

Individual Adult VI-SPDAT Packet

Packet Contains:

- Release of Information Consent Form (ROI)
- Adult/Head of Household (HOH) CIS Data Entry Form
- VI-SPDAT_v2

Client Types:

- Individual Adult (age 25+)
- Two or More Adults Together (age 25+) – one packet per adult

HMIS Data Entry:

- Individual Adult (age 25+) → Central Intake: Entered Alone – Program: 504CAHP-Individual (VI-SPDAT)
- Two or More Adults Together (age 25+) → Central Intake: Household Entered Together – Program: 504CAHP-Individual (VI-SPDAT) *NOTE: Although they are entered into Central Intake as a Household, each Household member must be entered into the 504CAHP-Individual Program/Assessment separately.*

**Pikes Peak Continuum of Care
Regional Coordinated Entry System**

**VI-SPDAT Assessment Screening and Match Initiation Consent
Form Authorization to Participate in Housing Eligibility Survey**

Participant Last Name:	Participant First Name:	DOB (mm/dd/yyyy):
HMIS Client ID Number (If applicable):		Social Security Number:

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing for about 20-30 minutes. Participation in the VI-SPDAT Assessment and Match Initiation is completely voluntary. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break, skip any of the questions, or stop the survey.

No one will be upset or angry if you decide not to be interviewed today. You will not be denied access to necessary services based on your refusal to participate in the assessment interview.

Please initial below if you agree with the following statements:

_____ I agree to allow my responses to VI-SPDAT Assessment and Match Initiation to be disclosed and received by the organizations that participate in the Pikes Peak Continuum of Care Coordinated Entry System and to be used to determine if I am eligible for participating housing, service and related programs. These organizations include but are not limited to:

- | | | |
|-------------------------------------|-------------------------------|------------------------------|
| Ascending To Health | Family Promise | The Salvation Army |
| AspenPointe | Greccio Housing | Springs Rescue Mission |
| Catholic Charities | CSPD Homeless Outreach Team | Tri-Lakes Cares |
| Coalition for Compassion and Action | Homeward Pikes Peak | Veterans Administration |
| Colorado Springs Housing Authority | Partners In Housing | Urban Peak, Colorado Springs |
| Colorado Division of Housing | Pikes Peak United Way | |
| Ecumenical Social Ministries | Rocky Mountain Human Services | |

A complete list of participating agencies is provided online at ppuw.org, or contact United Way 2-1-1.

_____ I understand that the information from this survey will be entered into Pikes Peak Continuum of Care Regional Coordinated Entry database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

_____ I understand that the Pikes Peak Continuum of Care Regional Coordinated Entry databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS database, and may remain in the database or databases past the expiration of this consent or after consent is withdrawn.

_____ I understand that the following information can be shared with participating agencies in the Pikes Peak Continuum of Care Region and other agencies as needed to help me find appropriate housing and/or services:

- | | |
|---|---|
| - Birth date, Gender | - Income |
| - Scanned copies of vital documents to assist with housing application requirements | - Contact information |
| - History of medical treatments | - Additional information used for matching me with suitable housing and/or services |
| - History of mental health treatment | - Alcohol and Drug Use History |
| - Housing and homeless history | - HIV/AIDS Status (only for targeted housing programs) |

_____ I allow my case manager or outreach worker to enter my personal information to the interview questions into a secure database. My signature below signifies my permission.

_____ I, or my outreach worker/case manager, may be contacted about my survey.

_____ I understand that participating in the Pikes Peak Continuum of Care Regional Coordinated Entry System does not guarantee that I will be eligible for, or admitted into, a housing program.

_____ I understand that the Pikes Peak Continuum of Care Regional Coordinated Entry System will act as the agency that matches my information against eligibility requirements of housing that becomes available and that I may be eligible for.

