

31. On a regular day...	
31a. Where is it easiest to find you?	<input type="text"/>
31b. What time of day is easiest to do so?	<input type="text"/>
32. So that someone can safely get in touch with you or leave you a message...	
32a. Is there a phone number?	<input type="text"/>
32b. Is there an email address?	<input type="text"/>
33. Ok, now 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Residency & Preferences

34. What city within the County of Los Angeles do you live in? <i>*SURVEYOR NOTE: Please choose a city from the Location of Survey list on page 10-12</i>	<input type="text"/>
If question #34 was answered as Los Angeles, then the following question is required :	
34a. If you reside within the City of Los Angeles, in which community do you live in? <i>*SURVEYOR NOTE: Please choose a community from the Location of Survey list on page 10-12</i>	<input type="text"/>
35. What other cities have you called home within the last year (last 12 months)? <i>*SURVEYOR NOTE: Please choose a city / cities from the Location of Survey list on page 10-12</i>	<input type="text"/>
If either question #34 or #35 was answered as Long Beach or Santa Monica, then the following question is required :	
35a. How many months have you stayed in that city/community?	<input type="text"/>
36. Is the region where you're currently residing where you're looking to be housed? <i>*SURVEYOR NOTE: location may be different from answer to Q35/35a</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, I have another community in mind**

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

If question #36 was answered as No (**), then the following question is required:

<p>36a. What is the community you are looking to be housed in? *SURVEYOR NOTE: Please check ONLY ONE SPA.</p>	<input type="checkbox"/> SPA 1 – Antelope Valley <input type="checkbox"/> SPA 2 – San Fernando Valley <input type="checkbox"/> SPA 3 – San Gabriel Valley <input type="checkbox"/> SPA 4 – Metro/Central LA <input type="checkbox"/> SPA 5 – West LA <input type="checkbox"/> SPA 6 – South LA <input type="checkbox"/> SPA 7 – Southeast / East LA <input type="checkbox"/> SPA 8 – South Bay <input type="checkbox"/> Outside of LA County
<p>37. Would you be interested in housing options such as shared housing, a room for rent, or sober living?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused
<p>38. Question for Participant: Some housing units have disability-related features that make it easier for people with certain disabilities to live in that housing. If you or anyone in your household are to be placed in housing, would you need:</p>	<input type="checkbox"/> Yes: a mobility unit <input type="checkbox"/> Yes: a hearing/vision unit <input type="checkbox"/> Yes: a mobility and hearing/vision unit <input type="checkbox"/> No
<p>39. Question for Staff: Based on your observation, does this person/a person in this household appear to have:</p>	<input type="checkbox"/> A mobility disability (uses a wheelchair, walker, or has difficulty walking) <input type="checkbox"/> A hearing disability (deaf or hard of hearing) <input type="checkbox"/> A visual disability (blind or low vision) <input type="checkbox"/> None of the above
<p>40. Question for Staff: Based on your observation, might this person/a person in this household need assistance to communicate as effectively as someone without a disability (i.e. sign-language interpreter, large print or braille documents, hearing assistance device)?</p>	<input type="checkbox"/> Yes* <input type="checkbox"/> No.
<p>If question #40 was answered as Yes (*), then the following question is required:</p>	
<p>40a. Ask: Which assistance aides do they need?</p>	<p>_____</p>

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

US Department of Veterans Affairs (VA), Department of Mental Health (DMH), and Department of Health Services (DHS)

