

# **COORDINATED ENTRY POLICIES AND PROCEDURES**

## **Columbus and Franklin County Continuum of Care**

### **INTRODUCTION AND OVERVIEW**

#### Purpose and Participation Expectations

All programs serving people experiencing homelessness or at imminent risk of experiencing homelessness in the Columbus and Franklin County Continuum of Care are required to participate in the local coordinated entry system. This requirement includes all U.S. Department of Housing and Urban Development Continuum of Care (CoC)-funded programs and Emergency Solutions Grant (ESG)-funded programs. The CoC's coordinated entry process allows for coordinated screening, assessment, and referrals for CoC-, ESG-, and locally funded projects. The local Homeless Management Information System (HMIS) tracks project participants referred, accepted, rejected, and served from the coordinated entry process and in each program.

#### CoC and ESG Coordination

The CoC governing body – which includes local ESG recipients – is responsible for funding, establishing, and operating a coordinated entry system for individuals and families experiencing homelessness, with specifications for the needs of individuals and families fleeing domestic violence, dating violence, sexual assault, or stalking. The CoC governing body has delegated this responsibility to Community Shelter Board (CSB), per the [Columbus and Franklin County Continuum of Care Governance and Policy Statements](#).

These coordinated entry policies and procedures should be used in conjunction with the CoC's [Homeless Crisis Response System Policies and Procedures](#), which include our community's CoC and ESG written standards and local expectations for providing assistance to people experiencing homelessness or at imminent risk of experiencing homelessness.

#### Guiding Principles

The CoC establishes the following guiding principles for its coordinated entry system:

- < The coordinated entry system will operate with a person-centered approach, and with person-centered outcomes.
- < The coordinated entry system will ensure that participants quickly receive access to the most appropriate services and housing resources available.
- < The coordinated entry system will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
- < The coordinated entry system will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
- < The coordinated entry system will implement standard assessment tools and practices and capture only the limited information necessary to determine the severity of the participants needs and the best referral strategy for them.
- < The coordinated entry system will integrate mainstream service providers into the system, including Columbus Metropolitan Housing Authority and the Veterans Administration.

- < The coordinated entry system will use HMIS to manage participant information and facilitate quick access to available resources.
- < The coordinated entry system will ensure that participants do not wait on prioritization waiting lists for more than 60 days.

### Roles and Responsibilities

CSB operates the coordinated entry system on behalf of the CoC governing body and ESG recipients. CSB is the CoC Collaborative Applicant, CoC Unified Funding Agency, CoC recipient, ESG sub-recipient, and HMIS Lead.

- < CSB provides HMIS and coordinated entry training.
- < CSB leads regular case conferencing for families, single adults, transition-aged youth, and Veterans.
- < CSB leads the Homelessness Prevention Network and oversees access to homelessness prevention services for families at imminent risk of experiencing homelessness.
- < CSB maintains the dynamic prioritization tool for access to rapid re-housing (RRH) programs for families, pregnant women, and transition-age youth (TAY) experiencing homelessness.
- < CSB oversees the entity that maintains the dynamic prioritization tool for access to RRH programs for single adults experiencing homelessness.
- < CSB operates the Unified Supportive Housing System (USHS) for access to all permanent supportive housing (PSH) units in the CoC.
- < CSB monitors all partners for compliant use and application of the coordinated entry system via the annual [Program Review and Certification](#) process.

Funded partner agencies, including CoC- and ESG-funded programs, are contractually obligated via annual CoC and CSB funded partnership agreements to exclusively use the CoC's coordinated entry system to provide and accept referrals for system programs, in accordance with these coordinated entry policies and procedures, the [Homeless Crisis Response System Policies and Procedures](#), and the [USHS Vacancy Management and Lease Up Narrative Manual and Policies and Procedures](#).

### Versions and Review

CSB is responsible for the revision, review, and approval of these coordinated entry policies and procedures. CSB will review these policies and procedures annually. Any updates will be posted on [CSB's website](#).

### Geographic Coverage

The CoC's coordinated entry process covers the CoC's entire geographic area (Columbus and Franklin County, Ohio).

### Affirmative Marketing and Outreach

All persons participating in any aspect of coordinated entry, such as access, assessment, prioritization, or referral, shall be afforded equal access to coordinated entry services and resources without regard to a person's actual or perceived membership in a federal protected class such as race, color, national origin, religion, sex, age, familial status, or

disability. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness; Veterans; families with children; youth; and survivors of domestic violence, dating violence, sexual assault, or stalking, shall have fair and equal access to the coordinated entry process.

Funded partner agencies do not discriminate on the basis of race, religion, color, national origin, ancestry, sex, sexual orientation, gender identity, age, disability or other handicap, marital or familial status, military status, status with regards to public assistance, or any other class of persons protected by applicable law.

Agencies are prohibited from denying admission or terminating assistance based on a client being a victim or survivor of domestic violence, dating violence, sexual assault, or stalking.

The agency has a written nondiscrimination policy applicable to staff, trustees, volunteers, and clients and there is evidence that it is being implemented. The agency operates in compliance with all applicable Equal Employment Opportunities and Affirmative Action requirements.

Agencies have a written document outlining clients' rights posted in a visible and accessible location, read, and otherwise made known to clients upon admission, with accommodation for literacy and language barriers. All clients receive a copy of the clients' rights document upon intake including instructions for grievances and appeals and identifies the agency clients' rights officer.

- < Policies are posted in areas where all staff, trustees, volunteers, and clients have access to them.
- < If the agency has multiple work sites, then the policy should be posted at each site where staff, trustees, volunteers, and clients congregate.
- < All individuals, including transgender individuals and other individuals who do not identify with the sex they were assigned at birth, must be given access to programs, benefits, services, and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation.
- < Agencies must post HUD's Notice on Equal Access Regardless of Sexual Orientation, Gender Identity, or Marital Status for HUD's Community Planning and Development Programs.

### Safety Planning and Risk Assessment

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services in Columbus and Franklin County. Agencies will incorporate a safety risk assessment as part of the initial coordinated entry process, evaluating to the greatest extent possible the physical safety and well-being of participants and prospective participants.

### Nondiscrimination

The coordinated entry system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

The CoC has designated CSB as the entity responsible for monitoring agencies for compliance with all coordinated entry requirements, including adherence to civil rights and fair housing laws and regulations, in accordance with the annual [Program Review and Certification](#) process.

- < Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- < Section 504 of the Rehabilitation Act – prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.
- < Title VI of the Civil Rights Act – prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance.
- < Title II of the Americans with Disabilities Act – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.
- < Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

## ACCESS

### Access Model, Coverage, and Designated Access Points

The Homeless Hotline – a local phone number answered 24/7/365 that is well-advertised and covers the entire CoC geographic area – screens and connects callers to appropriate shelter, housing, and service providers in the area. All callers are assessed using the same tool and methodology so that referrals are consistently completed across the CoC. The exceptions are the Engagement Center at Maryhaven that serves publicly inebriated homeless individuals who are not able to care for themselves and CHOICES shelter for survivors of domestic violence that operates an independent call center.

Families with children that call the Homeless Hotline are referred to Gladden Community House to explore diversion and homelessness prevention options to make sure there are no safe alternative housing options for the family prior to entering emergency shelter.

Street Outreach programs assist people experiencing unsheltered homelessness access the Homeless Hotline or access housing directly, based on client choice. Street outreach teams are considered a coordinated entry access point. Outreach programs use the CoC's standardized assessments to refer people to PSH programs or the specialized RRH program that serves survivors of domestic violence, dating violence, sexual assault, or stalking.

The Coordinated Access and Rapid Resolution (CARR) Team for TAY assists youth experiencing homelessness access the Homeless Hotline or access housing directly, based on client choice. CARR Team is considered a coordinated entry access point. CARR Team uses a standardized assessment tailored to youth to refer people to shelter, transitional housing, RRH, or PSH programs and other resources, including programs designated for TAY.

The Homelessness Prevention Network screens families receiving services at local social services agencies for housing instability using a standardized tool. Households that are unstably housed receive priority for the agency's services and are referred to the Homeless Hotline or homelessness prevention programs if needed.

### Accessibility

All programs ensure that coordinated entry services are physically accessible to persons with mobility barriers. All communications and documentation are accessible to persons with limited ability to read and understand English. All programs provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities and persons with limited English proficiency. All programs provide visually and audibly accessible coordinated entry materials when needed.

## **ASSESSMENT**

### Standardized Assessment Approach

The coordinated entry process uses standardized assessments for all participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

The Homeless Hotline uses the HMIS Data Collection Form (Appendix A) to ensure that all callers are assessed in a consistent manner, using the same process. The Form documents a set of participant conditions, attributes, need level, and vulnerability, allowing the Homeless Hotline to identify a service strategy and prioritization for the household.

The Homeless Hotline refers families with children to Gladden Community House for additional diversion discussions, to make sure the household has no safe alternative options and try to divert the family from homelessness. Gladden Community House uses the Homelessness Prevention Screening/Referral Tool (Appendix B) to ensure all households are assessed in a consistent manner, using the same process.

Street Outreach teams and CARR Team connect people experiencing homelessness to the Homeless Hotline. Outreach, CARR Team, and emergency shelters refer households to RRH and PSH programs using the Housing Assistance Screening Tool for RRH (Appendix C) or the Severity of Service Needs Screening Tool for PSH (Appendix D), dependent on client needs and preferences.

Local social services agencies that participate in the Homelessness Prevention Network use the Housing Loss Risk Screener (Appendix E) to ensure households are assessed in a consistent manner, using the same process, for agency services and homelessness prevention programs.

### Phases of Assessment

The assessment process progressively collects only enough participant household information to prioritize and refer participants to available housing and support services.

- ⟨ The first triage phase happens immediately upon engagement with a household experiencing a crisis and focuses on identifying the immediate housing crisis and

clarifying whether the homeless crisis response system is the appropriate system to address the household's immediate needs.

- < Diversion and prevention screening occur concurrent with (for single adults) or the same day as (for families) the triage phase and examines existing community and household resources and options that could be used to avoid homelessness.
- < If diversion is unsuccessful, the crisis services intake phase occurs immediately and focuses on collecting all information necessary to enroll the participant in shelter.
- < Once a household has entered shelter, within five business days case managers collect information to 1) identify the household's housing and service needs with the intent to resolve the immediate housing crisis and 2) collect information to evaluate participant's vulnerability and prioritization for assistance. Households are referred to the most appropriate intervention based on this screening.
- < Once the housing crisis is resolved, case managers continuously collect information and provide assistance and referrals to community resources to help the household maintain housing stability.

### Assessor Training

CSB on behalf of the CoC oversees the coordinated entry program and ensures that all staff who assist with coordinated entry operations receive sufficient training to implement the system in accordance with these policies and procedures. CSB provides at least annual training for persons conducting coordinated entry assessments. CSB routinely conducts mock calls to the Homeless Hotline to measure compliance with policies and procedures and assess training and technical assistance needs. Training topics include, but are not limited to:

- < Review of coordinated entry policies and procedures.
- < Requirements for the use of assessment information to determine prioritization.
- < Use of coordinated entry assessment tools.
- < Criteria for uniform decision-making and referrals.

### Assessment Screening, Nondiscrimination, Complaints, and Appeals

The coordinated entry process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options. No information collected during the coordinated entry process is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

- < For family shelters, a family includes one or more dependent children in the legal custody of one or more adults (not to exceed three) who, prior to losing housing, were living together and working cooperatively to care for the children.
- < For RRH, a family includes, but is not limited to, any group of persons presenting for assistance together with or without children, regardless of marital status or relationship, actual or perceived sexual orientation, or gender identity, and irrespective of age, relationship, or whether or not a member of the household has a disability.

- ⟨ The definition of family for PSH projects is the same as for RRH, except that a member of the household must have a disability.
- ⟨ Participants receive information detailing the point of contact for filing and addressing any discrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated during the coordinated entry process.
- ⟨ The information includes contact information for how to access the appeal process if they are not satisfied with or have questions about how their complaints are handled.
- ⟨ Participants sign to acknowledge receipt of this information at program entry.

#### Participant Autonomy and Disclosure of Disability or Diagnostic Information

Persons served by the coordinated entry system must have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. Refusal will not adversely affect the participant's prioritization for programs and services.

- ⟨ Throughout the assessment process, participants must not be pressured or forced to provide information they do not wish to disclose, including specific disability or medical diagnosis information.
- ⟨ Some funders and programs require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide such information may limit potential referral options.

#### Privacy Protections

Coordinated entry processes must include participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII). A participant's request for housing crisis response assistance initiated through phone communication is considered notification of intent and inferred to be client consent to collect, use, and disclose PII collected via phone. Programs obtain written client consent when data is collected during in-person assessment. Verbal client consent during assessment conducted via phone is acceptable but must be clearly documented, in HMIS for the Homeless Hotline and in client files for all other programs.

All participant information collected, stored, or shared during coordinated entry processes, regardless of whether the information is stored in HMIS, is considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS. All programs must protect all participants' PII as required by HUD's HMIS Data and Technical Standards, regardless of whether the PII is stored in HMIS. All programs ensure participants' PII is only collected, managed, reported, and potentially shared if it can be secured in compliance with HUD and CSB HMIS privacy and security requirements.

#### Updating the Assessment

Participant information must be updated at least once a year and when new or updated information becomes known. Individuals who chose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after the initial

coordinated entry collection and throughout program enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. Programs should continuously work to improve participant engagement strategies to achieve high completion rates for required HMIS data elements.

## **PRIORITIZATION**

The homeless crisis response system uses data collected through the coordinated entry process to prioritize people experiencing homelessness for assistance and program entry within the CoC's geography.

### Emergency Shelter Prioritization

Emergency services are a critical crisis response resource, and access to such services will not be prioritized. Shelter is reserved for those who have no safe alternatives and are staying or will be staying that night in a place not designated for human habitation, as determined by the Homeless Hotline during the diversion portion of the standardized screening for single adults or as determined by Gladden Community House during the diversion screening for families. During cold weather overflow season, everyone who needs and wants shelter receives it. During non-overflow months, all families that need and want shelter receive it. Single adults may be placed on a waitlist, depending on availability of emergency shelter beds.

People who call the Homeless Hotline and are fleeing domestic violence, dating violence, sexual assault, or stalking are connected to the local domestic violence shelter or other appropriate intervention hotline or 911, as applicable. Homeless Hotline clinicians contact the appropriate resource without disconnecting the caller to make sure they can successfully access the intervention. The Homeless Hotline may provide transportation assistance if needed.

### Transitional Housing Prioritization

Transitional housing programs serve youth ages 16-24 who are experiencing homelessness and can remain in the community with support without being a danger to themselves or community. Programs prioritize youth based on the Housing Assistance Screening Tool. Transitional Housing programs also serve Veterans who need more time to identify housing or opt to receive services prior to housing.

### Rapid Re-Housing Prioritization

Households are screened using the Housing Assistance Screening Tool within five days of entry into emergency shelter to determine housing assistance needed and prioritization. Eligible participants are prioritized based on service needs and placed in a Dynamic Prioritization Pool. The system maintains separate pools and RRH programs for single adults, families, TAY, pregnant women, and survivors of domestic violence, dating violence, sexual assault, or stalking. When a space opens in a RRH program, the participant in the applicable Dynamic Prioritization Pool with the highest score is prioritized for enrollment, focusing first on the target populations described below. In the event two prospective RRH participants have the same prioritization score, the household referred to RRH earliest receives higher priority.



RRH assistance is targeted for households entering shelter (or unsheltered households that are or have experienced domestic violence, dating violence, sexual assault, or stalking) who meet at least one of the following target population criteria.