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. To do so, please contact the Pikes Peak Continuum of Care Regional Coordinated Entry at Pikes Peak United Way at 719-955-0749.
- All participating organizations of the Pikes Peak Continuum of Care Regional Coordinated Entry System agree to use information provided **for the sole purpose of linking clients with housing or supportive service options.**
- This authorization will expire one year after the date it is signed by you.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. To obtain a copy, please contact the Pikes Peak Continuum of Care Coordinated Entry System 719-955-0749

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date _____ Signature (or Mark) of Participant _____

Printed Name of Participant _____

Date _____ Signature (or Mark) of Guardian _____

Printed Name of Guardian _____

Colorado Springs/El Paso County - HOH and Adult CIS Data Entry Form

Central Intake

Client Name (All clients): First: _____ Middle: _____ Last Name: _____

Name Data Quality (Agency Use Only)

- Full name reported Partial, street name, or code name reported Client doesn't know Client refused

Date of Birth (mm/dd/yyyy) (All clients): _____ / _____ / _____

DOB Data Quality (Agency Use Only)

- Full DOB reported Approximate or Partial DOB reported Client doesn't know Client refused

Social Security Number (All clients): _____

SSN Data Quality (Agency Use Only)

- Full SSN reported Approximate or Partial SSN reported Client doesn't know Client refused

Last Known Permanent Address (where you last lived for 90 days or more) (All clients):

Address _____

City: _____ County: _____ State: _____ Zip Code: _____

Address Data Quality (Agency Use Only)

- Full address reported Incomplete or estimated address Client doesn't know Client refused

Contact Information

Phone # _____ Phone Type Home Cell Work Message

Email address _____

Housing Status (All clients) (Agency Use Only)

- Category 1 - Homeless Category 2 - At imminent risk of losing housing Category 3 - Homeless only under other federal statutes
 Category 4 - Fleeing domestic violence At-risk of homelessness Stably housed
 Client doesn't know Client refused

Family Type (During program enrollment)

- Unaccompanied Single Parent (At least one adult and one minor – relation or non relation) Two Parents (At least two adults and one minor– relation or non relation)
 Adults Only Other: non-relation member

Relationship to Head of Household (All clients)

- Self (Head of Household) Head of Household's child Head of Household's spouse or partner
 Head of Household's other relation member Other: non-relation member

Gender: (All clients)

- Female Male Transgender M to F Transgender F to M
 Doesn't identify as M, F or Transgender Client doesn't know Client refused

Do you have a Disabling Condition? (All clients)

- Yes No Client doesn't know Client refused

Are you a Veteran? Have you Served/Serving in the U.S. Military: (Adults Only)

- Yes No Client doesn't know Client refused

Ethnicity (all clients)

- Non-Hispanic/Non-Latino Hispanic/Latino Client doesn't know Client refused

Race – check all that apply, but at least one: (All clients)

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Client doesn't know Client refused

Colorado Springs/El Paso County - HOH and Adult CIS Data Entry Form

Income and Sources (Head of household and adults)

Income from any source	<input type="checkbox"/> No Financial Resources <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<i>(If yes, indicate all sources and dollar amounts for the sources that apply)</i>	
Earned Income (employment income) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Unemployment Insurance (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Supplemental Security Income (SSI) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Social Security Disability Income (SSDI) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
VA Service-Connected Disability Compensation (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
VA Non-Service-Connected Disability Pension (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Private Disability Insurance (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Worker's Compensation (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Temporary Assistance for Needy Families (TANF) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
General Assistance (GA) (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Retirement Income from Social Security (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Pension or Retirement Income from a former job (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Child Support (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Alimony or other spousal support (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Other source (if yes) monthly amount	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
(if other source) Specify source	_____
Total Monthly Income	\$ _____

Non-Cash benefits (Head of household and adults)

Non-Cash benefit from any source?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<i>(If yes, indicate all sources that apply)</i>	
<input type="checkbox"/> Food Stamp or Benefits Card and Amount \$ _____ <input type="checkbox"/> TANF Child Care services <input type="checkbox"/> TANF transportation services <input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance <input type="checkbox"/> Temporary rental assistance. If yes, specify source _____	<input type="checkbox"/> Special Supplement Nutrition Program for Women, Infants, Children (WIC) <input type="checkbox"/> Other TANF-funded services <input type="checkbox"/> Other source _____

Health Insurance (All clients)

Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<i>(If yes, indicate all sources that apply)</i>		
<input type="checkbox"/> Medicaid <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> Medicare <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : __ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

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

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

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

Refused

e) 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? _____

Refused

f) 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? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

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

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. 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? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. 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? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

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

SINGLE ADULTS

AMERICAN VERSION 2.0

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

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

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? **Y** N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning