

# Intake Tool

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Missouri Balance of State Continuum of Care Coordinated Entry System’s (MO BoS CoC CES) purpose is to assist individuals and families experiencing a housing crisis. Housing services are prioritized based upon severity of need and availability of services. We will ask you some questions to assess your housing needs. Some of the questions we ask might make you feel uncomfortable. If this happens during the interview, you may ask me to take a break or skip any of the questions. You may end the interview at any point. You have the right to confidentiality and privacy. Entry into the MO BoS CoC CES is not a guarantee of services.

There are different ways MO BoS CoC CES may be able to provide assistance based on your housing crisis. For participants who are **not** literally homeless, according to HUD’s definition, see attached brochure for HUD’s definition, this would be prevention and/or diversion referrals. For participants who are literally homeless, including those who are fleeing or attempting to flee domestic violence, according to HUD’s definition, may be placed on the Prioritization List if no prevention or diversion options resolve the housing crisis.

The MO BoS CoC CES Prioritization List is not a waiting list. If you are placed on the Prioritization List, you have an obligation to maintain contact with MO BoS CoC CES and provide updated contact information. If your housing situation or other significant life circumstance changes, contact us at \_\_\_\_\_ . You have the right to refuse any referral for services or housing. If you are referred to a housing resource, a member of the MO BoS CoC CES will have 3 business days to contact you. If you are unable to be contacted during that time, they will move on to the next eligible person on the CES Prioritization List. If no one is able to contact you for 60 days or you are no longer considered literally homeless per HUD’s definition, your name will be removed from the active Prioritization List. Your name may be placed on the active Prioritization List again when you contact us or another agency in the MO BoS CoC CES.

If you are referred to housing services you will need to provide verification of identity, such as: state issued driver’s license or non-driver id, social security card, birth certificate, verification of income (i.e. paystub, social security benefit letter, etc.), verification of homelessness (i.e. letters from homeless service providers, shelters, etc.). If you do not have these documents, please let us know so we may assist you in obtaining them immediately. If you have any questions about the CES, please contact us.

**Is someone in your life currently pressuring or intimidating you to make you do things you would rather not do? Is there anyone in your family or close circle who scares you or makes you afraid?**

Yes (**STOP!** Offer to contact a victim services provider for services, referral and/or safety planning. If the client declines to contact victim services, continue with intake.)

No

**Have you or anyone in your household served in the military?**

Yes (**STOP!** Offer to contact veteran administration or SSVF provider for services and referral. If the client declines to contact veteran services, continue with intake.)

No

**Are you currently in foster care, or did you leave foster care after the age of 16?**

Yes  No (If yes, client may be eligible for referral to FYI. Supplement with FYI eligibility form)

The grievance procedure and brochure was sent to: \_\_\_\_\_  
(address or email address)

A copy of the grievance procedure and brochure was handed to the participant.

**STOP! Please now complete the Missouri Balance of State CES ROI and the HMIS ROI (unless adding to the non-HMIS PL)**

**HOUSEHOLD INFORMATION**

**Head of Household's Name:** \_\_\_\_\_

Full Name  Partial, Street or Code Name  Client Doesn't Know  Client prefers not to answer  Data Not Collected  
*Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.*

**Social Security #:** \_\_\_\_\_

Full SSN  Approximate or partial SSN  Client Doesn't Know  Client prefers not to answer  Data Not Collected  
*Best Practice is to collect all nine of the SSN for all clients; CoC-, ESG, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS.*

**U.S. Veteran:**  Yes  No  Client Doesn't Know  Client prefers not to answer  Data Not Collected

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_

Full DoB  Approximate or partial DoB  Client Doesn't Know  Client prefers not to answer  Data Not Collected

**Sex:**  Male  Female  Client Doesn't Know  Client prefers not to answer

**Race & Ethnicity:**  American Indian, Alaska Native, or Indigenous  Asian, or Asian American  Black, African-American  Hispanic/Latina/o  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  
 Client Doesn't Know  Client prefers not to answer

*Select all that apply*

**Additional Race & Ethnicity:** *(optional, specify)* \_\_\_\_\_

**If female, pregnant?**  Yes  No  Client Doesn't Know **Projected Due Date:** \_\_\_ / \_\_\_ / \_\_\_\_

**Disabling Condition:**  Yes  No  Client Doesn't Know  Client prefers not to answer  Data Not Collected

**Income from Any Source:**  Yes  No  Client Doesn't Know  Client prefers not to answer  Data Not Collected

*If Yes, please list income sources and amounts:*

<b>Income Source</b>	<b>Amount</b>
Earned Income (i.e. employment income)	_____
Unemployment Insurance	_____
Supplemental Security Income (SSI)	_____
Social Security Disability Insurance (SSDI)	_____
VA Service-Connected Disability Compensation	_____
VA Non-Service-Connected Disability Pension	_____
Private Disability Insurance	_____
Worker's Compensation	_____
Temporary Assistance for Needy Families (TANF)	_____
General Assistance (GA)	_____
Retirement Income from Social Security	_____
Pension or retirement income from a former job	_____
Child Support	_____
Alimony and other spousal support	_____
Other Source (Specify: _____)	_____

**Total Monthly Income Amount:** \_\_\_\_\_

HOUSEHOLD INFORMATION

**Additional Adult Name:** \_\_\_\_\_

Full Name  Partial, Street or Code Name  Client Doesn't Know  Client prefers not to answer  Data Not Collected  
*Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.*

