



**KANSAS STATEWIDE
HOMELESS COALITION**

Safe, appropriate and affordable housing for all Kansans



***Kansas Balance of State Continuum of Care
Coordinated Entry Policies & Procedures***

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Revision History

Date	Version	Description
9/1/16	1	Draft to Coordinated Entry Committee
9/3/16	2	Final Version to BoS CoC
9/6/16	3	Grammatical Corrections
1/6/17	4	Process Flow Chart Update, Diversion Tool Section Update
2/7/18	5	Updates to meet HUD 1/23/2018 Deadline

[About this Document](#)

This document is a living framework developed by the Coordinated Entry Committee (CEC) with feedback from the Balance of State Continuum of Care (BoS CoC) and stakeholders. The intent of this document is to provide guidance and expectations on how each region within the BoS CoC will operate their regional Coordinated Entry System. Regions are allowed to develop their own system as long as, at a minimum, the standards in this document are met.

This document will be updated to reflect changes to Federal Regulations. All issues not addressed in this document related to Coordinated Entry are governed by Code of Federal Regulations, HUD Memos and Notices, guidelines, and other applicable law.

[About the Coordinated Entry Committee \(CEC\)](#)

Role & Purpose

The Coordinated Entry Committee (CEC), a sub-committee of the BoS CoC, is charged with developing policies and procedures for the BoS CoC Coordinated Entry System, planning and implementing required training for each region, and ensuring that policies and procedures outlined in this document are implemented appropriately by each region of the BoS CoC. The CEC will provide monitoring and oversight of the Master List for the entire BoS CoC, which may include making referrals for homeless families and individual who are unable to be served by the Regional CoC.

Team Members

- BoS CoC Coordinator
- Regional Coordinators or Representative
- HMIS Lead
- Representative from Kansas Coalition Against Sexual and Domestic Violence
- Agencies funded by Emergency Solutions Grant (ESG)
- Agencies funded by BoS CoC
- Agencies funded by Projects for Assistance in Transition from Homelessness (PATH)
- Agencies funded by Supportive Services for Veteran Families (SSVF)
- HMIS Administrator

Meetings

The CEC meets at least monthly to review policies and procedures, schedule trainings and monitor the BoS CoC Master List. The CEC meets the first Friday of the month at 10am, unless a conflict arises the Chair will reschedule.

The CEC will also have a standing agenda item on the CoC monthly meeting agenda to provide updates to the entire BoS CoC. The CEC will solicit feedback on any part of the process during this time. The feedback must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and their clients. Feedback will be discussed during the CoC monthly meeting. If a resolution is not met at that time the issue will be

sent back to the CEC committee for evaluation. Evaluation can include discussion, research, piloting component changes in the originating region(s).

Formal feedback period and method is address in the [System Planning & Refinement](#) Section of this document.

About the Regional Coordinated Entry Team (RCET)

Role

The BoS CoC includes 101 counties organized into 8 Regions. The Regional Coordinated Entry Teams (RCET) will plan and administer a Coordinated Entry process within a framework approved by the CEC. The same assessment tool(s) will be used across the BoS CoC's 101 counties to provide standardization. The RCET is charged with managing the 2 Regional Master List for their respective region and making referrals for homeless families and individuals. RCETs must generate a monthly Regional Master List, listing all homeless households and individuals who are in need of services. The RCET will submit their regional specific Policies & Procedures to the BoS CoC Coordinator. This document will detail how often the team will meet to review and case manage the Regional Master List as well as any other detail beyond the BoS CoC CEC Policies & Procedures.

Purpose

The purpose of the RCET is to:

- Increase and streamline access to housing services for households and individuals experiencing homelessness,
- Match appropriate levels of housing and services based on their needs, and
- Prioritize persons with severe service needs for the most intensive interventions.

Team Members

- The Regional Coordinator
- Representatives for the regional domestic violence providers
- Agencies funded by ESG
- Agencies funded by BoS CoC
- Agencies funded by PATH
- Agencies funded by SSVF
- Other community partners

Auxiliary Support includes:

BoS COC Coordinator
HMIS Lead
HMIS Administrator

Meetings & Referrals

The RCET meets at least monthly to make referrals and case manage the Regional Master List. Regions can choose to meet in person, over the phone or a combination of both. Each RCET meeting will have a sign-in/roster and minutes will be recorded.

Referrals within the region will happen by a variety of means and will be up to each region and participating agency to find the best combination of phone call, email and in person visit to facilitate referrals.

Coordinated Entry System

The Coordinated Entry System (CES) will include all federally funded agencies (HUD and their Federal Partners) as outlined in the CoC Program Interim rule: 24 CFR 578.(a)(8) and ESG Interim rule: 24 CFR 576.400(d) and (e).

CoC and ESG-program recipients and subrecipients must use the CES established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG-programs.

The CES is easily accessible by individuals and families seeking housing and services. All participating projects and agencies will comply with the equal access and nondiscrimination provisions of Federal civil rights law, and, demonstrate client choice in their housing placement.

Marketing

The CES will be well advertised. The CoC will utilize KSHC and Partner websites, social media, fliers, jpegs, brochures and pamphlets to promote the CES across the CoC. Additional regional or county specific literature will be created for more targeted advertisement, street outreach or direct contact with people at service sites.