- < One or more severe and persistent disabling conditions, defined as:
  - o A physical, mental, or emotional impairment, including an impairment cause by alcohol or drugs, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently; could be improved by the provision of more suitable housing conditions.
  - o A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
  - o AIDS or any condition arising from the etiologic agency for HIV
- < Two or more severe service needs. Severe service needs are determined based on the following:
  - o Past eviction(s)
  - o Past felony conviction(s)
  - o No current income
  - o Survivor of domestic violence, dating violence, sexual assault, or stalking in the prior 6 months
  - o Length of time homeless
- < Households with pregnant women not engaged with another re-housing provider
- < Households with Veterans not eligible for re-housing assistance through Supportive Services for Veteran Families (SSVF) program
- < Survivors of domestic violence, dating violence, sexual assault, or stalking (including specialized RRH for survivors of domestic violence, dating violence, sexual assault, or stalking)
- < TAY not engaged with another re-housing provider (including specialized RRH for transition-age youth)
- < Households not otherwise included above will be considered for RRH if there are no other households in the target populations above and based on prioritization and available capacity.

#### Permanent Supportive Housing Prioritization

PSH serves literally homeless households in which at least one member has a disability. PSH programs, via USHS, prioritize eligibility in accordance with Notice CPD-14-012, the HUD Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. Individuals and families with a disability and experiencing chronic homelessness, with the longest history of homelessness and the most severe service needs, are given first priority in all PSH projects. This process was created to allow PSH to target individuals with the greatest barriers toward obtaining and maintaining housing on their own, and not on a first come, first serve basis. Individuals and families experiencing chronic homelessness have priority over non-chronically homeless individuals and families.

The USHS pool is created via reporting from HMIS, incorporating information on disability and length of time homeless. Programs serving households that are eligible for PSH are then invited to submit a Severity of Service Needs Screening for the household to refine the prioritization with information on service needs.

#### 1. Chronically Homeless Person

- < Is eligible for PSH dedicated for people who are homeless and is currently residing in a place not meant for human habitation or in an emergency shelter
- < Qualifies as chronically homeless
- < Prioritization within this category: Higher priority is given to chronically homeless persons with the longest history of homelessness and the most severe service needs, based on the combined score of both length of time homeless and service needs on the Severity of Service Needs Screening.

If there are no chronically homeless individuals in the CoC, USHS sorts non-chronically homeless households into the following prioritization pools. Within each prioritization pool, households with the longest history of homelessness and the most severe service needs are prioritized, based on the combined score of both length of time homeless and service needs in the Severity of Service Needs Screening.

#### 2. Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

- < Is eligible for PSH dedicated for people who are homeless and is currently residing in a place not meant for human habitation or in an emergency shelter;
- < Does not qualify as chronically homeless (Priority 1);
- < Has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months; and
- < Has been identified as having severe service needs, based on meeting or exceeding a minimum score on the Severity of Service Needs Screening.

#### 3. Homeless Individuals and Families with a Disability with Severe Service Needs

- < Is eligible for PSH dedicated for people who are homeless and is currently residing in a place not meant for human habitation or in an emergency shelter;
- < Does not qualify as chronically homeless or have long periods of episodic homelessness (Priorities 1 or 2)
- < Has been identified as having severe service needs, based on meeting or exceeding a minimum score on the Severity of Service Needs Screening.

#### 4. Homeless Individuals and Families with a Disability without Severe Service Needs

- < Is eligible for PSH dedicated for people who are homeless and is currently residing in a place not meant for human habitation or in an emergency shelter;
- < Does not qualify as chronically homeless or have long periods of episodic homelessness (Priorities 1 or 2); and
- < Has not been identified as having severe service needs, based on not meeting or exceeding a minimum score on the Severity of Service Needs Screening.

## 5. Homeless Individuals and Families with a Disability Coming from Transitional Housing

- ⟨ Is eligible for PSH dedicated for people who are homeless and is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation or in an emergency shelter.
- ⟨ This also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation or an emergency shelter prior to entry in the transitional housing.

### **REFERRAL**

All homeless crisis response system partners enroll new participants only from the CoC's referral process. Partners must notify the appropriate prioritization pool of any known and anticipated upcoming vacancies.

#### Notification of Vacancies

RRH programs notify the entity managing the Dynamic Prioritization Pool for their program type (single adults, families, TAY, pregnant women, and survivors of domestic violence, dating violence, sexual assault, or stalking) immediately when the program has the capacity to accept new participants. The Pool manager identifies a prioritized household to fill the program vacancy immediately. RRH programs notify the Pool immediately when the participant is accepted into the program.

PSH programs notify USHS of vacancies within two business days. USHS refers eligible and prioritized participants within two business days. PSH programs notify USHS within two business days of participant approval or denial.

#### Participant-Declined Referrals

Client choice is respected throughout the coordinated entry process, including the referral phase. Participants are allowed to reject service strategies and housing options offered to them, without repercussion. Individuals and families are given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and needs, preliminary eligibility determinations, and available resources. Of the options available, participants are afforded their choice of which project to be referred to. If a household declines a referral to a housing program, they remain in the pool until the next opportunity is available.

For PSH, the prospective participant is expected to tour the housing project or unit before rejecting the available unit. USHS will offer up to two housing units to the prospective participant from the housing inventory available, as all housing within USHS is considered safe, decent, and affordable. If/when a prospective participant rejects housing for the second time, their file will be returned to the referring agency for placement in other suitable community housing outside USHS. The prospective participant will be ineligible for USHS housing for one year after they reject the second housing unit.

### Provider-Declined Referrals

Programs are expected to accept referrals from the applicable pool when there are vacancies. The entities managing the pools are familiar with each program's eligibility criteria, funding requirements, and services and will only refer households that are appropriate for each program. When a program declines a referred prioritized household, the program must notify the entity managing the pool of the denial and reason for the denial within two business days. Denials are acceptable only in certain rare situations, including but not limited to:

- < The household does not meet the program's eligibility criteria.
- < Someone in the household would be a danger to self or others if allowed to stay in the program.
- < The services available are not sufficient to address the intensity and scope of the household's needs.

Any unique situations or challenges with vacancies and referrals are discussed in the Adult System Operations Workgroup, Family System Operations Workgroup, Permanent Supportive Housing Roundtable, Youth System Operations Workgroup, or Veteran System Operations Workgroup, as applicable.

## **DATA**

### Data Systems and Participant Consent

Coordinated entry partners and all participating programs contributing data to the coordinated entry process must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Participants are informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Participants receive and acknowledge a participant consent notification prior to the collection of data identifying what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what and how data will be shared with others (if the participant consents to data sharing).

For the Homeless Hotline and Gladden Community House Diversion, a participant's request for housing crisis response assistance initiated through phone communication is considered notification of intent and inferred to be client consent to collect, use, and disclose data collected via phone. Programs obtain written client consent when data is collected during in-person assessment (Appendix F). Verbal client consent during assessment conducted via phone is acceptable but must be clearly documented, in HMIS for the Homeless Hotline and in client files for all other programs.

### Data Collection Stages and Standards

Programs must collect all data required for coordinated entry as defined by the CoC, including the universal data elements listed in HUD's HMIS Data Standards Data Manual. Resources on HMIS standards are available on [CSB's website](#).

## EVALUATION

### Evaluation of Coordinated Entry System

CSB on behalf of the CoC conducts regular and ongoing evaluation of the coordinated entry system to identify improvement opportunities, share results, and hold the system accountable.

CSB and programs evaluate HMIS data completeness and quality monthly and quarterly. CSB publishes quarterly reports on system and program outcomes. These reports are posted on [CSB's website](#), reviewed by the CoC governing body, and used by operations workgroups and CSB to improve program performance and outcomes.

### Participating Agencies Evaluation

Participating agencies collect accurate and meaningful data on persons served by the coordinated entry system. Programs review evaluation results and explore potential improvements to processes and operations. All programs conduct regular client surveys and CSB monitors programs' survey process and results annually during monitoring reviews. CSB and agencies discuss program outcomes during one-on-one meetings using the annual Performance Evaluations and pursue strategies to improve the operations of the system.

Appendix A – HMIS Data Collection Form for Coordinated Point of Access (Homeless Hotline)

Appendix B – Gladden Community House Diversion Screening/Referral Tool

Appendix C – Housing Assistance Screening Tool

Appendix D – PSH Severity of Service Needs Screening Tool

Appendix E - PSH Annual Resident Service Needs & Move Up Assessment

Appendix F – Supplemental Intake Forms by program type

Appendix G – Homelessness Prevention Network Housing Loss Risk Screener

Appendix H – Client Acknowledgement for Electronic Data Collection

## Appendix A

HMIS Data Collection Form for Coordinated Point of Access  
(Homeless Hotline)

# HMIS Data Collection Form for Coordinated Point of Access.

## CLIENT NAME:

Client ID#	
First name	
Middle name	
Last name	
Suffix	
Phone Number	

## SOCIAL SECURITY NUMBER:

			-			-				
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## DATE OF BIRTH:

		/			/				
Month			Day			Year			

## ETHNICITY:

<input type="checkbox"/> Non-Hispanic / Non-Latin(a)(o)(x)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic / Latin(a)(o)(x)	<input type="checkbox"/> Client refused

## RACE:

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client refused
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

## GENDER

<input type="checkbox"/> Female	<input type="checkbox"/> A Gender Other Than Singularly Female or Male (e.g. Non-Binary, Genderfluid, Agender)
<input type="checkbox"/> Male	
<input type="checkbox"/> Transgender	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Questioning	<input type="checkbox"/> Client refused

## VETERAN STATUS

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

If under 18, refer to Huckleberry House @ 614-294-5553

## TRIAGE PERFORMED BY:

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## TRIAGE DATE:

		/			/				
Month			Day			Year			

## Besides the HoH, are there any other adults in the household who are Veterans?:

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

## LET'S TALK ABOUT YOUR LIVING SITUATION

Zip Code of Last Permanent Address?:

### General Area Location of Previous Residence:

<input type="checkbox"/> Within Franklin County (Outside City - Columbus)	<input type="checkbox"/> Outside Franklin County (Within City - Columbus)
<input type="checkbox"/> Within Franklin County (Within City - Columbus)	<input type="checkbox"/> Outside of Ohio
<input type="checkbox"/> Outside Franklin County (Outside City - Columbus)	<input type="checkbox"/> Client refused

### Where did you stay last night? (Residence Prior to Project Entry)

Homeless Situations	<input type="checkbox"/> Place not meant for habitation	Transitional and Permanent Housing Situations	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher		<input type="checkbox"/> Owned by client, no ongoing housing subsidy
	<input type="checkbox"/> Safe Haven		<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Interim Housing*		<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons
Institutional Situations	<input type="checkbox"/> Foster care home or foster care group home		<input type="checkbox"/> Rental by client, with no housing subsidy
	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility		<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
	<input type="checkbox"/> Jail, prison, or juvenile detention facility		<input type="checkbox"/> Rental by client, with VASH housing subsidy
	<input type="checkbox"/> Long-term care facility or nursing home		<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility		<input type="checkbox"/> Residential project or halfway house with no homeless criteria
Other	<input type="checkbox"/> Substance abuse treatment facility or detox center		<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house	
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	

### How long have you been staying there? (Length of Stay in Previous Place)

<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client refused

### Do you currently have a lease in your name?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	



## DOMESTIC VIOLENCE

Are you experiencing any violence against you physically or sexually where you live or are staying right now that is making that place unsafe for you to remain?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If Yes, provide client with the phone number to CHOICE @ 614-224-4663

Is client a domestic violence victim/survivor?

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



[IF YES] When did the experience occur?

<input type="checkbox"/> Within the past three months	<input type="checkbox"/> One year ago or more
<input type="checkbox"/> Three to six months ago (excluding six months exactly)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Six months to one year ago (excluding one year exactly)	<input type="checkbox"/> Client refused



[IF WITHIN LAST 30 DAYS] I'd like to refer you to choices domestic violence shelter where they may have additional resources to help with your housing crisis and address additional concerns with your situation. Is that okay?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------



Refer to CHOICES @ 614-224-4663

## STRENGTHS EXPLORATION

Household Composition:

<input type="checkbox"/> Single Adult Household: One adult, no minor(s)
<input type="checkbox"/> Family Household: Two or members, at least one minor
<input type="checkbox"/> Unaccompanied Youth: One minor, no adults

Relationship to Head of Household:

<input type="checkbox"/> Self (Head of household)	<input type="checkbox"/> Head of household's other relation member (other relation to head of household)
<input type="checkbox"/> Head of household's child	
<input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Other: non-relation member
<input type="checkbox"/> Trans Male (FTM, or female to male)	<input type="checkbox"/> Data not collected

Number of Adults in Household (incl. HoH):

Do you have any minor children?:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Do you have legal custody of the minor children currently staying with you?:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Number of Children in Household:

0-2 years  3-7 years  8-12 years  13-17 years

Is anyone in the household currently pregnant?

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



Projected Due Date:

		/			/			
Month			Day			Year		

**ADDITIONAL DATA COLLECTION: (STILL LISTENING FOR POSSIBLE STRENGTHS, SKILLS, OR NETWORKS NOT PREVIOUSLY IDENTIFIED IN THE CONVERSATION)**

Are you connected with Maryhaven Outreach?

Are you currently linked with Franklin County Children Services?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

**[IF YES] Is the FCCS case manager aware of your current situation?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

**WE CURRENTLY HAVE PARTNERSHIPS WITH SOME MEDICAID MCO'S THAT WANT TO SUPPORT THEIR CLIENTS WHO ARE EXPERIENCING A HOUSING CRISIS.**

Do you have health insurance through Medicaid Managed Care Organization (MCO)? If so which one and can I share this information with them?