41. To the best of your knowledge, do you think you are VA Healthcare eligible?		<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> No	<input type="checkbox"/> Client refused
If "Yes" to Veteran, administer VA release of information and refer to a veteran service provider to perform the "Supplemental - VA" assessment. Optional: complete the "Supplement - VA" assessment.			
42. Are you currently receiving or have you ever received treatment at a mental health program/clinic?		<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> No	<input type="checkbox"/> Client refused
42a. If yes, what is the name of the program/clinic?			
43. Have you been a patient at any of the following county* hospitals, clinics, or health centers in the past 12 months? (*County refers to LA County Department of Health Services. If other, please state the name of the specific DHS Health Center.) <i>Please check all that apply</i>	<input type="checkbox"/> Does not receive care at any DHS hospital or clinic		
	Hospitals <input type="checkbox"/> LAC + USC Med Center <input type="checkbox"/> Harbor UCLA Med Center <input type="checkbox"/> Olive View Med Center <input type="checkbox"/> Rancho Los Amigos Multi-Service Ambulatory Care Centers <input type="checkbox"/> Martin Luther King, Jr. Outpatient Center <input type="checkbox"/> High Desert Regional Health Center Comprehensive Health Centers <input type="checkbox"/> El Monte Comprehensive Health Center <input type="checkbox"/> Edward R. Roybal Comprehensive Health Center <input type="checkbox"/> H. Claude Hudson Comprehensive Health Center <input type="checkbox"/> Hubert H. Humphrey Comprehensive Health Center <input type="checkbox"/> Long Beach Comprehensive Health Center <input type="checkbox"/> Mid-Valley Comprehensive Health Center	Health Centers <input type="checkbox"/> Antelope Valley Health Center <input type="checkbox"/> Bellflower Health Center <input type="checkbox"/> Dollarhide Health Center <input type="checkbox"/> Glendale Health Center <input type="checkbox"/> La Puente Health Center <input type="checkbox"/> Lake Los Angeles Health Center <input type="checkbox"/> Little Rock Health Center <input type="checkbox"/> San Fernando Health Center <input type="checkbox"/> South Antelope Valley Health Center <input type="checkbox"/> Wilmington Health Center Other <input type="checkbox"/> Other DHS clinic (Specify):	
If any hospital or center was answered for question #43, then the following question is required:			
43a. How many times have you accessed services at the DHS site(s) in the last 12 months?		<input type="checkbox"/> 1	<input type="checkbox"/> 5
		<input type="checkbox"/> 2	<input type="checkbox"/> 6
		<input type="checkbox"/> 3	<input type="checkbox"/> 7
		<input type="checkbox"/> 4	<input type="checkbox"/> More than 7
			<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client refused

Disabling Condition

44. Do you think you might have any of the following conditions?	<input type="checkbox"/> Substance abuse disorder	<input type="checkbox"/> Developmental disability	<input type="checkbox"/> None of the above
	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Chronic physical illness	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Mental health disability	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Client refused

Housing History

45. Have you been evicted from a Public Housing Authority unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> No	<input type="checkbox"/> Client refused	
46. Have you ever been convicted of manufacturing or producing methamphetamine?	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> No	<input type="checkbox"/> Client refused	
47. Are you required to register as a sex offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> No	<input type="checkbox"/> Client refused	

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Office Use Only – Next Steps

<p>Potential Chronic Homelessness: Is respondent potentially chronically homeless based on the following:</p> <p><input type="checkbox"/> History of Homelessness: Question #5 is 12 months or more, or Question #6 is 4 episodes or more</p> <p><input type="checkbox"/> Disability: Scored 1 point in Substance Use, or Scored 1 point in Mental Health, or At least one disability is identified in question #44, or Question #18, #19, #20, or #42 is Yes</p> <p>If the two boxes above are checked, then the respondent is potentially chronically homeless.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Informs potential housing eligibility.</i></p>
<p>Potential Veteran: Did respondent answer “Yes” to Veteran?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Administer VA release of information and refer to a veteran service provider to perform the “Supplemental – VA” assessment. <i>Optional: Perform the “Supplement – VA” assessment.</i></p>
<p>Domestic Violence: Did respondent answer “yes” to question #2 and #3?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Refer the client to the LA County Domestic Violence Hotline 1-800-978-3600. Participant has the choice to continue receiving services through CES.</p>

Domain	Subtotal	Results	
Pre-Survey	/ 1	Score:	Recommendation:
A. History of Housing & Homelessness	/ 2	0 – 3	No housing intervention
B. Risks	/ 4	4 – 7	An assessment for Rapid Re-Housing
C. Socialization & Daily Functions	/ 4		
D. Wellness	/ 6	8 +	An assessment for Permanent Supportive Housing/Housing First
Grand Total:	/ 17		

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Interviewer's Name: _____ Organization: _____