- a. The CES is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.
- b. 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, have fair and equal access to the CES, regardless of the location or method by which they access the system.
- c. Recipients of federal funds and must provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. The CoC will provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed. Access Points may utilize services through the Kansas Relay Center for hearing and/or speech impaired individuals by calling (800) 766-3777.
- d. The CES will take reasonable steps to ensure that Access Points can be accessed by persons with Limited English Proficiency (LEP). HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against Page 12, National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations. Language Line may be utilized by Access Points to communicate with non-English speaking individuals in a situation when a translator is not present and/or available. Access Points can access Language Line by calling (785)296-7714. The Access Point may be charged a fee for these services.

Non-Discrimination Requirements

The CoC operates a coordinated entry process that permits recipients of Federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG

Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- 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; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes 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.
- In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program.
- Consumers will not be steered toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability or the presence of children.
- The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

Filing a Non Discrimination Complaint

Participants must be informed of the ability to file a nondiscrimination complaint. Participants may file a nondiscrimination complaint on the basis of race, color, religion, sex, national origin, disability or familial status by completing and submitting a complaint in writing to Kansas Statewide Homeless Coalition (KSHC), within 14 days of the alleged act of discrimination if the alleged act of discrimination was a result of participating in the Coordinated Entry System. If the discrimination happened as part of the Coordinated Entry System, the complaint will be filed with the Executive Director of KSHC. If the non-discrimination complaint is toward the agency or program, the complaint will need to be made to the agency, in accordance with their grievance policy. Agencies much have a grievance policy.

Prioritization

We prioritize all persons based on our common assessment, the VI-SPDAT. Services will be prioritized based on VI-SPDAT score. If a person is at the top of the list, but not eligible for the program, we will move to the next person on the prioritization list. We will document why the most vulnerable person was not served under the program available and the person will remain at the top of the prioritization list. The most vulnerable person who is eligible for the service available will be offered the service. Participants will not lose their place on the prioritization list when/if refused a housing option.

Eligibility

The CoC does not use data collected from the assessment process 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. If a person is referred to a program from the CES, then determined to be ineligible for the program, the housing provider will notify the Regional Coordinator that the individual is ineligible for services and should remain on the Master List. The Regional

Coordinator will then make another appropriate referral, if possible. The individual will remain on the Master List until they are housed or unable to contact.

Each CoC & ESG project will establish and make publicly available (office locations, website, etc.) the specific eligibility criteria the project uses to make enrollment determinations. Coordinated Entry process prohibits access points from screening people out of the coordinated entry process due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record-with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

Privacy

Participation in the CES is voluntary. Information provided by participants during the CES process will be stored in a secure database and will be shared with outreach workers and case managers who will follow up with participants for services. Information will be kept secure and program individuals who will see it have signed confidentiality agreements and will not share the information, except when authorized by participants. Each participant will be required to sign the Coordinated Entry Release: HMIS Version. Participants can request that their information be removed from the HMIS database at any time. Participation or lack of participation in CES does not affect a person's ability to access resources and services from the Access Point agency. Each individual or head of household must provide consent to be assessed and also consent to share their information to participate in the Coordinated Entry Process.

Households that do not wish to have their personal information shared in HMIS will be given the opportunity to complete the Coordinated Entry Release: Non-HMIS Version. The household's VI-SPDAT score will be shared with the Regional Coordinator along with a non-identifying identifier so that the household can be included in prioritization of services without releasing any personal information. The Non-HMIS Version may be utilized with victims of domestic violence, dating violence, sexual assault, or stalking. This version may also be utilized for any other individuals that do not wish to have their information entered into HMIS for any reason.

Access Points

Every group of populations must have the same access at all access points. People will have the same experience even if they fit into multiple populations.

There will be multiple access points in each region, depending on each regional need. All access points will offer the same assessment approach and all access points will be usable by all people who may be experiencing homelessness. Each region may offer separate access point(s) for households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking). Initial screening at each regional access point allows for immediate linkage to the appropriate DV subpopulation access point, when a victim is identified.

People are able to access emergency services, including all domestic violence and emergency service hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, independent of the operating hours of the region's Coordinated Entry access points. When a person utilizes emergency services outside the operating hours of the region's Coordinated Entry access points, the person will be referred to the access point, as soon as the access point is open, for intake and assessment. Emergency shelter and other emergency services listed here will not be prioritized by need using the VI-SPDAT. All other housing programs, that are not considered emergency services, will be prioritized using the VI-SPDAT assessment.

All available after hour resources will be afforded to each homeless individual or family. A statewide list of Access Points & 24 hour emergency services will be available to each regional coordinator. Each RCET is required to post (online & in office/shelter) the list of Regional Access Points and the regional 24 hour emergency services list and provide it to local law enforcement agencies and hospitals. Additional community resource lists will be made available by each of the access points.

Physical locations of access points must meet accessibility & effective communication requirements. If the physical location of an access point is not accessible then access point staff will meet the individual or family in an accessible location to perform intake and/or assessments. Recipients of Federal funds must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points will take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

The CE Committee will create and maintain a list of communication resources to be made available to the access points.

Assessment Tools

Street Outreach

Street outreach efforts are linked to the CES and will serve as an Access Point. Street Outreach staff will be trained on all applicable tools and processes of the CES.

Shelter Diversion

All emergency shelters must utilize the BoS CoC Shelter Diversion Tool. Emergency Shelter entry will not be prioritized. (APPENDIX E)

VI-SPDAT

The VI-SPDAT is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available.