Are you currently employed?  Yes  No

**HOMELESS INFORMATION**

Homelessness Primary Reason:

<input type="checkbox"/> Addiction	<input type="checkbox"/> Jail/Prison
<input type="checkbox"/> Divorce	<input type="checkbox"/> Relationship Problems
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substandard Housing
<input type="checkbox"/> Evicted	<input type="checkbox"/> Unable to Pay Rent/Mortgage
<input type="checkbox"/> Family/Personal Illness	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Fire	<input type="checkbox"/> Other: _____

**Homelessness Secondary Reason:**

<input type="checkbox"/> Addiction	<input type="checkbox"/> Jail/Prison
<input type="checkbox"/> Divorce	<input type="checkbox"/> Relationship Problems
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substandard Housing
<input type="checkbox"/> Evicted	<input type="checkbox"/> Unable to Pay Rent/Mortgage
<input type="checkbox"/> Family/Personal Illness	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Fire	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Secondary Reason for Crisis	

**Date the client started being homeless this time:**

		/			/				
Month			Day			Year			

**Number of time the client has been homeless in the past three years:**

<input type="checkbox"/> One time (this time)	<input type="checkbox"/> Four or more times
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client refused

**Total number of months the client has been homeless in the past three years:**

<input type="checkbox"/> One month or less (choose if this is the first time the client has been homeless)
<input type="checkbox"/> Between 2 and 12 months → Enter the total number of months: _____
<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused

**DISABLING CONDITION:**

*Does the client have a disabling condition that is long-term and impairs their ability to live independently?*

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

**CONTACT RESOLUTION:**

<input type="checkbox"/> No disposition: call incomplete/client did not call back	<input type="checkbox"/> Need shelter tonight [single adults only]: waitlisted due to no homeless shelter space
<input type="checkbox"/> Need shelter tonight	<input type="checkbox"/> Need shelter tonight: service restricted; referred to other option(s)
<input type="checkbox"/> Need shelter tonight: more appropriately served and/or prefer other shelter or residential option	<input type="checkbox"/> Do not need shelter tonight: at-risk of literal homelessness within next 7 days
<input type="checkbox"/> Need shelter tonight: currently in shelter; advised to remain there or call back once discharged	<input type="checkbox"/> Do not need shelter tonight: at-risk of literal homelessness in more than 7 days

**SUBSTANCE ABUSE PRE-SCREEN**

Are you currently intoxicated or under the influence of another substance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

**[IF YES], transfer internally to Netcare staff.**

Are there any chronic medical conditions that you know you have, such as diabetes, seizures, high blood pressure, or a heart-related condition, or mental health condition for which you are not receiving treatment or have run out of medication?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Are you presently thinking about hurting yourself or someone else?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

**Possible referral to Netcare 614-276-2273.**

**WE MUST DO A LOCAL CHECK FOR SEX OFFENSES. ARE YOU OR ANYONE IN YOUR HOUSEHOLD A REGISTERED SEX OFFENDER?**

<input type="checkbox"/> Self
<input type="checkbox"/> No
<input type="checkbox"/> Other adult(s)

**[IF YES] Sex Offense Classification:**

<input type="checkbox"/> Tier I	<input type="checkbox"/> (Pre AWA) Habitual Sex Offender with Notification
<input type="checkbox"/> Tier II	<input type="checkbox"/> (Pre AWA) Sexual Predator
<input type="checkbox"/> Tier III	<input type="checkbox"/> (Pre AWA) Aggravated Sexually Oriented Offense
<input type="checkbox"/> (Pre AWA) Sexually Oriented Offender	<input type="checkbox"/> (Pre AWA) Child Victim Offender
<input type="checkbox"/> (Pre AWA) Habitual Sex Offender w/o Notification	<input type="checkbox"/> (Pre AWA) Child Victim Predator

**Are you now or have you ever been subject to community notification?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected

**Sex offense involved a minor:**

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected

**Background check completed:**

		/			/			
--	--	---	--	--	---	--	--	--

Month                      Day                      Year

<input type="checkbox"/> Local (free)
<input type="checkbox"/> National (Paid)
<input type="checkbox"/> Both (Local & National)

**COVID SCREENING INFORMATION:**

**Date of COVID-19 Screening:**

**COVID-19 Screening Disposition**

<input type="checkbox"/> COVID-19 exposure/close contact	<input type="checkbox"/> COVID-19 symptomatic
<input type="checkbox"/> COVID-19 positive test result within prior 14 days	<input type="checkbox"/> Not positive or symptomatic for COVID-19

**COVID-19 Triage Disposition**

<input type="checkbox"/> COVID-19 confirmed, symptomatic, or exposure/close contact
<input type="checkbox"/> COVID-19 <u>NOT</u> confirmed, symptomatic, <u>NOT</u> exposed/close contact

**COVID-19 Triage Referral**

<input type="checkbox"/> Other Medical Facility	<input type="checkbox"/> Non-SIQ Shelter or remain in place w/precautions
<input type="checkbox"/> SIQ-MED Shelter	<input type="checkbox"/> Non-SIQ Shelter or remain in place <u>w/o</u> precautions

↓ **If SIQ-MED referral**

**Entity Referring to SIQ**

<input type="checkbox"/> Veteran/VA	<input type="checkbox"/> ODRC
<input type="checkbox"/> Homeless System Provider	<input type="checkbox"/> Return Home Ohio
<input type="checkbox"/> Hospital	<input type="checkbox"/> Southeast Residential
<input type="checkbox"/> Maryhaven	<input type="checkbox"/> Maryhaven Non-Homeless

**Notes:**

**SPECIFY SHELTER REFERRED TO:**

## Appendix B

Gladden Community House Diversion Screening/Referral Tool

# Gladden Homeless Prevention Screening/Referral Tool

CSP#: \_\_\_\_\_

**SCREENING DATE** (e.g., 10/01/2015)

		/			/				
--	--	---	--	--	---	--	--	--	--

**APPLICANT HEAD OF HOUSEHOLD**

<b>First Name</b>	<b>Last Name</b>

<b>Address</b>	<b>Phone</b>

Are you or any of your household members a veteran? Yes \_\_\_ No \_\_\_

**HoH Date of Birth** (e.g., 06/14/1992)

		/			/				
--	--	---	--	--	---	--	--	--	--

**Age**

--

**OTHER HOUSEHOLD MEMBERS** (attach an additional page as needed)

First Name	Last Name	Age	

**TOTAL HOUSEHOLD MONTHLY INCOME (from all sources):** \_\_\_\_\_ AMI%: \_\_\_\_\_

Earned \_\_\_\_\_ Employer \_\_\_\_\_

SSI \_\_\_\_\_ SSDI \_\_\_\_\_ TANF \_\_\_\_\_ UE \_\_\_\_\_ Other \_\_\_\_\_

**CURRENT HOUSING SITUATION & RISK FOR LITERAL HOMELESSNESS**

*Can you tell me about the place you stayed last night? Is this the primary place you stay or is there somewhere else you normally stay? If there's somewhere else you normally stay, can you tell me about that place?*

**Identify the primary place where family is staying (check only one):**

- Hotel or motel paid for without emergency shelter voucher
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house

Any landlord leads? LL name: \_\_\_\_\_

Phone: \_\_\_\_\_

- Rental by client, no ongoing housing subsidy
- Rental by client, with HUD VASH subsidy
- Rental by client, with other ongoing housing subsidy

Past Due Amount Owed: \_\_\_\_\_

Lease term (year, mo. to mo.): \_\_\_\_\_ When does lease end? \_\_\_\_\_

LL name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Permanent housing for formerly homeless persons (e.g., CoC Program funded unit)
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Other (describe): \_\_\_\_\_

Do you have to leave this place (or the place you normally stay)?  YES  NO  N/A

If yes, what's causing you to have to leave? How long can you continue to stay there?

**Identify why the family must leave the primary place they are staying (check only one):**

- Court-ordered eviction notice to vacate rental unit
- Formal written notice from landlord to vacate rental unit (e.g., 30 day Notice to Quit)
- Written or verbal notice from family, friend or host to leave doubled-up housing
- Insufficient resources to continue to pay for hotel or motel
- Other (describe): \_\_\_\_\_

**By what date must the applicant leave the primary place they are staying:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Risk for Literal Homelessness and Reason for Referral:**

*(Summarize relevant information related to imminent housing loss and reason family is at risk of literal homelessness, including the absence of other safe, appropriate housing alternatives and resources to prevent literal homelessness. Also include brief summary of relevant current and historical housing stability, employment history, financial hardship, and any other contributing or relevant factors such as substance abuse, domestic violence, etc.)*

Are you past due with electric? Yes \_\_\_ No \_\_\_. If yes, how much? \_\_\_\_\_

Are you past due with gas? Yes \_\_\_ No \_\_\_. If yes, how much? \_\_\_\_\_

Were you on PIP? Yes \_\_\_ No \_\_\_. When? \_\_\_\_\_

**Gladden Staff Responsible for Screening/Referral**

Name:
Signature:
Date:



## Appendix C

### Housing Assistance Screening Tool

## Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

The Housing Assistance Screening Tool (HAST) version 1.3, effective 1/01/2020, replaces HAST version 1.2 and the former Welcome Screen tool used for both families and single adults. **Shelter providers should screen ALL new shelter residents (families or single adults) as soon as possible, but no later than 5 business days after shelter admission**, using the standardized Housing Assistance Screening Tool and referral process for rapid re-housing (RRH).

### Why are we doing the HAST?

The Housing Assistance Screening Tool is used to identify the client's prior homeless assistance history (if previously homeless), as well as their characteristics, housing-related barriers and re-housing needs in order to connect them to best available re-housing assistance for which they are eligible. The tool helps staff identify next step housing assistance, including:

- 1) Veterans who should be connected to Veterans coordinated entry and re-housing assistance resources.
- 2) Individuals and families who are already receiving rapid re-housing assistance and who should be re-connected to the RRH provider.
- 3) Individuals and families who have been previously identified for permanent supportive housing through USHS and who should be re-connected with the provider assisting them with USHS.
- 4) Key household characteristics and re-housing barriers to determine if the individual or family has significant re-housing needs and is a potential priority for rapid re-housing assistance. Upon submitting a completed HAST form, families and individualizes are further screened, scored and prioritized for RRH assistance. Clients who have the highest score, starting with certain target populations, are then offered RRH when a program slot becomes available.
- 5) Individuals and families who are not selected for or otherwise already receiving RRH should be assisted by shelter staff with their Individualized Housing Stabilization Plan (IHSP) and housing search/placement.

This process allows our system to maximize limited re-housing assistance and ensure all available housing resources for persons experiencing homeless are flexibly and immediately offered to the individuals who need them most acutely in that moment.

### Why are we asking these questions?

Factors that cause an individual or family to become or remain homeless are varied and range from structural issues, such as lack of affordable housing and racism, to specific individual vulnerabilities (e.g., severe and persistent disabling condition(s)) and housing barriers (e.g., criminal record, prior evictions, or having little to no income). These screening tools are intended to be brief and least-invasive, so the factors in this tool do not account for all the possible factors associated with continued homelessness, but rather factors that most directly affect an individual or family's ability secure housing with or without assistance. These items were narrowed down by representatives from every point in our system to best meet the needs of our community.

These next sections are intended to be a quick-reference, companion document for the HAST. It is not meant to supplant training on how to use this tool.

## Housing Assistance Screening Tool (HAST) SINGLES and FAMILIES Companion Guide

### Part 1: CLIENT INFORMATION SECTION

#### Pre-Screening in CSP for the following:

<p><b>Veteran:</b> If the person is a veteran, STOP and contact the <i>Responsible Provider</i> listed in CSP. If no Responsible Provider is listed, contact Veteran Coordinated Entry Specialist, John Roszkowski at <a href="mailto:John.Roszkowski@va.gov">John.Roszkowski@va.gov</a> or 614-439-8971 To find Veteran Status in CSP, go to <i>Client Profile</i>, and the field under <i>client record</i> is “U.S. Military Veteran”</p>
<p><b>RRH:</b> Persons <i>currently enrolled with a RRH provider</i> do not need to complete the interview section (Part 2), instead please have them contact their RRH provider (also called “Direct Housing”) at this time to alert them of a return to shelter, and schedule a meeting with the person as soon as possible. To find the RRH/Direct Housing Case Manager info in CSP, go to the <i>Case Managers</i> tab, and check for the most recent Direct Housing record.</p> <p>For those persons who were enrolled with a RRH provider in last 12 months, please complete the remainder of the HAST (as applicable). Those who have been linked and served by a RRH provider within the last 12 months are <i>not</i> automatically deemed ineligible for RRH services, but may need to appeal to receive RRH assistance following the formal appeals process.</p>
<p><b>USHS:</b> For single adults, immediately contact the YMCA RRH case manager/director assigned to your shelter. For families, immediately contact the provider assisting the family with their USHS application. To find the invitation in USHS in CSP go to the <i>Client Profile</i> tab, scroll all the way down to the <i>Client Notes</i> section, scroll through the records through to the most recent 6 months. For client’s in this pool you will see “Invited to submit SSNA” in the <i>Notes Preview</i> section.</p>
<p><b>Street Outreach:</b> For persons already engaged with street outreach, please contact street outreach, preferably with the client, to alert them that their client has entered shelter. Complete HAST as usual. To find this information in CSP, go to the <i>Entry/Exit</i> tab and search through records. Outreach clients will have a record with Program type “MCOT Outreach” and no <i>Exit Date</i>, meaning they are still open. PROGRAM CONTACT: Thomas Adams, Outreach Program Coordinator, Maryhaven Engagement Center email: <a href="mailto:tadams@maryhaven.com">tadams@maryhaven.com</a> or phone 614-449-1530 x213</p>
<p><b>Number of minor children in the household:</b> This information can be found on the <i>Household</i> tab in CSP.</p>
<p><b>Determining the number of Shelter Entries:</b> This information can be found on the <i>Entry/Exit</i> tab in CSP.</p>

### Part 2: CLIENT INTERVIEW SECTION

**Scripter Script:** This script is only intended to be a guide. You are always welcome to read this script as it is written, especially if you are new to using this tool, it may help you develop your own way of saying the same *important points* which allows you to better engage and build rapport with the client. If you prefer to use your own words, you must cover these *important points* every time: *why we are asking, who has access to the responses, there are limited resources and the person must continue to work on resolving their housing crisis, and of their right to refuse.*

- **Consent:** The client has the right to refuse. If the person responds “No”, Stop and proceed to **PART 3**. Use all the information available to you in CSP, from observation, and from Part 1: Client Information section to determine Next Step. *Remind client: Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.*
- **“Serious Health Conditions” (i.e., severe and persistent disabling conditions):** This question is by client self-report. Use your judgement, if a client reports health conditions that are not likely to be permanent as the reason for losing a job or housing, this does not meet the criteria of *serious health* condition. Some examples of this may be reports that a broken arm, or a car accident resulting in physical trauma caused missed work and inability to pay rent. While these are common reasons for a loss of housing, they would not be considered

## Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

severe and persistent or a serious health condition. Serious health conditions may include, but are not limited to:

- Diabetes
- COPD/Emphysema
- Tuberculosis
- Cancer
- Post-Traumatic Stress Disorder
- Traumatic Brain Injury
- Hepatitis
- Liver Disease
- Heart Disease
- Physical Disability
- Serious mental health condition
- Drug and/or alcohol use
- HIV+/AIDS
- Developmental Disability

DO NOT write any conditions on the HAST form (HIPPA).

- **Domestic Violence in the previous 6 months:** Please ensure that the client is in a safe and confidential environment. The response should be whatever the client reports and may be violence at the hands of *any* cohabitant including spouse, intimate partner, family member, children. The client does not need to explain further. If the client's response is "Yes", we additionally want to know if this has happened in the last 3 months.
- **Felony History:** Felony charges that may appear on a public record make finding housing more difficult, as most landlords will conduct a background check. Felony convictions also disproportionately impact people of color, and contribute to their over-representation in the homeless population. Combatting disparities in homelessness is key to changing the historical paradigm. Clients may be hesitant to respond to this question and sharing with them that this question is seeking to understand their personal housing barriers, not create additional ones, may be helpful. For households with multiple adults, attempt to capture the felony history of all adults (over 18) in the household that will be on the lease when they become rehoused. This information is critical to avoiding delays in housing matching.
- **Previous Evictions:** Similar to the above question, this is addressing the person's housing barriers. Responses are based upon client self-report. You may have an client that is unsure of whether an eviction is on their record. You can offer to check with the client at: <http://www.fcmcclerk.com/case/search>. All eviction records are coded CVG in the case number. The goal is to capture what a landlord might see on a public record. It is important to capture eviction history of all the adults (over 18) in the household, being careful not to double count a residence (i.e. a couple report that both were evicted from their previous residence together, that would be 1 eviction).
- **Housing Match:** These questions are not scored but will assist our landlord relations in an effort to more quickly match client's with landlords that have immediate openings. It is important to gather as much detailed information as the client can offer at the time of the interview.
- **Employment Questions:** On the HAST for Families, question 11 is meant to help match persons interested in job training to specific RRH programs with a job training component. Because there is no guarantee that there will be openings in these specific programs, it is important to explain that to the client.

## Housing Assistance Screening Tool (HAST) SINGLES and FAMILIES Companion Guide

**IF PERSON IS 25 OR OLDER OR IF ANYONE IN THE HOUSEHOLD IS 25 OR OLDER, STOP – COMPLETE PART 3.**

### QUESTIONS FOR UNACCOMPANIED OR PARENTING YOUTH AGE 18-24 ONLY

Unaccompanied youth and youth heads of households (HoH) with minor children have some specific factors that both contribute to their risk of continued homelessness and make them more at-risk of serious harm or death while experiencing homelessness. For these reasons, the following questions have been added to this tool.