Email: _____ Phone: _____

Date Survey Was Conducted: Date: ____ / ____ / ____

Location of Survey (*Please update later if respondent is later attached to Housing Navigator in a different Region)		
SPA	Region	City / Community
<input type="checkbox"/> SPA 1 - Antelope Valley	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lancaster
	<input type="checkbox"/> Palmdale	<input type="checkbox"/> Palmdale
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> SPA 2 - San Fernando Valley	<input type="checkbox"/> North	<input type="checkbox"/> Santa Clarita
		<input type="checkbox"/> Saugus
		<input type="checkbox"/> Newhall
		<input type="checkbox"/> Canyon Country
		<input type="checkbox"/> Granada Hills
		<input type="checkbox"/> Sylmar
	<input type="checkbox"/> West	<input type="checkbox"/> Woodland Hills
		<input type="checkbox"/> Winnetka
		<input type="checkbox"/> Calabasas
		<input type="checkbox"/> Agoura Hills
		<input type="checkbox"/> Chatsworth
		<input type="checkbox"/> Reseda
<input type="checkbox"/> Central	<input type="checkbox"/> Van Nuys	
	<input type="checkbox"/> Lake Balboa	
	<input type="checkbox"/> Valley Glen	
	<input type="checkbox"/> Sherman Oaks	
<input type="checkbox"/> East	<input type="checkbox"/> North Hollywood	
	<input type="checkbox"/> Sunland	
	<input type="checkbox"/> Tujunga	
	<input type="checkbox"/> Pacoima	
<input type="checkbox"/> Glendale	<input type="checkbox"/> Burbank	
	<input type="checkbox"/> Universal City	
	<input type="checkbox"/> La Crescenta	
	<input type="checkbox"/> La Canada	
<input type="checkbox"/> SPA 3 - San Gabriel Valley	<input type="checkbox"/> West	<input type="checkbox"/> Pasadena
		<input type="checkbox"/> Altadena
		<input type="checkbox"/> San Marino
		<input type="checkbox"/> South Pasadena
		<input type="checkbox"/> Alhambra
		<input type="checkbox"/> Sierra Madre
	<input type="checkbox"/> Central	<input type="checkbox"/> El Monte
		<input type="checkbox"/> South El Monte
		<input type="checkbox"/> Irwindale
		<input type="checkbox"/> Baldwin Park
		<input type="checkbox"/> Monrovia
		<input type="checkbox"/> Arcadia
		<input type="checkbox"/> San Gabriel
		<input type="checkbox"/> Monterey Park
		<input type="checkbox"/> Duarte
		<input type="checkbox"/> Bradbury
		<input type="checkbox"/> West Covina
		<input type="checkbox"/> La Puente
		<input type="checkbox"/> Rosemead
		<input type="checkbox"/> Temple City
		<input type="checkbox"/> Hacienda Heights
		<input type="checkbox"/> Glendora