The CEC recommends that the BoS CoC use Version 1 of the Individual VI-SPDAT. This tool is readily available in HMIS with no additional programming costs or wait-time. At some point the BoS CoC may consider using Version 2 as funding becomes available. The VI-SPDAT Manual for Version 1 provides a script for over-the phone surveys. (This manual will be made available to the RCETs.) The creator of the tool has provided guidance that communities do not need to make the change if Version 1 works for their needs.

No part of the assessment is required nor is any disclosure of specific disabilities or diagnosis. Clients may refuse any part of the assessment, including specific questions. Failure to disclose information could result in an inaccurate prioritization score, in which case the family may not be prioritized for services that would be best for them. Specific diagnosis or disability information may be needed for specific program referral or application (APENDIXX)

About the VI-SPDAT

The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), as created and owned by Community Solutions and OrgCode Consulting, Inc. The VI-SPDAT is the result of a combination of two tools – the Vulnerability Index (VI) survey created by Community Solutions for use in street outreach, which helps to determine the chronicity and medical vulnerability of homeless persons, and the Service Prioritization Decision Assistance Tool (SPDAT) created by OrgCode as an intake and case management tool. The VI-SPDAT is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the

health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. This tool asks a series of questions to confirm what is occurring and to understand a particular consumer's needs in comparison to others; The VI-SPDAT is designed to determine the presence and acuity of an issue and identify clients to refer for assessment for specific housing interventions, but it is not intended to provide a comprehensive assessment of each person's needs. All VI-SPDAT questions result in "Yes", "No", "Refused", or one-word answers. There is no elaboration or narrative required or recommended in the VI-SPDAT. The VI-SPDAT is designed and structured to only use self-report. A person who is being surveyed using the VI-SPDAT should be able to complete it with anyone, not just the people who know her/his case history or have other information from other circumstances or sources

Homelessness Prevention

Agencies with Homeless Prevention funds will be required to have written policy on how they identify, assess and prioritize those funds.

For Families and Individuals that are at risk of homelessness can be included on the Master List if the Access Point chooses to perform a VI-SPDAT. Once the VI-SPDAT is conducted, Homelessness Prevention certification will be completed to see if the individual is eligible for homelessness prevention services. Homelessness Prevention Certification is for eligibility only.

Tiebreakers

When more than one individual or family "tie" in prioritization for a project, the individual or family with the longest current Length of Time homeless will receive top priority.

Other

Future assessment tools and procedures may be developed at a later date.

Coordinated Entry Process

All households and individuals identified as homeless or eminently homeless, in accordance with the Department of Housing & Urban Development (HUD) definition of homelessness, 24 CFR Parts 91 & 576, will enter the Coordinated Entry Process (Appendix A). There is no income restriction to participate in the Coordinated Entry Process. Each Region will determine when the client should be assessed.

Version 1 of the Individual Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) will be administered to the household or individual by a trained staff or volunteer at participating agencies. The assessment will be entered into the CoC approved HMIS (hereafter referred to as HMIS) within 72 hours. Agencies not participating in HMIS will contact their Regional Coordinator with the client's score and unique identifier within 72 hours to be added manually to the Regional Master List.

Consent to collect this information will be required. If a client does not consent to collect the information they will not be entered into Coordinated Entry process but services will still be provided per the agency's policies. Further consent to enter and share the data into HMIS will also be required. If a client consents to collect the data but not to the data entry and sharing portion, then their assessment will be scored manually and the client will be added to the Regional Master List by hand with a non-identifying unique identifier.

When assessing a family, agencies will administer the survey and score the family member who will score the highest, even when this is a child. This may mean the survey is completed on multiple family members to determine who has the highest score. If multiple surveys are entered into HMIS, staff or volunteers will need to delete the assessment that will not be used.

The assessment can be administered over the phone. Verbal consent can be given as long as that is noted on the file. Observation questions will be skipped and given an answer of “no” in HMIS.

The acuity score generated by the VI-SPDAT will be used to prioritize housing and services, meaning a household or individual with a higher acuity score will be case managed before a household or individual with a lower score. All participating agencies will continue to work as appropriate with the client – making referrals, case management, placing into shelter, etc. – while at the same time actively working with the Regional Master List to house and serve those with the highest need first.

When a client on the Regional Master List becomes housed or removes themselves from the Coordinated Entry process, their HMIS profile will be updated to reflect their status and be removed from the Regional Master List within 72 hours or before the RCET meeting, whichever comes first. Agencies not participating in HMIS will contact their Regional Coordinator with the update within 72 hours or before the RCET meeting, whichever comes first. Each RCET will meet at least monthly to review this list and to connect households and individuals to appropriate services

Acuity Scoring and Assistance/Services

The CEC recommends that the BoS CoC follow the national standard of providing services in the following separate categories:

- 0-4 No intensive services necessary, client may self-house with minimal assistance from service provider. At Providers discretion client may be screened for Homeless Prevention Referrals to mainstream benefits and community resources are made
- 5-9 Refer for Rapid Re-Housing, Transitional Housing or Homeless Prevention
- 10+ Candidate for Permanent Supportive Housing (When PSH is not available the provider may utilize other PH programs, RRH for example).

Subpopulations:

DV:

If a person discloses abuse at a non-domestic violence program, each RCET must provide a safe location or process for conducting assessments and providing confidential referrals to those people and should not enter any personally identifiable information into HMIS. It is recommended that if someone discloses abuse, that person/family be referred to the local domestic violence program. If the client wishes to remain at the non-DV access point a non-HMIS version of the assessment will be performed. Persons have the right to refuse referral and may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Responding to an immediate crisis is not dependent on agreeing to enter the CES nor will it be prioritized.