- **History of Child Protective Services or Juvenile Justice:** This question speaks to a lack of support system, and possibly a history of trauma. Like the question regarding felonies, we see a significant overrepresentation of youth of color in both Child Protective services, sometimes called “foster care” or “FCCS” and Juvenile Justice, also referred to as “Detention” or “Probation” as a minor.
- **Youth who identify as LGBTQIA+:** This acronym stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual. The + (plus) refers to the fact that some youth may identify as a sexual minority but not a specific “label”. Some youth may have an initial reaction to this question, so it may be important to educate the client on the reason this is asked. This population makes up a large proportion of youth experiencing homelessness. Youth who identify as LGBTQIA+ are more likely to experience victimization, be exposed to sexually transmitted diseases, and resort to crimes of survival.
  - a. It’s a good idea to check in with staff about their level of comfortability in asking this question and the need for additional training. See: <https://learn.truecolorsunited.org/inclusion-toolkit/>
- **Loss of Stable Housing:** Being kicked out of your childhood home for reasons other than you are ready to live on your own can have a catastrophic ripple effect in the life of a young person. These young people often have multiple attempts and setbacks in housing stability as they transition to adulthood with little safety net and support system from their family of origin. Record the total number experienced checked (max. 4) in the space provided.
  - a. Religious or Cultural Beliefs
  - b. Conflict around gender identity or sexual orientation
  - c. Violence in the home
  - d. Unhealthy or Abusive Relationship
- **Risk of Exploitation or Victimization while homeless:** This question is intended to be self-report and is only asking for a response *since becoming homeless*. Some youth may not know what this means. It is okay to give an example of common experiences that a youth may identify. It is important with questions of this nature, that you never label a client’s experience as exploitation or victimization, unless the client has first acknowledged this experience as exploitation or victimization.
- **GED or High School Diploma:** This accounts for the number one risk factor for youth.
- **Interest in Transition-Age Program and Life skills:** This is not a criterion question. It is meant to help match youth interested in youth-specific RRH programs that account for the life skills youth need to live independently. Because there is no guarantee that there will be openings in these specific programs, it is important to explain that to the client.

### Part 3: NEXT STEP HOUSING ASSISTANCE

When you have completed the screening with the client, you will then complete this section. This section should be completed on every HAST, regardless of the outcome. The options below will guide you and the client to discuss next steps.

## Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

✓ <b>Client is a Veteran:</b> Veterans have a specific coordinated entry process. If the person is a Veteran you will contact the <i>Responsible Provider</i> listed in CSP. If no Responsible Provider is listed, contact Veteran Coordinated Entry Specialist, John Roszkowski at 614-439-8971
✓ <b>Client currently enrolled with a RRH provider:</b> Persons <i>currently linked with a RRH provider</i> do not need to complete the interview section, instead please have them contact their RRH provider at this time to alert them of a return to shelter, and schedule a meeting with the person as soon as possible.
✓ <b>Client has invitation to submit a Severe Service Needs Assessment or to apply for USHS:</b> For persons currently invited to submit a severe service needs assessment for USHS, it is vital that this screening take place as soon as possible and before the person exits shelter. For single adults, immediately contact the YMCA RRH case manager/director assigned to your shelter.
✓ <b>Client is not currently enrolled with RRH, submit a referral for Rapid Re-Housing assistance::</b> Referrals to RRH/Direct Housing are submitted via google docs. <i>If</i> the client's referral is accepted by RRH, they will contact the client to set-up a time to complete the intake. If the client does not complete the intake, they cannot be enrolled in the program. Please stress the importance of continuing to work to resolve their housing crisis and if they are contacted by RRH, the urgency to follow-up and attend all scheduled appointments. <b>The client may be waitlisted for RRH, based on prioritization relative to other clients and RRH capacity. To support immediate goal setting and progress toward those rehousing goals the client should be assisted by referring agency with their IHSP</b>

<sup>1</sup> Risk Factors for Homelessness: Evidence From a Population-Based Study; Katherine H. Shelton Ph.D.Pamela J. Taylor M.D.Adrian Bonner Ph.D.Marianne van den Bree Ph.D. (<https://ps.psychiatryonline.org/doi/10.1176/ps.2009.60.4.465> )

## Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

### Program Contact Information

Program	Contact Name	Phone Number	Email
Coordinated Access and Rapid Resolution	Kyra Crockett-Hodge	614-826-3630	kcrockett@huck-house.org
Faith Mission SSVF	Twana Roper	614-224-6617 x2144	troper@lssnetworkofhope.org
Homeless Families Foundation	Tiffany McCoy	614-461-9247 x102	tmccoy@homelessfamiliesfoundation.org
Homeless Families Foundation YHDP	Cory Kinnan	614-715-8658	ckinnan@homelessfamiliesfoundation.org
MCOT – Outreach	Thom Adams	614-449-1530 x213	TAdams@maryhaven.com
The Salvation Army	Brittani Perdue	614-358-2616	Brittani.Perdue@USE.SalvationArmy.Org
Veteran Coordinated Entry	John Roszkowski	614-439-8971	John.Roszkowski@va.gov
Volunteers of America Direct Housing	Betsy McGraw	614-977-1653	betsy.mcgraw@voago.org
Volunteers of America VFF	Issac Barton	614-629-9960 x1701	isaac.barton@voago.org
YMCA RRH	Beth Lonn	614-715-2030 x8312	beth.lonn@ymcacolumbus.org

## Housing Assistance Screening Tool

### SINGLE ADULTS

#### PART 1: CLIENT INFORMATION

<i>For Screener Use Only (please utilize information already collected for intake/CSP):</i>	
CSP# _____	First Name, Last Name _____
<b>PRE-SCREENING</b>	
Did client exit from emergency shelter within the last 7 days? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES – STOP and COMPLETE PART 3.</i>	
Is client a Veteran? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know/Refused <i>*If YES – STOP and COMPLETE PART 3.</i>	
Is client currently enrolled with a Rapid Re-Housing (RRH) provider? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES – STOP and COMPLETE PART 3.</i>	
Has client been invited to submit a Severe Service Needs Assessment or to apply for USHS? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES – COMPLETE PART 2. Contact YMCA RRH case manager/director assigned to your shelter OR provider assisting client with USHS.</i>	
Is the client currently enrolled with a street outreach provider (e.g., Maryhaven, Southeast PATH Program)? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES – COMPLETE PART 2. Contact street outreach program with the client.</i>	
Is the client currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know/Refused	
Total household monthly income:	\$ _____
Number of minor children in the household: _____	
How many shelter entries in the past 3 years: _____	
<b><u>Best way to contact client:</u></b>	
Client's Email Address _____	Client Phone _____
Emergency Contact Name _____	Emergency Contact Phone/Email Address _____
<b><u>Screener Information:</u></b>	
Staff Name: _____	Date: _____
Email Address _____	Agency/Program _____



## Housing Assistance Screening Tool

### SINGLE ADULTS

### PART 2: CLIENT INTERVIEW

**Screener Script:**

*"The following are a set of questions we ask everyone to better understand your housing needs and support you in obtaining safe and stable housing. Your responses will help us identify which re-housing services you may qualify for. We'll help you access any available assistance, but resources are very limited, and we ask that you continue to seek any other assistance and options available to you. Only shelter and rehousing staff will have access to your responses. Any response you provide is acceptable. You have the right to answer or refuse the questions below."*

- |  |   |
|--|---|
| 1) Do you want to continue?  | _____ Yes ___ No*   |
| <i>*If NO, STOP. Remind client: Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.</i>                     |   |
| 2) Do you have a serious health condition that prevents you from holding a job or living in stable housing (i.e., it is "severe and persistent" and "disabling"?)? | _____ Yes ___ No<br>_____ Client doesn't know/refused           |
| 3) In the past 6 months have you been a victim of abuse by a spouse, intimate partner, family member, child, or cohabitant?  | _____ Yes ___ No<br>_____ Client doesn't know/refused           |
| a) If Yes, did this occur within the last 3 months?  | _____ Yes ___ No<br>_____ Client doesn't know/refused           |
| 4) Have you ever been charged with a felony and, if so, how many felony arrests or convictions might appear on a public record?                                    | _____ # of Felony Records<br>_____ Client doesn't know/refused  |
| 5) Do you have any prior evictions and, if so, how many times have you been evicted?   | _____ # of Prior Evictions<br>_____ Client doesn't know/refused |
| 6) Do you or another adult who will be living with you owe money to one or more prior landlords?   | \$ _____ Total amount owed                                      |
| 7) Do you or another adult who will be living with you owe money on any utilities (gas, electric, water)?  | \$ _____ Total amount owed                                      |
| 8) What is the minimum number of bedrooms you need for you and anyone else who may live with you?  | _____ # Bedrooms  |
| 9) Do you have any pets or service animals?  | _____ Yes ___ No<br>_____ Client doesn't know/refused           |

**QUESTIONS 10-15 ARE FOR UNACCOMPANIED YOUTH AGE 18-24 ONLY.**

*If client is 25 or older, STOP and COMPLETE PART 3.*

- |  |   |
|--|---|
| 10) As a child or teen did you have any involvement with Child Protective Services (e.g., FCCS) or Juvenile Justice? | _____ Yes ___ No<br>_____ Client doesn't know/refused |
| 11) Do you identify as LGBTQIA+?   | _____ Yes ___ No<br>_____ Client doesn't know/refused |

## Housing Assistance Screening Tool

### SINGLE ADULTS

12) Have you ever lost stable housing because? *(check all that apply)*

- Differences in religious or cultural beliefs
- Conflicts around gender identity or sexual orientation
- Violence in the home
- Unhealthy or Abusive Relationship

Total: \_\_\_\_\_

13) Since becoming homeless, have you been exploited, attacked, beaten up or robbed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Client doesn't know/refused

*Client may need additional explanation such as: "Exploited means tricked or forced to do things you don't want to do."*

14) Do you have a GED or High School Diploma?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Client doesn't know/refused

15) Would you be interested in services that help young people learn the Life Skills needed to transition to adulthood successfully?

\_\_\_\_\_ Yes\* \_\_\_\_\_ No

\_\_\_\_\_ Client doesn't know/refused

*\*If YES state to the client: "This will be taken into consideration IE youth-specific programs have openings"*

## PART 3: NEXT STEP HOUSING ASSISTANCE

Select the next step housing assistance offered to client based on above. Provide client with next step information and assistance. See HAST Guide for additional information and guidance.

\_\_\_ Client exited from emergency shelter within the last 7 days. Review case with supervisor.

\_\_\_ Client is a Veteran. Contact Veteran Coordinated Entry Specialist or Responsible Provider listed in CSP with the Veteran.

### NON-VETERANS ONLY:

\_\_\_ Client is currently enrolled with a RRH provider. Contact YMCA RRH case manager/director assigned to your shelter.

\_\_\_ Client is not currently enrolled with a RRH. Refer client to YMCA RRH program.

**Client may be waitlisted for RRH, based on prioritization and capacity. To support immediate re-housing goal setting and progress toward re-housing goals, the client will be assisted with their IHSP by the following staff:**

Staff member name: \_\_\_\_\_

**Notes:** Include helpful re-housing related notes such as existing providers (e.g., Mary Smith w/ FCCS 614-555-1212) and additional housing barriers not otherwise specified above.

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## Housing Assistance Screening Tool: FAMILIES

### PART 1: CLIENT INFORMATION

<i>For Screener Use Only (please utilize information already collected for intake/CSP):</i>	
CSP# _____	First Name, Last Name _____
<b>PRE-SCREENING</b>	
Did client exit from emergency shelter within the last 7 days? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If YES - STOP and COMPLETE PART 3.</i>	
Is client a Veteran? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know/Refused	
<i>*If YES - STOP and COMPLETE PART 3.</i>	
Is client currently enrolled with a Rapid Re-Housing (RRH) provider? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If YES - STOP and COMPLETE PART 3.</i>	
Has client been invited to submit a Severe Service Needs Assessment or to apply for USHS? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If YES - COMPLETE PART 2. Contact provider assisting client with USHS.</i>	
Is the client currently enrolled with a street outreach provider (e.g., Maryhaven, Southeast PATH Program)? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If YES - COMPLETE PART 2. Contact street outreach program with the client.</i>	
Is the client or a household member currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know/Refused	
Total household monthly income: \$ _____	
Number of minor children in the household: _____	
How many shelter entries in the past 3 years: _____	
<b><u>Best way to contact client:</u></b>	
Client's Email Address _____	Client Phone _____
Emergency Contact Name _____	Emergency Contact Phone/Email Address _____
<b><u>Screener Information:</u></b>	
Staff Name: _____	Date: _____
Email Address _____	Agency/Program _____

## Housing Assistance Screening Tool: FAMILIES

### PART 2: CLIENT INTERVIEW

**Screener Script:**

*“The following are a set of questions we ask everyone to better understand your housing needs and support you in obtaining safe and stable housing. Your responses will help us identify which re-housing services you may qualify for. We’ll help you access any available assistance, but resources are very limited, and we ask that you continue to seek any other assistance and options available to you. Only shelter and rehousing staff will have access to your responses. Any response you provide is acceptable. You have the right to answer or refuse the questions below.”*

- |  |  |
|--|--|
| 1) Do you want to continue?  | _____ Yes ___ No*  |
| <small>*If <b>NO, STOP.</b> Remind client: Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.</small>                                |  |
| 2) How many adults in the household have a serious health condition that prevents them from holding a job or living in stable housing (i.e., it is “severe and persistent” and “disabling”)? | _____ # of adults with a serious health condition<br>_____ Client doesn’t know/refused   |
| 3) How many children with you have a serious health condition?   | _____ # of children with a serious health condition<br>_____ Client doesn’t know/refused |
| 4) In the past 6 months have you been a victim of abuse by a spouse, intimate partner, family member, child, or cohabitant?  | _____ Yes ___ No<br>_____ Client doesn’t know/refused                                    |
| a) If Yes, did this occur within the last 3 months?  | _____ Yes ___ No<br>_____ Client doesn’t know/refused                                    |
| 5) Among all adults in the household, have any ever been charged with a felony and, if so, how many felony arrests or convictions might appear on a public record?                           | _____ # of Felony Records<br>_____ Client doesn’t know/refused                           |
| 6) Among all adults in the household, have any been previously evicted and, if so, how many times have you and other adults been evicted?  | _____ # of Prior Evictions<br>_____ Client doesn’t know/refused                          |
| 7) Do you or another adult in the household owe money to one or more prior landlords?  | \$_____ Total amount owed  |
| 8) Do you or another adult who will be living with you owe money on any utilities (gas, electric, water)?  | \$_____ Total amount owed  |
| 9) What is the minimum number of bedrooms you need for you and your family?  | _____ # Bedrooms   |
| 10) Do you have any pets or service animals?   | _____ Yes ___ No<br>_____ Client doesn’t know/refused                                    |
| 11) Are you interested in job training or employment support services?   | _____ Yes ___ No<br>_____ Client doesn’t know/refused                                    |
| 12) How many jobs has the HoH held in the past 2 years?  | _____ # of Prior Jobs<br>_____ Client doesn’t know/refused                               |
| 13) In the past 2 years, what is the longest period of employment?   | _____ Months<br>_____ Years  |

Columbus/Franklin County Homeless Crisis Response System

# Housing Assistance Screening Tool: FAMILIES

**QUESTIONS 18-23 ARE FOR PARENTING YOUTH AGE 18-24 ONLY.**

*If ANY member of the household is 25 or older, STOP and COMPLETE PART 3.*

14) As a child or teen did you have any involvement with Child Protective Services (e.g., FCCS) or Juvenile Justice? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Client doesn't know/refused

15) Do you identify as LGBTQIA+? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Client doesn't know/refused

16) Have you ever lost stable housing because? *(check all that apply)*

- Differences in religious or cultural beliefs
- Conflicts around gender identity or sexual orientation
- Violence in the home
- Unhealthy or Abusive Relationship

Total: \_\_\_\_\_

17) Since becoming homeless, have you been exploited, attacked, beaten up or robbed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Client doesn't know/refused

*Client may need additional explanation such as: "Exploited means tricked or forced to do things you don't want to do."*

18) Do you have a GED or High School Diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Client doesn't know/refused

19) Would you be interested in services that help young people learn the Life Skills needed to transition to adulthood successfully? \_\_\_\_\_ Yes\* \_\_\_\_\_ No  
\_\_\_\_\_ Client doesn't know/refused

*\*If YES state to the client: "This will be taken into consideration IF youth-specific programs have openings"*

## PART 3: NEXT STEP HOUSING ASSISTANCE

Select the next step housing assistance offered to client based on above. Provide client with next step information and assistance. See HAST Guide for additional information and guidance.