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

<input type="checkbox"/> SPA 3 – San Gabriel Valley	<input type="checkbox"/> East	<input type="checkbox"/> San Dimas <input type="checkbox"/> La Verne <input type="checkbox"/> Claremont <input type="checkbox"/> Pomona	<input type="checkbox"/> Diamond Bar <input type="checkbox"/> Walnut <input type="checkbox"/> Industry <input type="checkbox"/> Rowland Heights
<input type="checkbox"/> SPA 4 – Metro/Central LA	<input type="checkbox"/> Downtown	<input type="checkbox"/> Downtown	
	<input type="checkbox"/> Hollywood	<input type="checkbox"/> Hollywood <input type="checkbox"/> East Hollywood <input type="checkbox"/> Los Feliz	<input type="checkbox"/> Hollywood Hills <input type="checkbox"/> West Hollywood
	<input type="checkbox"/> North East LA	<input type="checkbox"/> Eagle Rock <input type="checkbox"/> El Sereno <input type="checkbox"/> Glassell Park <input type="checkbox"/> Cypress Park <input type="checkbox"/> Lincoln Heights <input type="checkbox"/> Montecito Heights <input type="checkbox"/> Chinatown <input type="checkbox"/> Hermon	<input type="checkbox"/> Mount Olympus <input type="checkbox"/> Highland Park <input type="checkbox"/> Monterey Hills <input type="checkbox"/> Atwater Village <input type="checkbox"/> Mount Washington <input type="checkbox"/> Boyle Heights <input type="checkbox"/> East LA
	<input type="checkbox"/> Silverlake/Westlake Central	<input type="checkbox"/> Silverlake <input type="checkbox"/> Westlake <input type="checkbox"/> Korea Town	<input type="checkbox"/> Echo Park <input type="checkbox"/> Pico Union
	<input type="checkbox"/> Mid-Wilshire	<input type="checkbox"/> Park La Brea <input type="checkbox"/> Hancock Park <input type="checkbox"/> Larchmont District <input type="checkbox"/> Wilshire	<input type="checkbox"/> Mid-City <input type="checkbox"/> West Mid-City <input type="checkbox"/> Miracle Mile
<input type="checkbox"/> SPA 5 - West LA	<input type="checkbox"/> West LA	<input type="checkbox"/> Bel Air <input type="checkbox"/> Beverly Hills <input type="checkbox"/> Beverly Crest <input type="checkbox"/> Beverly Glen <input type="checkbox"/> Brentwood <input type="checkbox"/> Century City <input type="checkbox"/> Holmby Hills <input type="checkbox"/> Pacific Palisades <input type="checkbox"/> Malibu <input type="checkbox"/> Marina Del Rey <input type="checkbox"/> Manchester	<input type="checkbox"/> Santa Monica <input type="checkbox"/> Venice <input type="checkbox"/> Westchester <input type="checkbox"/> Westwood <input type="checkbox"/> Culver City <input type="checkbox"/> Palms <input type="checkbox"/> Rancho Park <input type="checkbox"/> South Robertson <input type="checkbox"/> Laurel Canyon <input type="checkbox"/> Mar Vista
<input type="checkbox"/> SPA 6 - South LA <input type="checkbox"/> SPA 6 - South LA	<input type="checkbox"/> South	<input type="checkbox"/> Compton <input type="checkbox"/> Florence <input type="checkbox"/> South Central <input type="checkbox"/> South Los Angeles	<input type="checkbox"/> Rosewood <input type="checkbox"/> Willowbrook <input type="checkbox"/> Watts
	<input type="checkbox"/> North	<input type="checkbox"/> Crenshaw <input type="checkbox"/> Jefferson Park <input type="checkbox"/> University Park <input type="checkbox"/> Ladera Heights <input type="checkbox"/> West Adams	<input type="checkbox"/> Baldwin Hills <input type="checkbox"/> Leimert Park <input type="checkbox"/> Vermont <input type="checkbox"/> West Adams
	<input type="checkbox"/> South East	<input type="checkbox"/> Lynwood	<input type="checkbox"/> Paramount
	<input type="checkbox"/> West	<input type="checkbox"/> Hyde Park	<input type="checkbox"/> Windsor Hills
<input type="checkbox"/> SPA 7 - Southeast / East LA	<input type="checkbox"/> LCA 1: Central	<input type="checkbox"/> Bell <input type="checkbox"/> Bell Gardens <input type="checkbox"/> Commerce <input type="checkbox"/> Cudahy <input type="checkbox"/> Huntington Park	<input type="checkbox"/> Maywood <input type="checkbox"/> South Gate <input type="checkbox"/> Vernon <input type="checkbox"/> County Unincorporated

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

<input type="checkbox"/> SPA 7 - Southeast / East LA	<input type="checkbox"/> LCA 2: North	<input type="checkbox"/> La Mirada <input type="checkbox"/> La Habra Heights <input type="checkbox"/> Montebello <input type="checkbox"/> Pico Rivera	<input type="checkbox"/> Santa Fe Springs <input type="checkbox"/> Whittier <input type="checkbox"/> County Unincorporated
	<input type="checkbox"/> LCA 3: South	<input type="checkbox"/> Artesia <input type="checkbox"/> Bellflower <input type="checkbox"/> Cerritos	<input type="checkbox"/> Downey <input type="checkbox"/> Norwalk <input type="checkbox"/> County Unincorporated
	<input type="checkbox"/> LCA 4: Long Beach	<input type="checkbox"/> Hawaiian Gardens <input type="checkbox"/> Lakewood	<input type="checkbox"/> Signal Hill <input type="checkbox"/> County Unincorporated
<input type="checkbox"/> SPA 8 - South Bay	<input type="checkbox"/> Harbor Area	<input type="checkbox"/> Harbor City <input type="checkbox"/> Harbor Gateway <input type="checkbox"/> Wilmington <input type="checkbox"/> San Pedro <input type="checkbox"/> Carson <input type="checkbox"/> Rolling Hills	<input type="checkbox"/> West Carson <input type="checkbox"/> Torrance <input type="checkbox"/> Lomita <input type="checkbox"/> Palos Verdes Cities <input type="checkbox"/> Avalon
	<input type="checkbox"/> North	<input type="checkbox"/> Inglewood <input type="checkbox"/> Lennox <input type="checkbox"/> West Athens <input type="checkbox"/> Del Aire <input type="checkbox"/> Hawthorne	<input type="checkbox"/> Gardena <input type="checkbox"/> Lawndale <input type="checkbox"/> Alondra Park <input type="checkbox"/> El Segundo
	<input type="checkbox"/> Long Beach	<input type="checkbox"/> Long Beach	
	<input type="checkbox"/> Beach Cities	<input type="checkbox"/> Hermosa Beach <input type="checkbox"/> Manhattan Beach	<input type="checkbox"/> Redondo Beach