Veterans:

After a veteran is assessed (after the VISPDAT is conducted) the access point staff will immediately alert their local SSVF representative that a veteran has entered the CES. If there are additional Veteran specific referrals or resources the access point typically works with to house a veteran, the agency is encouraged to still make those referrals. SSVF Regional contacts details in Appendix B.

The KS BoS CoC supports and follows the Vets@Home initiative

Chronic:

Families w/ Children:

Youth:

If a youth presents at an access point, each RCET must provide a safe location or process for conducting assessments and providing confidential referrals. It is recommended that if someone discloses abuse, that person/family be referred to the local domestic violence program.

Training

The CEC will provide annual training on the Coordinated Entry process, tools and resources. This training may be held in conjunction with a Regional CoC Meeting. Ad Hoc Training will be scheduled as necessary. A sign in sheet/Roster and agenda will be recorded for each training. Training will cover a review of CES Policies & Procedures, Shelter Diversion, VI-SPDAT and how to enter the VI-SPDAT into HMIS. KSHC Staff will lead all CES training to ensure standardization. Regional Coordinators may lead a CES training with KSHC Staff sign-off. CES Training will borrow from HMIS Training in the areas of data sharing and privacy.

The CEC will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CoC's CES written policies and procedures.

New staff and new volunteers who begin to participate in the coordinated entry process for the first time must complete a training curriculum that will cover each of the following topics:

- Review of the CoC's written coordinated entry policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Non-discrimination policy as applied to the coordinated entry system, *and*
- Criteria for uniform decision-making and referrals.

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to victims of domestic violence and/or sexual assault to help reduce the risk of re-traumatization. This training is not provided by the CoC or CEC, but rather at the agency level.

All assessment staff must be trained at least once on safety planning and other next-step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment.

Initial Training

Staff who are new to the KS BoS CoC Coordinated Entry System are required to successfully complete several trainings prior to conducting assessments, making referrals to the Prioritization List, and accepting referrals from the Prioritization List. Topics covered in the initial training series are:

- Overview of the KS BoS CoC Coordinated Entry System
- How to conduct Coordinated Entry assessments to fidelity
- Prioritization Standards for each project type
- Making referrals to the HMIS and Non-HMIS Prioritization Lists
- Conducting follow-up with referrals
- Accepting referrals from the Prioritization Lists

Upon successful completion of the initial training series, the staff person will sign the Participating Staff Agreement (Appendix B). This will be kept on file with the participating agency and a copy will be sent to the Local Coordinated Entry Lead.

On-Going Training

The KS BoS CoC will provide training at least annually that reviews any updates or changes to the KS BoS CoC CES. All Coordinated Entry Staff are required to successfully complete the annual training, in addition to any other trainings required by the KS BoS CoC or designated entity.

The Regional Coordinator and or Non-HMIS List Holder for each RCET are required to successfully complete any other trainings required by the KS BoS CoC or designated entity.

HMIS-Specific Training

Since HMIS is the primary tool of the KS BoS CoC, there are several trainings regarding the workflow for Coordinated Entry. All CES Staff must complete HMIS Training prior to or in conjunction with CES training.

HMIS & Data Sharing

All agencies identified as a Coordinated Entry Agency by the RCET must enter the VI-SPDAT into HMIS or allow another agency to enter VI-SPDAT into HMIS on its behalf. All Data entered into HMIS will be protected through all applicable HMIS Data Security Policies & Procedures.

In order for data to be collected and shared within HMIS, households need to consent for both their data to be collected and for their data to be entered. Data sharing will only take place in order to connect households and individuals experiencing homelessness to resources.

In using HMIS, participating agencies may want to hide the client's information. As such, they can restrict the status in HMIS. The CEC recommends that agencies also create an "Alert" on the client's profile stating a VI-SPDAT was administered along with the score and date.

Inappropriate and/or illegal use of HMIS data will result in a Notice of Violation and possible termination of participation in HMIS.

Domestic violence programs are required to keep personally identifiable information confidential as required by the Violence Against Women Act (VAWA) and will complete a paper version of the VI-SPDAT without entering the information into HMIS. A combined total VI-SPDAT result will be available to the RCET. HUD allows CoC's to let domestic violence programs to create their own coordinated entry process outside of the HMIS and should provide access to all available housing and services.

System Planning & Refinement

The policies and procedures outlined in this document will be under continual review by the Coordinated Entry Committee, as well as the BoS CoC. Changes to the policies and procedures will be made as needed in order to better connect households experiencing homelessness to the resources they need.

Feedback from Client experience in the CES will be gathered at least annually to evaluate the intake assessment, and referral process associated with the CES. Solicitation for feedback must address the quality and effectiveness of the entire CES experience for both projects and clients.