\_\_\_ Client exited from emergency shelter within the last 7 days. Review case with supervisor.

\_\_\_ Client is a Veteran. Contact Veteran Coordinated Entry Specialist or Responsible Provider listed in CSP with the Veteran.

**NON-VETERANS ONLY:**

\_\_\_ Client is currently enrolled with a RRH provider. Contact Direct Housing/RRH provider.

\_\_\_ Client is not currently enrolled with a RRH. Refer client to Direct Housing/RRH.

Client may be waitlisted for RRH, based on prioritization and capacity. To support immediate re-housing goal setting and progress toward re-housing goals, the client will be assisted with their IHSP by the following staff:

Staff member name: \_\_\_\_\_

**Notes:** Include helpful re-housing related notes such as existing providers (e.g., Mary Smith w/ FCCS 614-555-1212) and additional housing barriers not otherwise specified above.

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## Appendix D

### PSH Severity of Service Needs Screening Tool

**Unified Supportive Housing System (USHS)**  
**SEVERITY OF SERVICE NEEDS SCREENING INTERVIEW TOOL**

**Consent for Interview**

With **your permission**, you will be asked some questions to determine if your service needs are a priority for Permanent Supportive Housing.

Some things you should know before we begin:

- In this interview we will discuss your housing, health and service needs.
- All of the information shared today will be confidential and only authorized agencies will be able to access and review your information.
- Completing this screening does not guarantee placement in Permanent Supportive Housing.
- You may not get an immediate response to this assessment so please continue to work with us around potential housing options.
- If at any time, you feel uncomfortable or upset, you may ask me to take a break, stop or to skip a question.

At the conclusion of this screening we will discuss next steps. Do you have any questions at this time?

**PLEASE SIGN BELOW YOUR INFORMED CONSENT TO BE INTERVIEWED AND SCREENED**

Your signature (or mark) below indicates that you have read (or been read) the information provided above and have gotten answers to your questions.

\_\_\_\_\_  
Signature or Mark of Prospective Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Prospective Applicant

\_\_\_\_\_  
Interviewer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Time

### DOMAINS 1-3:

Significant Challenges Or Functional Impairments, Including Any Physical, Mental, Developmental Or Behavioral Health Disabilities Regardless Of The Type Of Disability, Which Require A Significant Level Of Support In Order To Obtain Or Maintain Permanent Housing  
(This Factor Focuses On The Level Of Support Needed And Is Not Based On Disability Type)

1. Within the past five years, have you ever had to leave an apartment, shelter program, or other place you were staying because of your health? Please tell me about that?		Refused <input type="checkbox"/>
2. Do you use drugs or alcohol? Tell me, please, about what and how often you use?		Refused <input type="checkbox"/>
3. Have you ever had an overdose?		Refused <input type="checkbox"/>
4. Have you ever spent so much of your income on drugs or alcohol that you could not pay your rent or could not afford food?		Refused <input type="checkbox"/>
5. Do you have significant challenges or health conditions that make it hard to obtain and maintain housing?		Refused <input type="checkbox"/>
6. What kinds of supports do you feel you need to live on your own? What have other people told you that they think you need to be successful living on your own?		Refused <input type="checkbox"/>
7. 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?		Refused <input type="checkbox"/>
8. Are there any medications that you are supposed to be taking for a health condition that you are not taking as prescribed?		Refused <input type="checkbox"/>
9. Were you diagnosed with a developmental disability (physical, learning, language, or behavior) before the age of 18? Examples: ADHD, Autism, Cerebral Palsy, Hearing Loss, Intellectual Disability, Learning Disability, Vision impairment.		Refused <input type="checkbox"/>

### DOMAIN 4:

High Utilization of Crisis or Emergency Services to Meet Basic Needs, Including But Not Limited to Emergency Rooms, Jails and Psychiatric Facilities

10. In the past 12 months how many times has 911 been called to assist you? What was going on with you those times that led to 911 being called?		Refused <input type="checkbox"/>
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<p><b>11.</b> In the past six months, how many times have you taken an ambulance to the hospital? What conditions did the hospital treat you for?</p>		Refused <input type="checkbox"/>
<p><b>12.</b> In the past six months, how many times have you used a crisis service, including</p> <ul style="list-style-type: none"> <li>• Emergency rooms_____</li> <li>• Police _____</li> <li>• Jail _____</li> <li>or</li> <li>• Suicide hotlines_____?</li> </ul>		Refused <input type="checkbox"/>
<p><b>13.</b> In the past year, how many times have you hospitalized as an inpatient? What conditions were you treated for? When you were released, did you follow-up with a doctor like you were advised?</p>		Refused <input type="checkbox"/>
<p><b>14.</b> Have you been to Netcare 4 times in the past 30 days? Or have you been to Netcare 12 or more times in one year?</p>		Refused <input type="checkbox"/>
<p><b>DOMAIN 5:</b>  <b>Vulnerability to Victimization</b></p>		
<p><b>15.</b> 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?</p>		Refused <input type="checkbox"/>
<p><b>16.</b> Do you ever do things that may be considered to be risky, like trade sex for money, share needles, or spend time with people who mistreat you?</p>		Refused <input type="checkbox"/>
<p><b>17.</b> Has your current period of homelessness been caused by an experience of abuse or by any other trauma you have experienced?</p>		Refused <input type="checkbox"/>
<p><b>18.</b> Do you identify as LGBTQI? How has that impacted your experiences? Does it make you feel unsafe?</p>		Refused <input type="checkbox"/>
<p><b>19.</b> Have you experienced violence during your time homeless?</p>		Refused <input type="checkbox"/>
<p><b>20.</b> Have you been robbed, swindled, or taken advantage of financially? Do you give money to others?</p>		Refused <input type="checkbox"/>
<p><b>21.</b> Do you have a support system, such as friends, family, or other people you can count on?</p>		Refused <input type="checkbox"/>

**DOMAIN 6:  
Vulnerability to Illness or Death**

<b>22.</b> Do you currently have any serious chronic health conditions, such as cirrhosis of the liver, renal disease, diabetes or heart disease?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>23.</b> Have you had more than three hospitalizations in the past three months?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>24.</b> Do you have a life threatening condition?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>25.</b> Are you over 60 years old?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>26.</b> Have you suffered a very significant loss in the past year?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>

**DOMAIN 7:  
Barriers to Housing/Risk of Continued Homelessness**

<b>27.</b> Do you have steady income from work, a disability benefit or other regular source that could be enough to pay for housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
<b>28.</b> Have you ever been in jail, arrested, or accused of a crime or criminal activity (even if it wasn't true)?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>29.</b> Have you had any evictions, been asked to leave or abandoned housing within the past seven years? How many times has this happened?	<input type="checkbox"/> 2 or More Evictions in the past seven years (1 risk factor) <input type="checkbox"/> Less than 2 Evictions in the past seven years. <input type="checkbox"/> No evictions (Go to Question 31)	Refused <input type="checkbox"/>
<b>30.</b> When was your last eviction?	<input type="checkbox"/> One Eviction within the past 12 months (1 risk factor) <input type="checkbox"/> No evictions within the past 12 months.	
<b>31.</b> Do you have any legal stuff going on right now that could result in you being locked up, have to pay fines, or make it more difficult to rent a place to live?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>32.</b> Does your credit history include a judgment for debt to a landlord? Have you had a foreclosure or filed bankruptcy in the last 7 years?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>33.</b> Does your criminal history include Arson, Placement on Sex Offender Registry, Production of Crystal Meth, Drug offenses or crimes against persons or property?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>

<b>34.</b> Within the last year did you participate in a Rapid Rehousing Program? If you are/were in Rapid Rehousing, are/were you able to maintain housing independently after you exit/ed the program?	<input type="checkbox"/> YES; YES <input type="checkbox"/> YES; NO (1 risk factor) <input type="checkbox"/> NO; N/A	Refused <input type="checkbox"/>
<b>35.</b> Have you ever been in Permanent Supportive Housing (PSH) <u>and</u> exited unsuccessfully?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>DOMAIN 8:</b> <b>Other Factors Determined By the Community that are Based on Severity of Needs</b>		
<b>36.</b> Are you between 18-24 years old?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>37.</b> Do you have legal custody of any minor children that will be living with you?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>38.</b> Are you currently pregnant?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>39.</b> Are there more than 6 people in your household?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>40.</b> Is there a person in your household besides you that has a significant disability?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>41.</b> Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
<b>42.</b> Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting enough food and water on your own?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
<b>43.</b> Do you identify as a racial or ethnic minority?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>44.</b> Before the age of 18 were you ever kicked out of or run away from a parent or guardian's home? Have you ever had to live on your own because you couldn't live with your caregiver?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
<b>45.</b> Before the age of 18 were you placed, in foster or kinship care, or a group home?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>

**Unified Supportive Housing System (USHS)**  
**SEVERITY OF SERVICE NEEDS SCREENING SUMMARY TOOL**

Assessor's Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**DOMAIN 1: Physical Health**

**Please Check Only One  
Box In This Section**

- No Impairment**
- No health complaints; appears well
  - Would likely access medical care if needed
- Minor Or Temporary Health Problem(s)**  
Examples:
- Cast or splint but able to take care of daily activities
  - Recovering from minor surgery and doing well with self-care
  - Acute medical problem(s) such as a respiratory or skin infection but taking medication as prescribed
- Stable Significant Medical Or Physical Issue(s), Or Chronic Medical Condition(s) That Is Being Managed**  
Examples:
- Chronic but stable medical problems such as diabetes, emphysema, high blood pressure, heart disease, seizure disorder, Hepatitis, HIV disease, or cancer in remission AND compliant with medical care.
  - Deaf or Legally Blind
  - Over 60 years old w/o reported conditions but does not access care even for routine checkups
  - Uncomplicated pregnancy receiving regular pre-natal care
  - Sleep Apnea requiring C-PAP (w/access)
  - Cancer (stage 0-3) and receiving treatment
- Chronic Medical Condition(s) That Is Not Well-Managed Or Significant Physical Impairment(s)**  
Examples:
- Poorly managed diabetes or hyper-tension
  - Undergoing treatment for Hepatitis C
  - Needs home oxygen
  - Liver failure
  - Kidney failure requiring dialysis
  - Sleep apnea requiring C-PAP (w/no access)
  - Traumatic Brain Injury or history of Stroke with impairment
  - HIV disease not adequately treated
  - Severe arthritis affecting several joints
  - High risk pregnancy
  - Respiratory challenges: frequent asthma episodes; COPD, CHF, emphysema not well managed.
  - Chronic and recurrent skin infections
  - Advanced cancer
  - Cognitive impairment but retains decision making capacity
  - Incontinent of urine or stool
  - Serious chronic condition AND not taking meds as prescribed or frequently loses them
- Totally Neglectful Of Physical Health, Extremely Impaired By Condition, Serious Health Condition(s)**  
Examples:
- Not compliant for treatment for HIV or Cancer
  - Terminal illness: expected to lead to death within 6 months
  - Missing limb(s) with significant mobility or life activity challenges
  - Moderate or advanced dementia, without decision making capacity – *case conf. required*
  - Obvious, alarming symptoms present without client's concern, such as signs of significant swelling, open wounds, shortness of breath, recurrent chest pain, unexplained weight loss, or chronic cough

## DOMAIN 2: Mental, Behavioral and Developmental Health

Please Check Only One Box In This Section

- No Mental, Behavioral and Developmental Health Issues**
  - Reports no recent MH crises or admissions
  - Not receiving MH treatment but exhibits no obvious signs or symptoms of MH issues
  - No developmental issues.
- Mild Mental, Behavioral and Developmental Health**
  - Reports feeling down or anxious about situation or life circumstances (e.g. situational depression)
  - Mild intellectual disability (functions in daily life, but slower than typical in developmental areas)
- Moderate Mental, Behavioral and Developmental Health**
  - Reported or observed MH issues (*even if doesn't wish to talk about them*)
  - Reports having MH care connection already in place
  - Taking any psychiatric medications as prescribed
  - Moderate intellectual disability (noticeable developmental delays, can self-care)
- High Mental, Behavioral and Developmental Health**
  - Serious MH with tenuous service engagement
  - May be non-compliant with or resistant to MH medications
  - Denies interest in recommended MH services
  - Severe intellectual disability (needs direct supervision, can learn very simple self-care)
- Severe Mental, Behavioral and Developmental Health**
  - No connection to needed MH services
  - Extreme MH symptoms that impair functioning (e.g. talking to self, severe delusions/paranoia, fearful/phobic, extreme depressed or manic mood)
  - No insight regarding serious Mental Illness
  - Profound intellectual disability (requires close supervision, not capable of independent living) – *Case Conf. Required*

## DOMAIN 3: Substance Use

Please Check Only One Box In This Section

- No Or Non- Problematic Substance Use**
  - No substance use or strictly social use that has no negative impact on level of functioning.
- Mild Substance Use**
  - Sporadic use of substances not obviously affecting level of functioning
  - Acknowledges substance use
  - Still able to meet basic needs most of the time
- Moderate Substance Use**
  - 90 to 180 days into addiction recovery
  - Chemical Dependency program participation w/o any follow-up care
  - Individual expressed concern about relapse risk or current substance use impairs ability to meet basic needs
  - Has some support available for substance use issues but may not be actively involved
  - Use impairs progress in goals (e.g., binge use)
- High Substance Use**
  - In first 90 days of CD treatment or addiction recovery
  - Still enmeshed in alcohol/drug using social group
  - High relapse potential or use obviously impacts function in many areas, (e.g. keeping appointments, self-care, interactions with others, meeting basic needs)
  - Not interested in support for substance use issues at this time (Pre-contemplative or low insight)
- Severe Substance Use**
  - Active addiction with little or no interest in CD treatment involvement
  - Obvious deterioration in functioning (e.g. physical or mental decline due to substance use)
  - Severe symptoms of both substance use & mental illness
  - Low or no insight into substance use issues
  - Clear cognitive damage due to substances
  - No engagement with available substance use support services despite obvious need.
  - Continued use despite previous overdose
  - Frequent encounters with police, legal system or crisis services due to substance use

**DOMAIN 4: High Utilization of Crisis or Emergency Services to Meet Basic Needs, Including But Not Limited to Emergency Rooms, Jails, and Psychiatric Facilities**

**Please Check Only One Box In This Section**

- No Utilization**
  - No crisis services have been used, or used in normal or appropriate situations, such as injuries in auto accident (not DUI) or dehydration from the flu
- Mild Utilization**
  - Crisis services have been used infrequently but for potentially preventable situations (such as injuries sustained in a DUI)
  - Use of services did not result in arrest, hospital admission or probate
- Moderate Utilization**
  - Crisis services have been used at least 3 times in the past year, resulting in arrest, probate or hospital admission at least once
  - Individual would likely not have been at imminent risk of harming self or others if crisis services had not responded
- High Utilization**
  - Crisis services have been utilized 4 or more times in the past year, resulting in arrests, probate and/or hospital admissions. If crisis services had not responded, individual or others may have been at risk of harm
- Severe Utilization**
  - Frequent (at least monthly) use of crisis services
  - If not for crisis response, individual or others likely would not have survived on one or more occasions.