ADDITIONAL SURVEYOR OBSERVATIONS (Notes)

May include observations about client or location, such as description of make-shift shelter, detailed description of vehicle (if respondent was residing in vehicle)

End of CES Survey Part 1

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Documentation (Files)

Check all that are in the client's possession:

- | | | |
|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> VA Release |
| <input type="checkbox"/> Certificate of Disability | <input type="checkbox"/> Reference Letter | <input type="checkbox"/> LACDMH 677 Authorization Consent |
| <input type="checkbox"/> DD214 (Veterans Only) | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> DHS Pre-release |
| <input type="checkbox"/> Driver's License / CA ID | <input type="checkbox"/> TB Certification | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Homeless Verification | <input type="checkbox"/> Verification of Income | |

Client Contact Information (Location)

Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Mailing <input type="checkbox"/> Emergency <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Message <input type="checkbox"/> Management Compancy <input type="checkbox"/> Forwarding Address	Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
	Email	
	Phone 1	
	Phone 2	

Outreach Contact Information (Location)

Address Type: <input type="checkbox"/> Outreach Date Contacted: ____ / ____ / ____	Client Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
	Email	
	Phone 1	
	Phone 2	

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Program Entry – All clients, all fields required

Program Name: _____

Case Manager: _____

1. Program Start Date	_____ / _____ / _____	
2. Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of Household's spouse or partner	<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member
4. Client Location (CoC)	<input type="checkbox"/> CA-600 – Los Angeles <input type="checkbox"/> CA-602 – Orange County <input type="checkbox"/> CA-606 – Long Beach	<input type="checkbox"/> CA-607 – Pasadena <input type="checkbox"/> CA-611 – Ventura County <input type="checkbox"/> CA-612 – Glendale <input type="checkbox"/> CA-614 – San Luis Obispo County

Housing Move-In – Rapid Re-housing, Permanent Housing, and Street Outreach projects only, only required for Head of Household

6. Has the client moved-in to permanent housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Housing Move-In Date: _____ / _____ / _____
--------------------------------------------------	----------------------------------------------------------------------------------------------------------

Outreach – Outreach projects only, all fields required unless otherwise noted

7. Has the client been engaged? Engagement means an interactive client relationship results in a deliberate client assessment.	<input type="checkbox"/> No <input type="checkbox"/> Yes: Engagement Date: _____ / _____ / _____
-----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

PATH (Projects for Assistance in Transition from Homelessness) – PATH projects only, all fields required unless otherwise noted

8. PATH status determination completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Date of determination: _____ / _____ / _____
If question #8 was answered as "Yes", then the following questions are required:	
8a. Was the client determined to be eligible for PATH funded services and enrolled in PATH?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If question #8a was answered as "No", then the following question is required:	
8b. If not eligible to be enrolled, what is the reason?	<input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s)

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Homelessness – Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded

FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH:

9. What was the situation you were living in immediately prior to project entry? (Type of residence)	10. How long was the client staying in that place? (Length of stay in prior living situation)	10a/b Did the client stay less than...
<p>Literally Homeless Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing 	<p>For literally homeless situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 	<p>Not Applicable Go to question 11</p>
<p>Institutional Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center 	<p>For institutional situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 	<p>10a: 90 days:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes Go to question 10c <input type="checkbox"/> No Go to question 20
<p>Transitional & Permanent Housing Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) 	<p>For transitional & permanent housing situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 	<p>10b: 7 nights:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes Go to question 10c <input type="checkbox"/> No Go to question 20
<p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 		