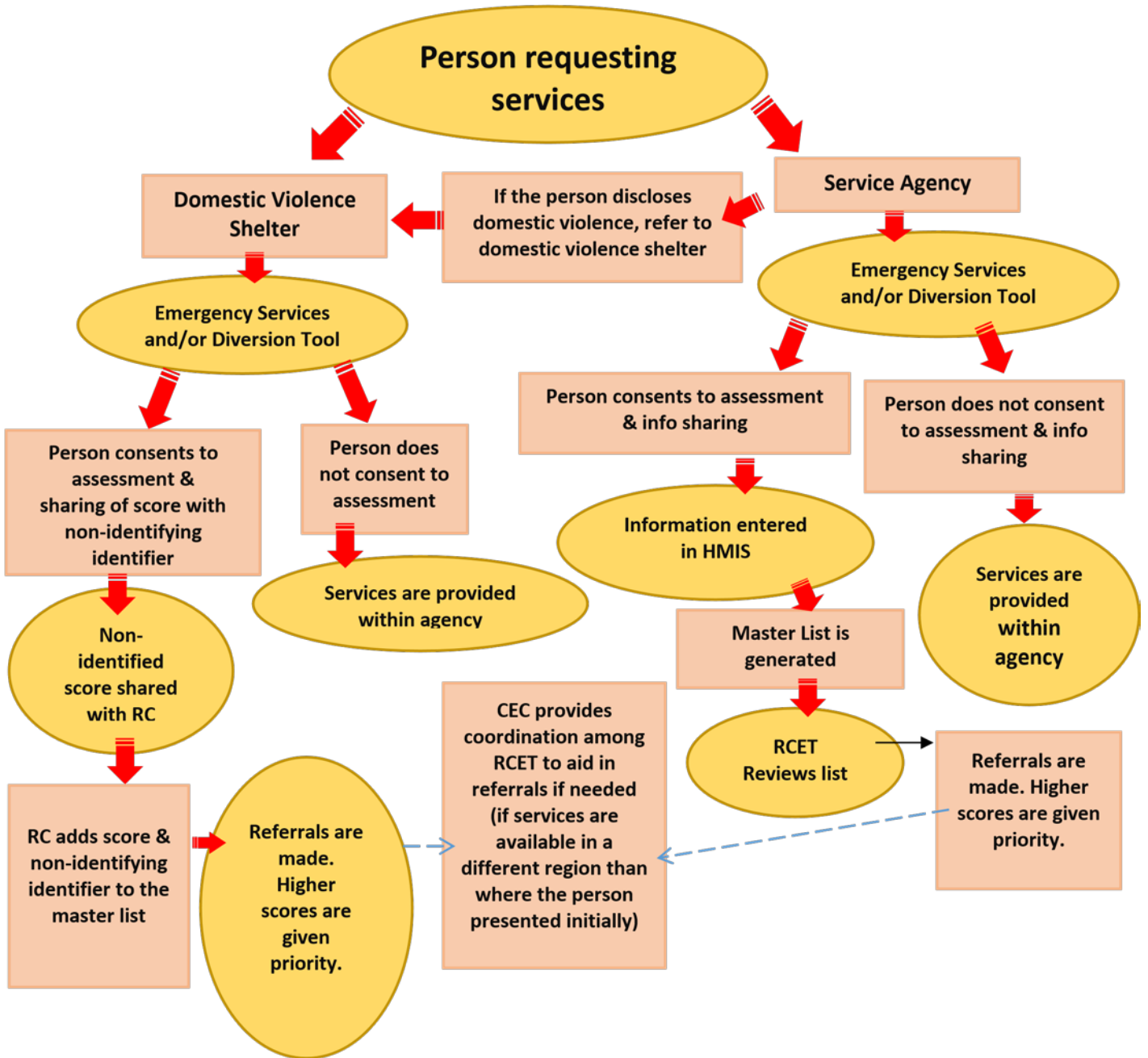
The CEC will create and maintain 2 separate surveys (INCLUDE AS APENDISIS) for solicit feedback; a provider survey and a participant feedback. Feedback will be gathered simultaneously from providers and participants. Feedback and Refresher training will occur around the same time.

*** Note:**

As described above, this is a living document in that it will evolve as the BoS CoC and its respective regions learn and adapt to the roll-out of a coordinated entry process. It is expected during these inaugural years that the policies and procedures will change numerous times as this will be an open and collaborative process.

Appendix

A KS BoS CoC CES Flowchart



B – SSVF Contacts

NE Kenneth Kumle	Kenneth_Kumle@usc.salvationarmy.org
EC Dodie Davis	dodie_davis@usc.salvationarmy.org
SE Melissa Gomez	mgomez@CatholicCharitiesWichita.org
Lawrence Dodie Davis	dodie_davis@usc.salvationarmy.org
NC Dianne Meyers	dianne_meyers@usc.salvationarmy.org
SC Melissa Gomez	mgomez@CatholicCharitiesWichita.org
NW Dianne Meyers	Dianne_Meyers@usc.salvationarmy.org
SW Dianne Meyers	Dianne_Meyers@usc.salvationarmy.org

C - Evaluation Surveys

Consumer Survey
CES Staff Survey

D – System Contacts

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E – Shelter Diversion

NOTE: There is a version with Staff Prompts/instructions on www.kshomeless.com

Balance of State Continuum of Care Prevention & Diversion Assessment Tool

Introductory Questions

1. Are you homeless (living on the street, staying in an emergency shelter or transitional housing

program, fleeing domestic violence) or at-risk of homelessness?

Yes No

2. Where did you stay last night?

- With a friend/family member/other doubled up situation
- A hospital
- Jail/prison
- Juvenile detention facility
- In a hotel/motel
- In a foster care/group home
- In a substance abuse treatment facility
- In my own housing – rental
- In my own housing – owned
- In a car, on the street, or in another place not meant for human habitation
- In other housing: _____

3. What brought on your housing crisis?

- Problems with landlord
- Have rental or utility arrears (circle which)
If yes, list amount owed: \$ _____
- Evicted or in the process of being evicted from a private dwelling or housing provided by family or friends
- Victim of foreclosure on rental property
- Living in housing that has been condemned
- Unable to pay rent
- Experiencing high overcrowding
- Violence or abuse occurring in the family's household
- Other _____

Diversion Questions

4. Are you safe in your current living situation?

Yes No

5. Is there anyone else you and your family could stay with for at least the next three (3) to seven (7) days if you were able to receive case management services/transportation assistance/limited financial support?