**DOMAIN 5: Vulnerability to Victimization**

**Please Check Only One Box In This Section**

- No Evidence Of Vulnerability**  
Examples:
  - Strong survival skills
  - Capable of networking and self-advocacy
  - Knows where to go and how to get there
  - Needs no prompting regarding safe behavior
- Evidence Of Mild Vulnerability**  
Examples:
  - Has some survival skills
  - Is occasionally taken advantage of (e.g. friends only present on paydays)
  - Needs some assistance in recognizing unsafe behaviors and willing to talk about them
- Evidence Of Moderate Vulnerability**  
Examples:
  - Is frequently in dangerous situations
  - Dependent on detrimental social network
  - Communicates some fears about people or situations
  - Reports being taken advantage of
- Evidence Of High Vulnerability**  
Examples:
  - Is a loner and lacks “street smarts”
  - Possessions often stolen
  - Lacks social protection; presents with fearful, childlike or helpless demeanor
  - Has marked difficulty understanding unsafe behaviors
  - Is or was recently a DV victim
  - May trade sex for money or drugs
- Evidence Of Severe Vulnerability**  
Examples:
  - Easily draws predators; vulnerable to exploitation
  - Has been victimized regularly (e.g. physical assault, robbery, sexual assault)
  - Often opts for the street to shelters
  - No insight regarding dangerous behavior (e.g. solicitation of sex/drugs)
  - Clear disregard for personal safety (e.g. walks into traffic)

**DOMAIN 6: Vulnerability to Illness or Death**

**Please  
Check Only  
One Box in  
this Section**

- Has none of the identified risk factors
- Has 1 of the identified risk factors
- Has 2 of the identified risk factors
- Has 3 of the identified risk factors
- Has 4 or more of the identified risk factors

**DOMAIN 7: Barriers to Housing/Risk of Continued Homelessness**

**Please  
Check Only  
One Box in  
this Section**

- Has none of the identified risk factors
- Has 1 of the identified risk factors
- Has 2 of the identified risk factors
- Has 3 of the identified risk factors
- Has 4 or more of the identified risk factors

**DOMAIN 8: Other Factors Determined By the Community That Are Based on Severity of Needs**

**Please  
Check Only  
One Box in  
this Section**

- Has none of the identified risk factors
- Has 1 of the identified risk factors
- Has 2 of the identified risk factors
- Has 3 of the identified risk factors
- Has 4 or more of the identified risk factors

## Appendix E

PSH Annual Resident Service Needs & Move Up Assessment



## ANNUAL PSH RESIDENT SERVICE NEEDS & MOVE UP ASSESSMENT

The Annual Permanent Supportive Housing (PSH) Resident Service Needs & Move Up Assessment, effective 01/01/2020, replaces the former HEARTH Assessment used for current PSH residents. PSH providers should assess ALL residents annually using this assessment.

### **Why are we doing the Annual PSH Resident Service Needs & Move UP Assessment?**

The Annual PSH Resident Service Needs & Move Up Assessment is used to identify residents current service needs and whether they may be a good candidate for moving up from PSH. The assessment is used to identify possible gaps in needed services, housing-related barriers, and level of case management needed.

### **What is Move-Up?**

Move-up is a strategy to assist residents of PSH who no longer need PSH services to move on to housing outside of the USHS. Move-up allows PSH units to be made available for other currently homeless individuals and families with long-periods of homelessness and severe service needs. This assessment is intended to help determine if a PSH resident is ready to move up. Potential candidates for move-up include:

- Residents who have been in PSH for a period of time and no longer need the supportive services.
- Residents who have demonstrated the ability to live stably and maintain housing.
- Residents who are ready, willing and able to move up to fair market rent or rent subsidized by another program.

### **Why are we asking these specific questions?**

Factors that cause an individual or family to be stable in housing, or unstable and face a return to homelessness are varied and range from structural issues, such as lack of affordable housing and racism, to specific individual vulnerabilities (e.g., severe and persistent disabling condition(s)) and housing barriers (e.g., criminal record, prior evictions, or having little to no income). This assessment is intended to be brief and least invasive, so the questions in this tool do not account for all the possible factors associated with housing stability, but rather factors that most directly affect an individual or family's ability maintain housing with or without assistance. These items were narrowed down by representatives from PSH providers to best meet the needs of our community.

## ANNUAL PSH RESIDENT SERVICE NEEDS & MOVE UP ASSESSMENT

DATE COMPLETED: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

### Part 1: RESIDENT INTERVIEW

Today we will discuss your current service needs. This assessment will be used to determine whether your service needs have changed, if you need to be referred to services in the community, or would be better served by another programming or housing option.

**\*This assessment should not be given to the resident to fill out, but rather be used for interviewing purposes.**

Question	Client Response	Case Manager Notes	Intervention Needed?
Are you currently receiving supportive services in the community that I may not be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have family members, friends, and/or other social support systems established in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
When was your last physical health exam (mm/yyyy)?	____/____/____		
When was your last dental exam (mm/yyyy)?	____/____/____		
If you have a mental health provider, when is the last time you saw that person?	____/____/____ <input type="checkbox"/> N/A		

Question	Client Response	Case Manager Notes	Intervention Needed?
Do you need help contacting or reconnecting to your physical, dental, or mental healthcare provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you have any of the following safety concerns over the past year?	<input type="checkbox"/> Fire-Setting <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Attempt at Homicide <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Assaultive Behavior <input type="checkbox"/> Hx of Overdose <input type="checkbox"/> Frequent Police Runs/911 Calls (Health Related) <input type="checkbox"/> Frequent Police Runs/911 Calls (Safety Related) <input type="checkbox"/> IV Drug Usage		
Are there any services that you need that you aren't currently receiving?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there anything you are interested in doing in the next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in receiving more information in any of the following areas this year?	<input type="checkbox"/> Benefits Planning Services <input type="checkbox"/> Competitive Work/Supported Employment Program <input type="checkbox"/> Transitional Employment/Work Adjustment Program <input type="checkbox"/> GED Classes and Testing <input type="checkbox"/> Vocational Assessment <input type="checkbox"/> Community Based Assessment <input type="checkbox"/> Job Readiness Activities and/or Groups	<input type="checkbox"/> Literacy/Learning Disability Assessment <input type="checkbox"/> Functional Capacity Assessment <input type="checkbox"/> Job Development/Placement Services <input type="checkbox"/> Job Coaching/Job Training <input type="checkbox"/> Vocational School/Trade School <input type="checkbox"/> Apprentice Program	

Question	Client Response	Case Manager Notes
<b>Have you thought about moving to a more independent setting?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you current in your rent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (client has 0 rent)	
<b>Are there other lease compliance issues or concerns?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For how many months have you consistently paid your rent?</b>	_____ <input type="checkbox"/> N/A (client has 0 rent)	
<b>Do you have utilities set-up in your name?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A to unit	
<b>Do you have any current physical health issues that contribute to housing instability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have any current mental health symptoms that contribute to housing instability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have a regular source of income, earned or through benefits, for the last 6 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you currently have any open criminal cases or active warrants?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you or any member of the household been convicted of or pled guilty to a crime in the past 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Question	Client Response	Case Manager Notes
<p><b>If so, was the conviction one of the following?</b></p>	<p><input type="checkbox"/> Drug-related  <input type="checkbox"/> Crime against another person including domestic violence  <input type="checkbox"/> A felony  <input type="checkbox"/> N/A</p>	
<p><b>Do you have any of the following barriers to housing?</b></p>	<p><input type="checkbox"/> Hx of Arson  <input type="checkbox"/> Hx of Sexual Offense(s)  <input type="checkbox"/> Large amount of money due to landlord(s)  <input type="checkbox"/> Utility Arrears  <input type="checkbox"/> Cannot receive a Section 8 voucher  <input type="checkbox"/> Hx of Evictions</p>	
<p><b>Has any behavior resulted in police runs to your unit?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
<p><b>If yes, how many police runs have occurred in the past year?</b></p>		
<p><b>Do you need any Criminal Justice and Legal Services: Legal counseling and immigration Services?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	
<p><b>Are you interested in working on a plan to move up to independent housing in the community now or in the next 12 months?</b></p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	

<b>Rate the following questions on a scale from 1 to 5.</b> <b>(1 = no concerns/need less help than receiving, 3 = some concerns/amount of help is sufficient, 5 = significant concerns/need more help than receiving.)</b>				
Question	Last Year <small>(Please fill in prior to assessment based on last year's assessment. If first annual, mark "N/A")</small>	This Year	Why this rating?	Case Manager Notes
How has this past year been for you?				
How do you rate your ability to provide daily upkeep of your apartment?				
How do you rate your ability to ask for maintenance on your unit?				
How do you rate your ability to manage your finances?				
How do you rate your ability to shop for and prepare food?				
How do you rate your ability to care for your personal appearance and hygiene?				
How do you rate your ability to obtain and utilize transportation?				
How do you rate your ability to find and utilize community resources?				

## Part 2: STAFF ASSESSMENT & RECOMMENDATIONS

Please check the appropriate box.

Need Dimension Based on Recent Client History	Service Need Level				
	1	2	3	4	5
<b>Physical Health</b>	No known health issues, or health issues do not impair functioning  <input type="checkbox"/>	Known health issues impair some functioning, client receiving medical care.  <input type="checkbox"/>	Known health issues impair most functioning, client receiving Treatment  <input type="checkbox"/>	Known health issues impair most functioning, a higher level of care needs to be considered for client.  <input type="checkbox"/>	Client has known health concerns and is refusing treatment.  <input type="checkbox"/>
<b>Living Skills, including Budgeting</b>	Does not require staff assistance  <input type="checkbox"/>	Initiates meeting with staff to express concerns/issues and develop a plan for resolution, but pursues resolutions independently with mostly successful results/  <input type="checkbox"/>	Requires occasional (once every 2 to 3 months) staff intervention to participate in PSH supportive services plan and related treatment.  <input type="checkbox"/>	Requires frequent (once a month) staff intervention to participate in PSH supportive services plan and related treatment.  <input type="checkbox"/>	Requires continual/consistent (weekly or more) outreach/assistance to participate in PSH supportive services plan and related treatment.  <input type="checkbox"/>
<b>Basic Needs: food, clothing, hygiene</b>	Needs met for 1 year  <input type="checkbox"/>	Needs met for less than 1 year  <input type="checkbox"/>	Requires help to meet needs  <input type="checkbox"/>	Minimally met  <input type="checkbox"/>	Unmet  <input type="checkbox"/>
<b>Benefits and Income Stream</b>	Has income and has maintained it for 1 year  <input type="checkbox"/>	Has income and has maintained it for less than 1 year  <input type="checkbox"/>	Requires help to maintain  <input type="checkbox"/>	Applied for but not received  <input type="checkbox"/>	None; not applied for  <input type="checkbox"/>
<b>Mental Health Challenges</b>	None apparent for 1 year  <input type="checkbox"/>	None apparent for less than 1 year  <input type="checkbox"/>	Occasional minor impairment  <input type="checkbox"/>	Frequent minor impairment  <input type="checkbox"/>	Frequent major impairment  <input type="checkbox"/>

CSP# \_\_\_\_\_

<b>Substance Abuse</b>	None apparent for 1 year <input type="checkbox"/>	None apparent for less than 1 year <input type="checkbox"/>	Occasional minor abuse <input type="checkbox"/>	Frequent minor abuse <input type="checkbox"/>	Frequent major abuse <input type="checkbox"/>
<b>Crisis Incidents</b>	Limited or appropriately handled for 1 year <input type="checkbox"/>	Limited or appropriately handled for less than 1 year <input type="checkbox"/>	Intermittent crises, usually not appropriately handled <input type="checkbox"/>	Frequent crises, usually not appropriately handled <input type="checkbox"/>	Continual crises <input type="checkbox"/>
<b>Inspections</b>	Passes every inspection <input type="checkbox"/>	Passes most inspections <input type="checkbox"/>	Passes some inspections <input type="checkbox"/>	Fails most inspections <input type="checkbox"/>	Fails every inspection <input type="checkbox"/>
<b>Engagement in Services</b>	Doesn't need services <input type="checkbox"/>	Needs and uses Services <input type="checkbox"/>	Needs and occasionally uses <input type="checkbox"/>	Needs and rarely uses <input type="checkbox"/>	Needs, but refuses <input type="checkbox"/>

**Level of Case Management Need Based on Highest Level of Need Indicated Above**

<input type="checkbox"/>	Very Low Intensity (highest rating=1)	Self-Management, Monthly Face to Face Meetings,
<input type="checkbox"/>	Low Intensity (highest rating=2)	Monthly Face to Face Meetings
<input type="checkbox"/>	Medium Intensity (highest rating=3)	Weekly Face to Face Meetings
<input type="checkbox"/>	High Intensity (highest rating=4)	Daily or Multiple Weekly Face to Face Meetings
<input type="checkbox"/>	Very High Intensity (highest rating=5)	Daily or Multiple Weekly Face to Face Meetings and/or May Have Higher Level of Need than PSH

If the score doesn't reflect an increase in intensity, but an increase is needed please justify below:

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---



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CSP# \_\_\_\_\_

<p><b>Please use the Service Needs Assessment information above to determine if the client requires a change in level of case management and/or other more suitable housing</b></p>	<p><input type="checkbox"/> No change</p> <p><input type="checkbox"/> Higher Intensity Case Management Needed (Can be provided by current project)</p> <p><input type="checkbox"/> Lower Intensity Case Management Needed (Can be provided by current project)</p>	<p><input type="checkbox"/> Higher Intensity Case Management Needed (May be better served at a different project)</p> <p><input type="checkbox"/> Lower Intensity Case Management Needed (May be better served at different project)</p>	<p><input type="checkbox"/> Severe Intensity Case Management Needed (May be better served in an Institutional Setting)</p> <p><input type="checkbox"/> Very Low Intensity Case Management Needed (May be ready for Move-Up to non-PSH option)</p>
<p><b>Recommendation</b></p>	<p><i>Continue in project and adjust IHSP as needed</i></p>	<p><i>Consider transfer to more suitable PSH option and adjust IHSP as needed</i></p>	<p><i>Consider other community options, plan for more appropriate placement, and adjust IHSP as needed.</i></p>

**Is the client a tenant in good standing?**  Yes  No

**Has an Incident Report had to be generated on the client in last 12 months for safety concerns?**  
 Yes  No

**Are there any significant safety concerns?**  Yes  No

**Is move-up recommended?**  
 Do NOT recommend  
 Recommend (In IHSP, be sure to state what the client will do in the near term and long-term to work towards fair market housing or other move-up housing option(s) and whether they need staff assistance to be successful)

---

Staff Member Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Appendix F

Supplemental Intake Forms by program type

# CoC Supplemental Intake Form

## **Well Being (PSH Only)**

### **Client Perceives Their Life Has Value and Worth**

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Client Refused
- Client Doesn't Know
- Data Not Collected

### **Client Perceives They Have Support From Others Who Will Listen to Problems**

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Client Refused
- Client Doesn't Know
- Data Not Collected

### **Client Perceives They Have a Tendency to Bounce Back After Hard Times**

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Client Refused
- Client Doesn't Know
- Data Not Collected

### **Client's Frequency of Feeling Nervous, Tense, Worried, Frustrated, or Afraid**

- Not at All
- Once a Month
- Several Times a Month
- Several Times a Week
- At Least Every Day
- Client Refused
- Client Doesn't Know
- Data Not Collected

**General Health Status (PSH Only)**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Refused
- Client Doesn't Know
- Data Not Collected

**If linked to a mental health agency please list:**

**OR:**

- Not currently linked, but **NEEDS** linkage
- Not currently linked, does **NOT** need linkage

**Pregnant**  No  Yes

Due Date: \_\_\_\_\_

**Employment**

**Employed**

- Yes
- No
- Data not collected

**If Currently Employed, Select Tenure**

- Full-time
- Part-time
- Seasonal
- Data not collected

**If Employed Average Number of Hours Worked Per Week**

\_\_\_\_\_

**If No, Why Not Employed**

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

**Last Grade Completed**

**Highest Level of Education Attained**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than Grade 5                         | <input type="checkbox"/> Associate's Degree       |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Bachelor's Degree        |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Graduate Degree          |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma            | <input type="checkbox"/> Client doesn't know      |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused           |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Data not collected       |
| <input type="checkbox"/> Some College                              |   |

**Received Vocational Training**

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

**Zip Code of Last Permanent Address** \_\_\_\_\_

**General Area of Previous Residence**

- |  |  |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus)  | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio                               |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus)  | <input type="checkbox"/> Client Doesn't Know                           |

**Homeless Primary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

**Homeless Secondary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

**COVID Vaccine Information**

**COVID Vaccine Received**

- Fully vaccinated
- Not vaccinated
- Partially vaccinated
- Client doesn't know

**Vaccine Brand Options**

- Pfizer
- Johnson & Johnson
- Moderna

Date of 1st dose:

Expected date of 2nd dose:

Date of 2nd dose:

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# HOPWA Supplemental Intake Form

## Medical Assistance

### Receiving Public HIV/AIDS Medical Assistance?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

### Receiving AIDS Drug Assistance Program (ADAP)

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

### Receiving Ryan White-Funded Medical or Dental Assistance?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

### T-Cell (CD4) Count Available

- Yes    Count: \_\_\_\_\_
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

### Has the Participant Been Prescribed Anti-Retroviral Drugs?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

### If No, Reason:

- Applied; Decision Pending
- Applied; Client Not Eligible
- Client Did Not Apply
- Insurance Type N/A For This Client
- Refused     Doesn't Know     Not Collected

### If No, Reason:

- Applied; Decision Pending
- Applied; Client Not Eligible
- Client Did Not Apply
- Insurance Type N/A For This Client
- Refused     Doesn't Know     Not Collected

### If No, Reason:

- Applied; Decision Pending
- Applied; Client Not Eligible
- Client Did Not Apply
- Insurance Type N/A For This Client
- Refused     Doesn't Know     Not Collected

### Viral Load Information

- Available    Count: \_\_\_\_\_
- Not Available
- Undetectable
- Client Refused
- Client Doesn't Know
- Data Not Collected

### If linked to a mental health agency please list:

---

#### OR:

- Not currently linked, but **NEEDS** linkage
- Not currently linked, does **NOT** need linkage

Pregnant     No     Yes

Due Date: \_\_\_\_\_

## Employment

### Employed

- Yes
- No
- Data not collected

### If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

### If Employed Average Number of Hours Worked Per Week

\_\_\_\_\_

### If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

## Last Grade Completed

### Highest Level of Education Attained

- |  |   |
|--|---|
| <input type="checkbox"/> Less than Grade 5                         | <input type="checkbox"/> Associate's Degree       |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Bachelor's Degree        |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Graduate Degree          |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma            | <input type="checkbox"/> Client doesn't know      |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused           |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Data not collected       |
| <input type="checkbox"/> Some College                              |   |

### Received Vocational Training

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

### Zip Code of Last Permanent Address

\_\_\_\_\_

### General Area of Previous Residence

- |  |  |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus)  | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio                               |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus)  | <input type="checkbox"/> Client Doesn't Know                           |

### Homeless Primary Reason

- |   |  |
|---|--|
| <input type="checkbox"/> Addiction                  | <input type="checkbox"/> Natural Disaster            |
| <input type="checkbox"/> Divorce                    | <input type="checkbox"/> Physical/mental disability  |
| <input type="checkbox"/> Domestic Violence          | <input type="checkbox"/> Relationship Problems       |
| <input type="checkbox"/> Evicted                    | <input type="checkbox"/> Substandard Housing         |
| <input type="checkbox"/> Family/Personal Illness    | <input type="checkbox"/> Unable to pay rent/mortgage |
| <input type="checkbox"/> Jail/Prison                | <input type="checkbox"/> Unemployment                |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Moved to seek work         |  |

**Homeless Secondary Reason**

- |   |   |
|---|---|
| <input type="checkbox"/> Addiction                  | <input type="checkbox"/> Natural disaster                         |
| <input type="checkbox"/> Divorce                    | <input type="checkbox"/> Physical/mental disability               |
| <input type="checkbox"/> Domestic Violence          | <input type="checkbox"/> Relationship Problems                    |
| <input type="checkbox"/> Evicted                    | <input type="checkbox"/> Substandard Housing                      |
| <input type="checkbox"/> Family/Personal Illness    | <input type="checkbox"/> Unable to pay rent/mortgage              |
| <input type="checkbox"/> Jail/Prison                | <input type="checkbox"/> Unemployment                             |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Moved to seek work         | <input type="checkbox"/> No secondary reason for source of crisis |

**COVID Vaccine Information**

**COVID Vaccine Received**

- |   |   |
|---|---|
| <input type="checkbox"/> Fully vaccinated | <input type="checkbox"/> Partially vaccinated |
| <input type="checkbox"/> Not vaccinated   | <input type="checkbox"/> Client doesn't know  |

**Vaccine Brand Options**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Pfizer            | <input type="checkbox"/> Moderna |
| <input type="checkbox"/> Johnson & Johnson |                                  |

Date of 1st dose: \_\_\_\_\_

Expected date of 2nd dose: \_\_\_\_\_

Date of 2nd dose: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# PATH Supplemental Intake Form

## Date of Engagement

		/			/			
month			day			year		

## Date of Status Determination (Date of Enrollment)

		/			/			
month			day			year		

## Connection With SOAR

- No     Yes     Client doesn't know     Client refused     Data Not Collected

## Pregnant

- No     Yes

Due Date: \_\_\_\_\_

## Last Grade Completed

- |  |   |
|--|---|
| <input type="checkbox"/> Less than Grade 5                         | <input type="checkbox"/> Associate's Degree       |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Bachelor's Degree        |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Graduate Degree          |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma            | <input type="checkbox"/> Client doesn't know      |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused           |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Data not collected       |
| <input type="checkbox"/> Some College                              |   |

## Received Vocational Training

- No     Yes     Client doesn't know     Client refused     Data Not Collected

## Zip Code of Last Permanent Address

\_\_\_\_\_

## General Area of Previous Residence

- |  |  |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus)  | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio                               |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus)  | <input type="checkbox"/> Client Doesn't Know                           |

## Homeless Primary Reason

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

## Homeless Secondary Reason

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

**COVID Vaccine Information**

**COVID Vaccine Received**

Fully vaccinated

Not vaccinated

Partially vaccinated

Client doesn't know

**Vaccine Brand Options**

Pfizer

Johnson & Johnson

Moderna

**Date of 1st dose:** \_\_\_\_\_

**Expected date of 2nd dose:** \_\_\_\_\_

**Date of 2nd dose:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Prevention Supplemental Intake Form

If linked to a mental health agency please list: \_\_\_\_\_

Pregnant  No  Yes

Due Date: \_\_\_\_\_

OR:

- Not currently linked, but **NEEDS** linkage
- Not currently linked, does **NOT** need linkage

## Employment

### Employed

- Yes
- No
- Data not collected

If Employed Average Number of Hours Worked Per Week

\_\_\_\_\_

### If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

### If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

## Last Grade Completed

### Highest Level of Education Attained

- |  |   |
|--|---|
| <input type="checkbox"/> Less than Grade 5                         | <input type="checkbox"/> Associate's Degree       |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Bachelor's Degree        |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Graduate Degree          |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma            | <input type="checkbox"/> Client doesn't know      |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused           |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Data not collected       |
| <input type="checkbox"/> Some College                              |   |

Number of Credit Hours (Success Bridge Only): \_\_\_\_\_

### Received Vocational Training

- Yes  No  Client doesn't know  Client doesn't know  Data Not Collected

## Prior Address Information

Prior Street Address: \_\_\_\_\_

Prior City: \_\_\_\_\_ Prior County: \_\_\_\_\_ Prior Zip: \_\_\_\_\_

### General Area of Previous Residence

- |  |  |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus)  | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio                               |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus)  | <input type="checkbox"/> Client Doesn't Know                           |

## Current Address Information

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Evictions & History

### Ever Been Evicted?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

### If Yes, in the Last 12 Months?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

### Rental Evictions Within the Past 7 Years

- 4 or More Prior Rental Evictions
- 2-3 Prior Rental Evictions
- 1 Prior Rental Eviction
- No Prior Rental Evictions

### Felony Criminal History

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

### Child Protective Services Involvement

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

### Primary Reason for Housing Crisis

- Alcohol and/or Drugs
- Divorce/Separation
- Eviction
- Family Violence (inc. physical/emotion abuse)
- Household Expansion Required Relocation
- Legal Issues (utility arears, etc.)
- Loss of Income
- Medical Emergency
- Mental Disability
- Natural Disaster
- Physical Health Problems
- Pregnancy
- Relationship Problems
- Rental Eviction Notice
- Substandard Housing

### Secondary Reason for Housing Crisis

- Alcohol and/or Drugs
- Divorce/Separation
- Eviction
- Family Violence (inc. physical/emotion abuse)
- Household Expansion Required Relocation
- Legal Issues (utility arears, etc.)
- Loss of Income
- Medical Emergency
- Mental Disability
- Natural Disaster
- Physical Health Problems
- Pregnancy
- Relationship Problems
- Rental Eviction Notice
- Substandard Housing

**COVID Vaccine Information**

**COVID Vaccine Received**

Fully vaccinated

Not vaccinated

Partially vaccinated

Client doesn't know

**Vaccine Brand Options**

Pfizer

Johnson & Johnson

Moderna

**Date of 1st dose:** \_\_\_\_\_

**Expected date of 2nd dose:** \_\_\_\_\_

**Date of 2nd dose:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# RHY Supplemental Intake Form

## RHY BCP Status

### Date RHY-BCP Status Determined

		/			/				
--	--	---	--	--	---	--	--	--	--

month                      day                      year

## Youth Eligible For RHY Services

- Yes     No     Client Refused     Client Doesn't Know     Data not collected

### If Yes, Runaway Youth?

- Yes  
 No  
 Client Refused  
 Client Doesn't Know  
 Data not collected

### Youth Eligible For RHY Services

- Out of Range  
 Ward of State - Immediate Reunification  
 Ward of Criminal Justice System - Immediate Reunification  
 Other

## RHY Specific Youth Information

### Sexual Orientation

- Heterosexual     Bisexual     Client Refused  
 Gay     Questioning/Unsure     Client Doesn't Know  
 Lesbian     Other Specify: \_\_\_\_\_     Data Not Collected

### Last Grade Completed

- |  |   |
|--|---|
| <input type="checkbox"/> Less than Grade 5                         | <input type="checkbox"/> Associate's Degree       |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Bachelor's Degree        |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Graduate Degree          |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma            | <input type="checkbox"/> Client doesn't know      |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused           |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Data not collected       |
| <input type="checkbox"/> Some College                              |   |

### School Status

- |   |  |
|---|--|
| <input type="checkbox"/> Attending School Regularly   | <input type="checkbox"/> Suspended           |
| <input type="checkbox"/> Attending School Irregularly | <input type="checkbox"/> Expelled            |
| <input type="checkbox"/> Graduated From High School   | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Obtained GED                 | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Dropped Out                  | <input type="checkbox"/> Data not collected  |

## Employment

### Employed

- Yes
- No
- Data not collected

### If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

### If Employed Average Number of Hours Worked Per Week

\_\_\_\_\_

### If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

### General Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Refused
- Client Doesn't Know
- Data Not Collected

### Dental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Refused
- Client Doesn't Know
- Data Not Collected

### Mental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Refused
- Client Doesn't Know
- Data Not Collected

### Substance Use Status

- Severe Use/Dependence
- Dependence
- Persistent Use Within Last 6 Months
- Single Use Within Last 6 Months
- No Use Within Last 6 Months
- Client Refused
- Client Doesn't Know
- Data Not Collected

**Pregnant**     No     Yes    Due Date: \_\_\_\_\_

### Formerly a Ward of Child Welfare/Foster Care

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

**If Yes, Number of Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**Formerly a Ward of Criminal Justice System**

- Yes     No     Client Refused     Client Doesn't Know     Data not collected

If Yes, Number of Years \_\_\_\_\_ Months \_\_\_\_\_

**Family Critical Issues**

**Unemployment - Family Member**

- Yes  
 No

**Alcohol or Substance User Disorder - Family Member**

- Yes  
 No

**Mental Health Disorder - Family Member**

- Yes  
 No

**Insufficient Income to Support Youth - Family Member**

- Yes  
 No

**Physical Disability - Family Member**

- Yes  
 No

**Incarcerated Parent**

- Yes  
 No

**Referral Source**

**Referral Source**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Self-Referral                    | <input type="checkbox"/> Hotline                | <input type="checkbox"/> School              |
| <input type="checkbox"/> Individual: Parent/Guardian/etc. | <input type="checkbox"/> Child Welfare/CPS      | <input type="checkbox"/> Other Organizations |
| <input type="checkbox"/> Outreach Project                 | <input type="checkbox"/> Juvenile Justice       | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Temporary Shelter                | <input type="checkbox"/> Law Enforcement/Police | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Residential Project              | <input type="checkbox"/> Mental Hospital        | <input type="checkbox"/> Data Not Collected  |

If Outreach Project, Number of Times Approached Before Entering Project: \_\_\_\_\_

**Additional Information**

Zip Code of Last Permanent Address \_\_\_\_\_

**General Area of Previous Residence**

- |  |  |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus)  | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio                               |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus)  | <input type="checkbox"/> Client Doesn't Know                           |

If linked to a mental health agency please list: \_\_\_\_\_

- OR  Not currently linked, but **NEEDS** linkage  
 Not currently linked, does **NOT** need linkage



**Received Vocational Training**

- Yes
- No

- Client doesn't know
- Client refused

**Homeless Primary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

**Homeless Secondary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

**COVID Vaccine Information**

**COVID Vaccine Received**

- Fully vaccinated
- Not vaccinated

- Partially vaccinated
- Client doesn't know

**Vaccine Brand Options**

- Pfizer
- Johnson & Johnson

- Moderna

Date of 1st dose: \_\_\_\_\_

Expected date of 2nd dose: \_\_\_\_\_

Date of 2nd dose: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SSVF Supplemental Intake Form