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

FOR EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH PROJECTS:

<p>9. What was the situation you were living in immediately prior to project entry? (<i>Type of residence</i>)</p>	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p>10. How long was the client staying in that place? (<i>Length of stay in prior living situation</i>)</p>	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

After answering question 10, go to question 11

If the client is coming from an institution after having stayed less than 90 days or if the client is coming from a transitional, permanent, or other situation after having stayed less than 7 nights, then the following question is required:

<p>10c. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
--------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If the project being entered is an emergency shelter, safe haven, or street outreach, or if the client answered questions #4 and #5, then the following questions are required:

<p>11. What approximate date did you start living on the streets, emergency shelter, or safe haven? (<i>Approximate date homelessness started</i>)</p>	<p>_____ / _____ / _____</p>
<p>12. In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? (<i>Number of times on the streets, in ES, or Safe Haven in the past three years including today</i>)</p>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

13. In those three years, what is the total number of months spent homeless on the streets, in an emergency shelter, or in a safe haven? <i>(Total number of months homeless on the street, in ES, or SH in the past three years)</i>	<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 7	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> Client refused
	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> 4	<input type="checkbox"/> 10	
	<input type="checkbox"/> 5	<input type="checkbox"/> 11	
	<input type="checkbox"/> 6	<input type="checkbox"/> 12	
		<input type="checkbox"/> More than 12 months	

Continue for all clients:

Crisis and Bridge Housing - CES Crisis and Bridge Housing projects only, all fields required unless otherwise noted

20. Have you entered and been released from any of the following facilities in the past two months? (Choose any that apply)	<input type="checkbox"/> No, has not exited from any of these facilities in the past five years.	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If question #20 was answered as anything except No and Don't Know/Refused, then the following questions are required :		
20a. If so, which one have you most recently been released from? (Choose one)	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
20b. And approximately when did you leave that institution? (Date)	_____ / _____ / _____	

Disabling Conditions and Barriers - All fields required unless otherwise noted

21. Do you have a physical disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If question #21 was answered as "Yes" (**), then the following questions are required :		
21a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
22. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If question #22 was answered as "Yes" (**), then the following questions are required :		
22a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
23. Do you have a chronic health condition? <i>A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

If question #23 was answered as "Yes" (**), then the following questions are **required**:

23a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently? No Client doesn't know
 Yes Client refused
 Data not collected

24. Have you been diagnosed with AIDS or have you tested positive for HIV? No Client doesn't know
 Yes** Client refused
 Data not collected

If question #24 was answered as "Yes" (**), then the following questions are **required**:

24a. Do you expect this to substantially impair your ability to live independently? No Client doesn't know
 Yes Client refused
 Data not collected

25. Do you feel you currently have a mental health problem? No Client doesn't know
 Yes** Client refused
 Data not collected

If question #25 was answered as "Yes" (**), then the following questions are **required**:

25a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently? No Client doesn't know
 Yes Client refused
 Data not collected

26. Do you *currently* have a drug or alcohol problem? No Client doesn't know
 Alcohol* Client refused
 Drug* Data not collected
 Both*

If question #26 was answered as "Alcohol", "Drug", or "Both" (**), then the following questions are **required**:

26a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently? No Client doesn't know
 Yes Client refused
 Data not collected

27. Have you been a victim of domestic violence or a victim of intimate partner violence? No Client doesn't know
 Yes** Client refused
 Data not collected

If question #27 was answered as "Yes" (**), then the following question is **required**:

27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience? Within the past three months
 Three to six months ago
 From six to twelve months ago
 More than a year ago
 Client doesn't know
 Client refused
 Data not collected

27b. Are you currently fleeing? No Client doesn't know
 Yes Client refused
 Data not collected

SURVEYOR ONLY – DO NOT ASK:

28. Is the client chronically homeless?

To be chronically homeless, the client must be an unaccompanied homeless individual (or adult in a family) with a disabling condition who has been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness totaling one year in duration in the past three years. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

- Not chronically homeless
- Chronically homeless because of continuous homelessness 1 year or more
- Chronically homeless because of 4 or more episodes of homelessness in 3 years

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Tuberculosis – Emergency Shelters only, all fields required unless otherwise noted

29. Do you have a cough that has lasted longer than 3 weeks?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
30. Have you recently lost weight without explanation during the past month?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
31. Have you had frequent night sweats during the past month, soaking your sheets or clothing?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
32. Have you coughed up blood in the past month?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
33. Have you been feeling much more tired than usual over the past month?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
34. Have you had fevers almost daily for more than one week?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused

Employment - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

35. Are you currently employed?	<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
If question #35 was answered as "No" (*), then the following question is required:		
35a. Are you.... (read options to the right)	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work
	<input type="checkbox"/> Unable to work	
If question #35 was answered as "Yes" (**), then the following question is required:		
35b. What type of employment do you have?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Seasonal / sporadic (including day labor)
	<input type="checkbox"/> Part-time	

Cash Income for Individual - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

36. Do you receive any cash income?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	
If question #36 was answered as "Yes", then the following question is required:			
Income Source and Monthly Income: What sources of income do you have, and how much do you get on a monthly basis?			
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/> CalWorks	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> General Assistance (GA) / General Relief (GR)	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> Retirement Income from Social Security	\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/> Pension or retirement income from a former job	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/> Alimony and other spousal support	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other Source	\$
<input type="checkbox"/> Worker's Compensation	\$	(Specify: _____)	
36a. Income Documentation Do you have documents that verify income?	<input type="checkbox"/> GR Form	<input type="checkbox"/> CalWORKs Form	<input type="checkbox"/> Pension Letter/Stub
	<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Unemployment Insurance Forms	<input type="checkbox"/> Unemployment Forms
	<input type="checkbox"/> Utility Allowance	<input type="checkbox"/> W-2 Forms	<input type="checkbox"/> Self Declaration
	<input type="checkbox"/> Child Support Forms	<input type="checkbox"/> SSDI Form	<input type="checkbox"/> Employer Printout/Letter
	<input type="checkbox"/> Social Security Forms	<input type="checkbox"/> Workmans Comp	<input type="checkbox"/> VA Documentation
	<input type="checkbox"/> SSI Forms	<input type="checkbox"/> Self Employment Docs	<input type="checkbox"/> Other (Specify: _____)

Non-Cash Benefits - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

37. Do you receive any non-cash benefits?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

If question #37 was answered as "Yes", then the following question is required:

Non-Cash Benefits What non-cash benefits do you receive? (Check all that apply)	<input type="checkbox"/> Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP) <input type="checkbox"/> WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> CalWorks child care services <input type="checkbox"/> CalWorks transportation services <input type="checkbox"/> Other CalWorks-funded services <input type="checkbox"/> Other source (Specify: _____)
-------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Health Insurance - All clients, all fields required unless otherwise noted

38. Are you covered by any type of health insurance?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If question #37 was answered as "Yes", then the following questions are required:

Health Insurance (Check all that apply):	<input type="checkbox"/> Medi-Cal (MEDICAID) <input type="checkbox"/> MEDICARE <input type="checkbox"/> State Children's Health Insurance Program (SCHIP) <input type="checkbox"/> VA medical services <input type="checkbox"/> Employer-provided health insurance <input type="checkbox"/> COBRA	<input type="checkbox"/> Private pay health insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other health insurance (Specify: _____)
38a. Health Insurance Provider	<input type="checkbox"/> Health Net <input type="checkbox"/> Molina <input type="checkbox"/> My Health LA (DHS) <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> Kaiser Permanente	<input type="checkbox"/> VA <input type="checkbox"/> L.A. Care <input type="checkbox"/> Care 1 st Health Plan <input type="checkbox"/> Other <input type="checkbox"/> Unknown

Youth/TAY - Clients aged 16-24 only, all fields required unless otherwise noted

39. Did you run away from home or a foster care home?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
40. Are you a current or former foster care youth?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
41. Have you ever been in the juvenile justice system?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
42. Have you ever been on adult probation?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
43. Which of the following best represents how you think about yourself?	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Client refused