Yes No

Prevention Questions

6. Are you safe in your current living situation?

Yes No

7. Do you believe you will become homeless within the next seven (7) days?

Yes No

8. Have you ever been to a shelter or another homeless assistance program before?

Yes No

9. If you answered yes to the previous question, what was the name of the program?

When were you last there? ____/____/____

10. Household income is at or below 30 percent of AMI

Yes No

11. Has household experienced homelessness in the last 12 months?

Yes No

Total Prevention Points: _____ Provide prevention assistance if household has at least three points.

Concluding Questions – Case Manager Only

1. Does client qualify for diversion assistance?

Yes No

2. If so, what kind of assistance do they need initially to be successfully diverted?

- Landlord mediation
- Conflict resolution with potential roommate
- Rental assistance (Amount _____)
- Utility assistance (Amount _____)
- Other financial assistance (Amount _____)
- Other assistance (Define: _____)

3. Does client qualify for prevention assistance?

Yes No

4. If so, what kind of assistance do they need initially to be successfully diverted?

- Landlord mediation
- Conflict resolution with potential roommate
- Rental assistance (Amount _____)
- Utility assistance (Amount _____)
- Other financial assistance (Amount _____)
- Other assistance (Define: _____)
-

This concludes the assessment.

Follow-Up Form (Case Manager/Assessment Staff Only)

1. Was the household diverted from entering shelter? (If no, skip to question two).

Yes No

If yes, to where:

- Friend's house
- Family member's housing
- Previous housing
- Other (please describe): _____

How long were they in this housing? Number of days: _____

2. Did the household receive prevention assistance?

Yes No

What type?

- Utility assistance in the amount of \$ _____
- Rental assistance in the amount of \$ _____
- Security deposit in the amount of \$ _____
- Moving costs in the amount of \$ _____
- Other \$ _____

After 30 Days...

1. Did they find permanent housing?

Yes No

After 90 Days...

1. Have they come back to shelter/the homeless assistance system since being diverted?

Yes No

2. Are their whereabouts known?

Yes No

3. If they are known, where do they live currently?

- Remained in initial housing
- Relocated to different permanent housing unit
- In homeless assistance system

4. If they “remained in initial housing” or “relocated to different permanent housing unit”, how long have they been there? Number of Days: _____

F – VI-SPDAT Survey w/ Release

HMIS

Coordinated Entry Release: HMIS Version

(rev. May 26, 2017)

Script: We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions for about 10 minutes. Participating in the Coordinated Entry process is voluntary. These questions are about your health and housing and we will also ask for your social security number. By participating in the housing tool, you give permission to the agency marked below to provide your information to authorized agencies for the purpose of furthering services and housing in this community. Some of the questions we ask might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset at any point, you may ask me to take a break or skip any of the questions. The information that you tell us during the interview will be stored in a secure database and will be shared with outreach workers and case managers who will follow up with you for services. Your information will be kept secure and program individuals who will see it have signed confidentiality agreements and will not share your information. You can skip any questions you do not want to answer or end participation at any point. At any time, you can request that your information be removed from the database. Participation does not affect your access to services at our organization.

Client Consent and Release of Information

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients’ personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to the [Program Name]: _____ to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- All agencies that use MAACLink will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance. I have the right to a printed copy of my MAACLink file.

Each MAACLink agency will require you to sign this form at least annually. If, after you sign this form, you decide you do not want your information to be entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on _____ or one year from the date you sign and date this form.

Client profile	
Client's first name:	Client's nickname:
Client's last name:	Social security number:
Client has consented to participate: <input type="radio"/> Yes <input type="radio"/> No	Client signature:
How old are you?	What is your date of birth?
In what language do you feel best able to express yourself?	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Other <input type="radio"/> Don't Know <input type="radio"/> Refused
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Don't Know <input type="radio"/> Refused	Race (mark all client identifies as): <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian / Pacific Islander <input type="radio"/> Don't Know <input type="radio"/> Refused
Surveyor's name (please print): <input type="radio"/> Staff <input type="radio"/> Volunteer	Surveyor's signature:
Assessment date & time:	

Script: *I am going to ask you some questions about the other members of your household, if there are any. Your "household" means people who stayed with you last night that you consider family members.*

Household member #2 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	

Household member #3 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino

Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	

Household member #4 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race: <input type="radio"/> Multi-racial <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	

Household member #5 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	

Household member #6 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race: <input type="radio"/> Multi-racial <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
Is this person eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	

Surveyor, complete the following questions about where this survey took place.