## Military History

Year Entered Service: \_\_\_\_\_

Year Separated from Service: \_\_\_\_\_

Military Branch: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

Theater of Operations: World War II

Yes  No

Theater of Operations: Korean War

Yes  No

Theater of Operations: Vietnam War

Yes  No

Theater of Operations: Persian Gulf War

Yes  No

Theater of Operations: Afghanistan

Yes  No

Theater of Operations: Iraq (Iraqi Freedom)

Yes  No

Theater of Operations: Iraq (New Dawn)

Yes  No

Theater of Operations: Other Operations

Yes  No

## Additional Information

Chart In CPRS  Yes  No

Chart In HOMES  Yes  No

VAMC Station #: \_\_\_\_\_

## Connection With SOAR

No  Yes  Client doesn't know  Client refused  Data Not Collected

## Household Income as Percent of AMI

Less Than 30%  30% to 50%  Greater Than 50%

## Employed

Yes

No

Data not collected

## If Currently Employed, Select Tenure

Full-time

Part-time

Seasonal

Data not collected

If Employed Average Number of Hours Worked Per Week

\_\_\_\_\_

## If No, Why Not Employed

Looking for Work

Unable to Work

Not Looking for Work

Client refused

Client doesn't know

Data not collected

**Last Grade Completed**

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- 12th grade/High School Diploma
- School program does not have grade levels
- GED
- Some College

- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Vocational Certification
- Client doesn't know
- Client refused
- Data not collected

**Received Vocational Training**

- Yes
- No

- Client doesn't know
- Client refused

**Zip Code of Last Permanent Address**

**General Area of Previous Residence**

- Within Franklin County (Outside City-Columbus)
- Outside Franklin County (Outside City-Columbus)
- Outside Franklin County (Inside City-Columbus)

- Within Franklin County (Within City-Columbus)
- Outside of Ohio
- Client Doesn't Know

**Homeless Primary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

**Homeless Secondary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

**Pregnant**     No     Yes

Due Date: \_\_\_\_\_

**COVID Vaccine Information**

**COVID Vaccine Received**

- Fully vaccinated
- Not vaccinated

- Partially vaccinated
- Client doesn't know

**Vaccine Brand Options**

- Pfizer
- Johnson & Johnson

- Moderna

Date of 1st dose: \_\_\_\_\_

Expected date of 2nd dose: \_\_\_\_\_

Date of 2nd dose: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SSVF HP Targeting Criteria

Is Homeless Prevention Targeting Screener Required  Yes  No

### Housing Loss Expected Within

1-6 Days  7-13 days  14-21 days  More than 21 days

### Current Household Income

0 (i.e. not employed, receiving cash benefits, or other income)  1-14% of AMI for Household Size  15-30% of AMI for Household Size  More Than 30% of AMI for Household Size

### History of Literal Homelessness

Most Recent Episode Occurred Within the Last  Most Recent Episode Occurred More Than One  None

### Head of Household Is Not a Current Lease Holder

No  Yes

### Head of Household Never Been a Lease Holder

No  Yes

### Head of Household Never Been a Lease Holder

No  Yes

### Currently At Risk of Losing a Tenant-Based Housing Subsidy or Housing In a Subsidized Unit

No  Yes

### Rental Evictions Within the Past 7 Years (Any Adult)

No Prior Rental Evictions  1 Prior Rental Eviction  2 or More Prior Rental Evictions

### Criminal Record For Arson, Drug Dealing or Manufacture, or Felony Offense Against Persons or Property (Adults)

No  Yes

### Incarcerated As Adult

Not Incarcerated  Incarcerated Once  Incarcerated 2 or More Times

### Discharged From Jail or Prison Within Last 6 Months After Incarceration of 90 Days or More (Adults)

No  Yes

### Registered Sex Offender (Any Household Member)

No  Yes

### Head of Household With Disabling Condition That Affects Ability to Secure/Maintain Housing

No  Yes

### Currently Pregnant (Any Household Member)

No  Yes

**Single Parent Household With Minor Child(ren)**

- No  Yes

**Single Parent Household With Minor Child(ren)**

- No  Youngest Child Is Under 1 Year Old  Youngest Child Is 1 to 6 Years Old and/or 1 or More Children (Any Age) Require Significant Care

**Household Size of 5 or More Requiring at Least 3 Bedrooms**

- No  Yes

**Household Includes 1 or More Members of an Overrepresented Population in the Homelessness System When Compared to the General Population**

- No  Yes

HP Applicant Total Points \_\_\_\_\_

# YHDP Supplemental Intake Form

## School Information

### Last Grade Completed

- |  |   |
|--|---|
| <input type="checkbox"/> Less than Grade 5                         | <input type="checkbox"/> Associate's Degree       |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Bachelor's Degree        |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Graduate Degree          |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma            | <input type="checkbox"/> Client doesn't know      |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused           |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Data not collected       |
| <input type="checkbox"/> Some College                              |   |

### School Status

- |   |  |
|---|--|
| <input type="checkbox"/> Attending School Regularly   | <input type="checkbox"/> Suspended           |
| <input type="checkbox"/> Attending School Irregularly | <input type="checkbox"/> Expelled            |
| <input type="checkbox"/> Graduated From High School   | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Obtained GED                 | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Dropped Out                  | <input type="checkbox"/> Data not collected  |

### Current School Enrollment and Attendance

- Not Currently Enrolled in Any School or Educational Course
- Currently Enrolled But NOT Attending Regularly (when school or the course is in session)
- Currently Enrolled and Attending Regularly (when school or the course is in session)
- Client doesn't know
- Client refused
- Data not collected

### Most Recent Educational Status

- K12: Graduated From High School
- K12: Obtained GED
- K12: Dropped Out
- K12: Suspended
- K12: Expelled
- Higher Education: Pursuing a Credential But Not Currently Attending
- Higher Education: Dropped Out
- Higher Education: Obtained a Credential/Degree
- Client doesn't know
- Client refused
- Data not collected

### Current Educational Status

- Pursuing a High School Diploma of GED
- Pursuing Associate's Degree
- Pursuing Bachelor's Degree
- Pursuing Graduate Degree
- Pursuing Other Post-Secondary Credential
- Higher Education: Pursuing a Credential But Not Currently Attending
- Client doesn't know
- Client refused
- Data not collected

### Additional Information

#### Sexual Orientation

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual             | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Gay          | <input type="checkbox"/> Questioning/Unsure   | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Lesbian      | <input type="checkbox"/> Other Specify: _____ | <input type="checkbox"/> Data Not Collected  |

#### Employed

- Yes
- No
- Data not collected

#### If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

#### If Employed Average Number of Hours Worked Per Week

\_\_\_\_\_

#### If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

#### General Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Refused
- Client Doesn't Know
- Data Not Collected

#### Dental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Refused
- Client Doesn't Know
- Data Not Collected



**Mental Health Status**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Refused
- Client Doesn't Know
- Data Not Collected

**Substance Use Status**

- Severe Use/Dependence
- Dependence
- Persistent Use Within Last 6 Months
- Single Use Within Last 6 Months
- No Use Within Last 6 Months
- Client Refused
- Client Doesn't Know
- Data Not Collected

**Pregnant**     No     Yes    Due Date: \_\_\_\_\_

**Formerly a Ward of Child Welfare/Foster Care**

- Yes     No     Client Refused     Client Doesn't Know     Data not collected

**If Yes, Number of Years \_\_\_\_\_ Months \_\_\_\_\_**

**Formerly a Ward of Criminal Justice System**

- Yes     No     Client Refused     Client Doesn't Know     Data not collected

**If Yes, Number of Years \_\_\_\_\_ Months \_\_\_\_\_**

**Homeless Primary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

**Homeless Secondary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

**Zip Code of Last Permanent Address** \_\_\_\_\_

**General Area of Previous Residence**

- Within Franklin County (Outside City-Columbus)
- Within Franklin County (Within City-Columbus)
- Outside Franklin County (Outside City-Columbus)
- Outside of Ohio
- Outside Franklin County (Inside City-Columbus)
- Client Doesn't Know

**If linked to a mental health agency please list:**

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- OR**
- Not currently linked, but **NEEDS** linkage
  - Not currently linked, does **NOT** need linkage

**COVID Vaccine Information**

**COVID Vaccine Received**

- Fully vaccinated
- Partially vaccinated
- Not vaccinated
- Client doesn't know

**Vaccine Brand Options**

- Pfizer
- Moderna
- Johnson & Johnson

Date of 1st dose: \_\_\_\_\_

Expected date of 2nd dose: \_\_\_\_\_

Date of 2nd dose: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix G

### Homelessness Prevention Network Housing Loss Risk Screener

## Client Background Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

**Residence:** Address: \_\_\_\_\_ or Crossroads: \_\_\_\_\_

### Ethnicity (circle all that apply):

Native American or Alaskan

Asian

Black/African American

Hispanic/Latinx/Spanish

White

### Gender:

### Number of children:

Have you ever experienced homelessness before? (circle one):

Yes

No

### Employment status (circle one):

Employed

Employed Part-time

Student

Disabled

Unemployed

Average hours worked per week: \_\_\_\_\_

Is the client a veteran?

Yes

No

**Please indicate where client was referred: \_\_\_\_\_**

Question	Response	Guidance for staff doing screening
<p>1. Is the place where you're currently staying safe for you?</p>	<p><input type="checkbox"/> NO → REVIEW GUIDANCE, CONTINUE TO Q 2</p> <p><input type="checkbox"/> YES → CONTINUE TO Q 2</p>	<p>“Homeless” means staying in a homeless shelter or in a place not meant for human habitation (e.g., bus station, street, abandoned building, vacant lot, etc.)</p> <p>Housing is unsafe when someone is fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including:</p> <ul style="list-style-type: none"> <li>• Trading sex for housing</li> <li>• Trafficking</li> <li>• Physical abuse</li> </ul> <p>Violence because of the person’s sexual orientation or gender identity</p>
<p>2. Do you have to leave the place where you're currently staying?</p>	<p><input type="checkbox"/> YES → CONTINUE TO Q 4</p> <p><input type="checkbox"/> MAYBE or DON’T KNOW → CONTINUE TO Q 3</p> <p><input type="checkbox"/> NO → <b>STOP: Stably Housed</b></p>	
<p>3. Do you have another safe housing option where you could stay if needed?</p> <p>This could include money or help from a family member or friend to stay where you are (if it's safe) or secure another safe place to stay.</p>	<p><input type="checkbox"/> YES → CONTINUE TO Q 4</p> <p><input type="checkbox"/> MAYBE or DON’T KNOW → CONTINUE TO Q 4</p> <p><input type="checkbox"/> NO → CONTINUE TO Q 4</p>	
<p>4. When will you no longer have any safe place to stay – yours or someone else's – based on the housing options and resources available to you?</p>	<p><input type="checkbox"/> Tonight → Level 4</p> <p><input type="checkbox"/> Within Two Weeks → Level 3</p> <p><input type="checkbox"/> Within Two Weeks to Two Months → Level 2</p> <p><input type="checkbox"/> In More than Two Months → Level 1</p> <p><input type="checkbox"/> Unsure → No further action required</p> <p><input type="checkbox"/> Do Not Have to Leave → No further action required</p>	<p>Stress/clarity options should be <u>safe</u>.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Staying in own housing, but being evicted within 2 weeks or within 2 weeks to 2 months or can stay more than 2 months</li> <li>• Staying with family or friends and being asked to leave within 2 weeks or within 2 weeks to 2 months or can stay more than 2 months</li> <li>• Staying in a hotel or motel paid for by the person or with help from family or friends and where they cannot stay for more than 2 weeks or 2 weeks to 2 months (often due to lack of ability to continue paying) or can stay more than 2 months</li> <li>• Staying in a hospital, jail, treatment facility or other institution and will be discharged within 2 weeks or within 2 weeks to 2 months or can stay more than 2 months</li> </ul>

# Housing Loss Risk Levels

Risk Level		Living Situation	Other Housing Options & Resources
4	<b>Literally Homeless Tonight</b>	<ul style="list-style-type: none"> <li>Stayed <u>last night</u> in emergency shelter or transitional housing for people who are homeless, including hotel or motel voucher paid for by a social service or charitable organization; <b>OR</b></li> <li>Stayed last night in a place not meant for human habitation (e.g., streets, parks, car, abandoned buildings, vacant lot, etc.); <b>OR</b></li> <li>Must leave current housing <u>today</u> (e.g., due to court-ordered eviction, foreclosure, immediate safety or health risk, host family/friend request to leave, etc.); <b>OR</b></li> <li>Must leave an institution (e.g., hospital, jail, treatment facility) <u>today</u>.</li> </ul>	<ul style="list-style-type: none"> <li><u>Does not have</u> other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay <u>tonight</u></li> </ul>
3	<b>Imminent Risk of Literal Homelessness (within 14 Days)</b>	<ul style="list-style-type: none"> <li>Current housing is safe;</li> <li><b>AND</b></li> <li>Must leave current housing within <u>14 days</u> (e.g., due to court-ordered eviction, foreclosure, imminent safety or health risk, host family/friend request to leave, family conflict, etc.); <b>OR</b></li> <li>Must leave an institution (e.g., hospital, jail, treatment facility) within <u>14 days</u>;</li> </ul>	<ul style="list-style-type: none"> <li><u>Does not have</u> other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay after the <u>next 14 days</u>.</li> </ul>
2	<b>At-Risk of Literal Homelessness (within 15-60 Days)</b>	<ul style="list-style-type: none"> <li>Current housing is safe;</li> <li><b>AND</b></li> <li>Must leave current housing within <u>15-60 days</u> (e.g., due to court-ordered eviction, landlord-issued eviction, foreclosure, safety or health risk, host family/friend limitation, etc.); <b>OR</b></li> <li>Must leave an institution (e.g., hospital, jail, treatment facility) within <u>15-60 days</u>;</li> </ul>	<ul style="list-style-type: none"> <li><u>Does not have other</u> housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay after the <u>next 15-60 days</u>.</li> </ul>
1	<b>Unstably Housed</b>	<ul style="list-style-type: none"> <li>Current housing is safe;</li> <li><b>AND</b></li> <li>May have to leave current housing at some point in the foreseeable future, but not in the next 60 days (e.g., due to inability to pay rent, landlord-issued eviction, foreclosure, safety or health risk, host family/friend limitation, etc.); <b>OR</b></li> <li>Must leave an institution (e.g., hospital, jail, treatment facility) within <u>90 days</u>.</li> </ul>	<ul style="list-style-type: none"> <li><u>Has</u> other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay.</li> </ul>
0	<b>Stably Housed</b>	<ul style="list-style-type: none"> <li>Current housing is safe</li> <li>Current housing is stable for the foreseeable future (e.g., sufficient income to pay rent and utilities, able to stay with host family/friend indefinitely)</li> </ul>	

## Appendix H

### Client Acknowledgement for Electronic Data Collection



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[AGENCY NAME]

**CLIENT ACKNOWLEDGEMENT FOR ELECTRONIC DATA COLLECTION**

When you sign this form, it shows that you understand the following:

We collect personal information about the people we serve in a computer system called Homeless Management Information System (“HMIS”). HMIS is used by agencies which provide prevention, shelter and housing related services in Franklin County. Agencies using HMIS comply with all the requirements related to keeping your personal information private and secure.

We use the personal information to run our programs and help us improve our services. Also, we are required to collect some personal information by organizations that fund our program.

Your information will help us in getting the appropriate services for you through our program or programs offered by other agencies.

You have a right to review the information that we have about you. If you find mistakes, you can ask us to correct them. You have a right to file a complaint if you feel that your privacy rights have been violated.

If you would like a copy of our privacy policy, our agency staff will provide one.

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SIGNATURE OF CLIENT OR GUARDIAN

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DATE

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SIGNATURE OF AGENCY WITNESS

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DATE