Health and Education - All clients, all fields required unless otherwise noted

44. Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes* <input type="checkbox"/> Client refused
-----------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

If question #44 was answered as "Yes" (*), then the following question is required:

44a. What is your due date?	____/____/____
-----------------------------	----------------

SOAR Connection - SSVF and PATH and projects only, all fields required unless otherwise noted

75. Is the client connected with SOAR?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

End of CES Survey Part 2



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information, including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P? "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefit. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)

VA Greater Los Angeles Healthcare Center
 11301 Wilshire Blvd.
 Los Angeles, CA 90073

PATIENT NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

- DRUG ABUSE ALCOHOLISM OR ALCOHOL ABUSE TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

- COPY OF HOSPITAL SUMMARY COPY OF OUTPATIENT TREATMENT NOTE(S) OTHER (Specify)

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE (mm/dd/yyyy)

SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)

FOR VA USE ONLY

IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)

TYPE AND EXTENT OF MATERIAL RELEASED

DATE RELEASED

RELEASED BY

CES Survey Supplemental: VA

Client Name / HMIS ID: _____

Health and Education – All adults and head of households, all fields required unless otherwise noted

45. In the past 30 days, would you say your health has been....

Excellent Very Good Good Fair Poor Don't know Refused

46. What is the highest educational level you have completed?

Less than Grade 5 School program does not have grade levels Bachelor's degree Client doesn't know
 Grades 5-6 GED Graduate degree Client refused
 Grades 7-8 Some college Vocational certification Data not collected
 Grade 12 / High school diploma Associate's degree

Last Known Permanent Address – Head of Household only, all fields required unless otherwise noted

47. Last Known Permanent Address

Street Address _____

City _____

State _____

Zip _____

Address Data Quality Full address report Client doesn't know Data not collected
 Incomplete or estimated address reported Client refused

Veteran Information (SSVF/VASH) – Head of Household only, all fields required unless otherwise noted

48. What is the AMI percentage for the Household's Income?

Less than 30% 30% to 50% Greater than 50%

49. VAMC Station Number

(691) Greater Los Angeles HCS (600) Long Beach, CA

SSVF HP Targeting Criteria – SSVF Homelessness Prevention projects only, required for Head of Household

53. Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.

No (0 points) Yes

<p>54. Current housing loss expected within:</p> <p><input type="checkbox"/> 0-6 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> More than 21 days (0 points)</p>	<p>55. Current household income is \$0</p> <p><input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes</p>	<p>56. Annual household gross income amount</p> <p><input type="checkbox"/> 0-14% of AMI for household size <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% AMI for household size (0 points)</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

57. Sudden and significant decrease in cash income (employment and/or cash benefits) and/or unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months

No (0 points) Yes

58. Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months

No (0 points) Yes

CES Survey Supplemental: VA

Client Name / HMIS ID: _____

59. Rental Evictions within the Past 7 Years			
<input type="checkbox"/> 4 or more prior rental evictions	<input type="checkbox"/> 2-3 prior rental evictions	<input type="checkbox"/> 1 prior rental eviction	<input type="checkbox"/> No prior rental evictions (0 points)

60. Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	
<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes

61. History of Literal Homelessness (street/shelter/transitional housing)			
<input type="checkbox"/> 4 or more times or total of at least 12 months in past three years	<input type="checkbox"/> 2-3 times in past three years		
<input type="checkbox"/> 1 time in past three years	<input type="checkbox"/> None (0 points)		

62. Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	
<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes

63. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	
<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes

64. Registered sex offender
<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes

65. At least one dependent child under age 6
<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes

66. Single parent with minor child(ren)
<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes

67. Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)
<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes

68. Any Veteran in household served in Iraq or Afghanistan
<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes

69. Female Veteran
<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes

70. HP applicant total points

71. Grantee targeting threshold score

End of CES Survey Supplemental: VA

CES Survey: Contact Sheet

Thank you for completing this survey. Your answers will help us better understand your health and housing needs and the needs of our community, and may help us make better referrals for you in the future.

For more information about the Coordinated Entry System or this survey, please contact:

SPA ___ Community Coordinator: _____

Phone: _____

Email: _____

Address of regional access center: _____

Follow up contact (if applicable):

Outreach Worker/Housing Navigator: _____

Phone: _____

Email: _____