Location: <input type="radio"/> Un-sheltered <input type="radio"/> Sheltered (Emergency Shelter) <input type="radio"/> Sheltered (Transitional Housing) <input type="radio"/> Sheltered (Safe Haven)	County:
--	---------

Survey site (agency, street intersection, landmark, etc.):
--

<p>“Family” refers to this group of people</p> <p>How many in family are Under 18 _____ Between 18-24 _____ 25 and Older _____</p>
--

Have you ever served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Are you eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure <input type="radio"/> Refused
What are/were your approximate dates of US military service? Beginning month: _____ Year: _____	What was the character of your discharge? <input type="radio"/> Honorable <input type="radio"/> Other than honorable <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Refused

Ending month:	Year:	
Script: <i>I am going to ask you some questions about all the times you have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.</i>		
1. What is the total length of time you have lived on the streets or in shelters? Years: Months: <input type="radio"/> Refused	2. In the past three years, how many times have you been housed and then homeless again? <input type="radio"/> Refused	
3. In the past six months, how many times have you been to the emergency department/room? Refused <input type="radio"/>	4. In the past six months, how many times have you had an interaction with the police? Refused <input type="radio"/>	
5. In the past six months, how many times have you been taken to the hospital in an ambulance? <input type="radio"/> Refused	6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines? <input type="radio"/> Refused	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital? <input type="radio"/> Refused	8. Have you been attacked or beaten up since becoming homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	
9. Have you threatened to or tried to harm yourself in the last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	10. Do you have any legal stuff going on right now that may result in being locked up or having to pay fines? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	
11. Does anybody force or trick you to do things that you do not want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	12. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.) <input type="radio"/> Shelter <input type="radio"/> Street, sidewalk, or doorway <input type="radio"/> Car, van, or RV <input type="radio"/> Bus <input type="radio"/> Riverbed or park <input type="radio"/> Other (specify): _____		
14. Is there anybody that thinks you owe them money? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	
16. Do you have enough money to meet all of your expenses on a monthly basis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	
18. Do you have any friends, family, or other people in your life out of convenience or necessity, but you do not like their company? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	19. Do any friends, family, or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	
20. (Observe only, do not ask!) Surveyor, do you detect signs of poor hygiene or daily living skills? <input type="radio"/> Yes <input type="radio"/> No		
21. Where do you usually go for healthcare or when you're not feeling well? <input type="radio"/> Hospital <input type="radio"/> Clinic <input type="radio"/> VA <input type="radio"/> Other (specify): _____ <input type="radio"/> Does not go for care		

Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:

22. Kidney disease, end stage renal disease, or dialysis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
23. History of frostbite, hypothermia, or immersion foot	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
24. Liver disease, cirrhosis, or end-stage liver disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
25. HIV+/AIDS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
26. History of heat stroke or heat exhaustion	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
27. Heart disease, arrhythmia, or irregular heartbeat	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
28. Emphysema	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
29. Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
30. Asthma	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
31. Cancer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
32. Hepatitis C	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
33. Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
34. (Observe only, do not ask!) Surveyor, do you observe signs or symptoms of a serious health condition? <input type="radio"/> Yes <input type="radio"/> No	35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	37. Have you ever used injection drugs or shots in the last six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
40. Have you blacked out because of your alcohol or drug use in the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	41. (Observe only, do not ask!) Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse? <input type="radio"/> Yes <input type="radio"/> No
42. Have you ever been taken to a hospital against your will for a mental health reason? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	43. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
44. Have you ever spoken with a psychiatrist, psychologist, or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	45. Have you ever had a serious brain injury or head trauma? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
46. Have you ever been told you have a learning disability or developmental disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	47. Have you ever have any problems concentrating and/or remembering things? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
48. (Observe only, do not ask!) Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning? <input type="radio"/> Yes <input type="radio"/> No	49. Have you had any medicines prescribed by a doctor that were not taken or that were sold, stolen, misplaced, or where the prescriptions were never filled? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

50. Yes or No – Have you experienced any emotional, physical, psychological, sexual, or other type of abuse or trauma in your life which help was not sought for, and/or which has caused your homelessness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in foster care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Have you ever been in jail? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in prison? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	What kind of health insurance do you have, if any? (Check all that apply) <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> VA <input type="radio"/> Private insurance <input type="radio"/> None <input type="radio"/> Other (specify): _____
Date entered in MAACLink:	Entered by:
<input type="radio"/> <i>Self-reported HUD chronic homelessness (1. Client receives SSI/SSDI or has a disabling condition AND 2. either 12+ months homeless this time OR 4+ times in past three years adding up to 12+ months homeless)</i>	

Single youth-only questions (ages 24 and under)

Did you ever become homeless because you ran away from your family home? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Did you ever become homeless because you ran away from your group home or foster home? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Did you ever become homeless because there was violence at home between family members? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Did you ever become homeless because you had differences in religious or moral beliefs with parents/guardians/caregivers? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Are you currently in foster care or custody of the state? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	How old were you when you tried marijuana for the first time? <input type="radio"/> Under 13 <input type="radio"/> 13-19 <input type="radio"/> 20+ <input type="radio"/> Have not tried it <input type="radio"/> Refused
Before your 19 th birthday, did you spend any time in jail or detention? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been pregnant or got someone else pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

Non-HMIS

Coordinated Entry Release: Non-HMIS Version

(rev. May 26, 2017)

Script: We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions for about 10 minutes. Participation in the Coordinated Entry process is voluntary. These questions are about your health and housing. By participating in the housing tool, you give permission to the agency marked below to provide your score to authorized agencies for the purpose of furthering services and housing in this community. We will not provide identifying information to others outside of our program and your score will be given a unique identifier. Some of the questions we ask might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset at any point, you may ask me to take a break or skip any of the questions. The score from the information that you tell us will be provided to the local Regional Coordinator. Your information will be kept secure and program individuals who will see it have signed confidentiality agreements and will not share your personally identifying information. You can skip any questions you do not want to answer or end participation at any point. At any time, you can request that your information be removed from the database. Participation does not affect your access to services at our organization.

Client Consent and Release of Information

I give permission to the [Agency/Program]: _____
to collect my personal and household information.

I understand that:

- All agencies will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive housing assistance.

If you do not revoke this authorization, it will automatically expire 30 days from the date you sign this form.

Client profile	
Client's first name:	Client's nickname:
Client's last name:	
Client has consented to participate: <input type="radio"/> Yes <input type="radio"/> No	Client signature:

GENERAL INFORMATION/CONSENT

Interviewer's Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER
Date	Time	Location
In what language do you feel best able to express yourself?		
How old are you?	What's your date of birth?	Social Security Number
If 60 years or older, then score 1.		Prescreen Score
PRE-SCREEN GENERAL INFORMATION SUBTOTAL		

A. HISTORY OF HOUSING & HOMELESSNESS

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

B. RISKS

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

QUESTIONS											
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.								RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you been to the emergency department/room?										<input type="checkbox"/>	
4. In the past six months, how many times have you had an interaction with the police?										<input type="checkbox"/>	
5. In the past six months, how many times have you been taken to the hospital in an ambulance?										<input type="checkbox"/>	
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?										<input type="checkbox"/>	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?										<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.								YES	NO	REFUSED	Prescreen Score
8. Have you been attacked or beaten up since becoming homeless?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Threatened to or anyone else tried to harm yourself or the last year?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.								YES	NO	REFUSED	Prescreen Score
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer to question 13, then score 1. THAN "Shelter"								YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you to do things that you do not want to do?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, you don't really know, share a needle, or anything like that?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13.	I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):
PRE---SCREEN RISKS SUBTOTAL		

C. SOCIALIZATION & DAILY FUNCTIONS

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

D. WELLNESS

QUESTIONS										
If Does Not Go For Care, score 1.							RESPONSE			Prescreen Score
21.	Where do you usually go for healthcare or when you're not feeling well?						<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify)			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.										
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:							YES	NO	REFUSED	Medical Conditions
22.	Kidney disease/End Stage Renal Disease or Dialysis						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	History of frostbite, Hypothermia, or Immersion Foot						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Liver disease, Cirrhosis, or End---Stage Liver Disease						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	HIV+/AIDS						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.							YES	NO	REFUSED	Other Medical Conditions
26.	History of Heat Stroke/Heat Exhaustion						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Heart disease, Arrhythmia, or Irregular Heartbeat						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Emphysema						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Diabetes						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Asthma						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Cancer						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Hepatitis C						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Tuberculosis						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:							<input type="checkbox"/>	<input type="checkbox"/>		
34.	Surveyor, do you observe signs or symptoms of a serious health condition?									

If any response is YES in questions 35 through 41, score 1 in the Substance Use column.								YES	NO	REFUSED	Substance Use
35.	Have you ever had drugs or alcohol, or told	you abused do?		problematic or alcohol,				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.	Have you consumed alcohol and/or drugs almost every day or every day for the past							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Have you ever used injection drugs or shots in the last six months?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	Have you ever been treated for drug or drinking alcohol using drugs?			problems and returned to				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39.	Have you used non---beverage alcohol like cough syrup, mouthwash, rubbing alcohol, wine, or anything like that in the past six months?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40.	Have you blacked out because of your alcohol or drug use in the past month?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:								<input type="checkbox"/>	<input type="checkbox"/>		
41.	Surveyor, do you observe symptoms or problematic alcohol signs or drug abuse?										
If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.								YES	NO	REFUSED	Mental Health
42.	Ever will be taken to a hospital against your	been for a mental health		reason?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.	Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44.	Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45.	Had a serious brain injury or head trauma?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46.	Ever been told you have a learning disability or developmental disability?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47.	Do you have any problems concentrating and/or remembering things?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:								<input type="checkbox"/>	<input type="checkbox"/>		
48.	Surveyor, do you detect signs or symptoms of severe, compromised cognitive persistent mental illness or severely functioning?										
If the Substance Use score is 1 AND the Medical Condition score is 1								Mental Health is at least		Tri---Morbidity	

<i>OR an X, then score 1 additional point for tri---morbidity.</i>											
If YES to question 49, score 1.								YES	NO	REFUSED	Prescreen Score
49.	Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If YES to question 50, score 1.								YES	NO	REFUSED	Prescreen Score
50.	Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PRE---SCREEN WELLNESS SUBTOTAL											

SCORING SUMMARY

DOMAIN	SUBTOTAL	If the Pre---Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		If the Pre---Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re---Housing Assessment.
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
PRE---SCREEN TOTAL		If the Pre---Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

What is your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>
	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other	<input type="checkbox"/>
	<input type="checkbox"/> Decline	to State	
Have you ever served in the US Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
	Refused		

<p>If yes, which war/war era did you serve in?</p>	<input type="checkbox"/> Korean War (June 1950---January 1955) <input type="checkbox"/> Vietnam Era (August 1964---April 1975) <input type="checkbox"/> Post Vietnam (May 1975---July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991---Present) <input type="checkbox"/> Afghanistan (2001---Present) <input type="checkbox"/> Iraq (2003---Present) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Refused
<p>If yes, what was the character of your discharge?</p>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused
<p>What is your citizenship status?</p>	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Refused
<p>Where did you live prior to becoming homeless?</p>	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify)_____
<p>Have you ever been in foster care?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>Have you ever been in jail?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>Have you ever been in prison?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>What kind of health insurance do you have, if any? (check all that apply)</p>	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Insurance <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____
<p>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</p>	
<p>Is there a phone number and/or email where someone can get in touch with you or leave you a message?</p>	
<p>Ok, now I'd like to take your picture. May I do so?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