**Social Security #:** \_\_\_\_\_

Full SSN  Approximate or partial SSN  Client Doesn't Know  Client prefers not to answer  Data Not Collected  
*Best Practice is to collect all nine of the SSN for all clients; CoC-, ESG, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS.*

**U.S. Veteran:**  Yes  No  Client Doesn't Know  Client prefers not to answer  Data Not Collected

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_

Full DoB  Approximate or partial DoB  Client Doesn't Know  Client prefers not to answer  Data Not Collected

**Sex:**  Male  Female  Client Doesn't Know  Client prefers not to answer

**Race & Ethnicity:**  American Indian, Alaska Native, or Indigenous  Asian, or Asian American  Black, African-American  Hispanic/Latina/o  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  
 Client Doesn't Know  Client prefers not to answer

*Select all that apply*

**Additional Race & Ethnicity:** *(optional, specify)* \_\_\_\_\_

**Relationship to HoH:**  Child  Spouse/Partner  Other Relation  Non-Relation  Data Not Collected

**If female, pregnant?**  Yes  No  Client Doesn't Know **Projected Due Date:** \_\_\_ / \_\_\_ / \_\_\_

**Disabling Condition:**  Yes  No  Client Doesn't Know  Client prefers not to answer  Data Not Collected

**Income from Any Source:**  Yes  No  Client Doesn't Know  Client prefers not to answer  Data Not Collected

*If Yes, please list income sources and amounts:*

Income Source	Amount
Earned Income (i.e. employment income)	_____
Unemployment Insurance	_____
Supplemental Security Income (SSI)	_____
Social Security Disability Insurance (SSDI)	_____
VA Service-Connected Disability Compensation	_____
VA Non-Service-Connected Disability Pension	_____
Private Disability Insurance	_____
Worker's Compensation	_____
Temporary Assistance for Needy Families (TANF)	_____
General Assistance (GA)	_____
Retirement Income from Social Security	_____
Pension or retirement income from a former job	_____
Child Support	_____
Alimony and other spousal support	_____
Other Source (Specify: _____)	_____

**Total Monthly Income Amount:** \_\_\_\_\_

*(make copies of this page as needed for each additional adult)*

**Child' Name:** \_\_\_\_\_

- Full Name  Partial, Street or Code Name  
 Client Doesn't Know  Client prefers not to answer  Data Not Collected

*Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.*

**Social Security #:** \_\_\_\_\_

- Full SSN  Approximate or partial SSN  
 Client Doesn't Know  Client prefers not to answer  Data Not Collected

*Best Practice is to collect all nine of the SSN for all clients; CoC-, ESG, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS.*

**U.S. Veteran:**  Yes  No

- Client Doesn't Know  Client prefers not to answer  Data Not Collected

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_

- Full DoB  Approximate or partial DoB  
 Client Doesn't Know  Client prefers not to answer  Data Not Collected

**Sex:**  Male  Female

- Client Doesn't Know  Client prefers not to answer

**Race & Ethnicity:**

- American Indian, Alaska Native, or Indigenous  
 Asian, or Asian American  
 Black, African-American  
 Hispanic/Latina/o  
 Middle Eastern or North African  
 Native Hawaiian or Pacific Islander  
 White  
 Client Doesn't Know  
 Client prefers not to answer

*Select all that apply*

**Additional Race & Ethnicity:** *(optional, specify)* \_\_\_\_\_

**Relationship to HoH:**  Child  Spouse/Partner  Other Relation  Non-Relation  
 Data Not Collected

**If female, pregnant?**  Yes  No  Client Doesn't Know **Projected Due Date:** \_\_\_ / \_\_\_ / \_\_\_\_

**Disabling Condition:**  Yes  No

- Client Doesn't Know  Client prefers not to answer  Data Not Collected

*(make copies of this page as needed for each additional child)*

The Crisis Needs/Prevention Diversion Assessment assesses the participant's eligibility for prevention or diversion services. If a participant is eligible and does not qualify as literally homeless, provide resources.

Date assessment completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

County where assessment was completed: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name/Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Service Provider/Probation/Parole Contact Name: \_\_\_\_\_

Service Provider Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Service Provider Email: \_\_\_\_\_

My household is in need of the follow to resolve our housing crisis:

- Housing
- Rental Assistance
- Utility Assistance
- Relocation Assistance
- Issues with landlord/unit assistance
- Legal assistance for eviction

Landlord: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Current Living Situation (Where is the client staying right now?)

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

#### **Homeless Situations**

- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe Haven

*If one of the above selected, skip to next data element*

#### **Institutional Situations**

- Foster case home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

*If one of the above selected, skip to "Is the client going to have to leave their current living situation within 14 days?"*

#### **Temporary Housing Situations**

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment or house

*If one of the above selected, skip to "Is the client going to have to leave their current living situation within 14 days?"*

#### **Permanent housing situations (if none of these options match, skip to "Other")**

- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy\*
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- \*If rental by client, with ongoing subsidy, select type*
- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV Voucher (tenant or project based)
- Public housing unit

**CRISIS NEEDS/PREVENTION DIVERSION ASSESSMENT**

- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

*If one of the above selected, skip to "Is the client going to have to leave their current living situation within 14 days?"*

**Other**

- Other (specify): \_\_\_\_\_
- Worker unable to determine
- Client doesn't know
- Client prefers not to answer

**Is the client going to have to leave their current living situation within 14 days?**

- Yes
- No
- Client doesn't know
- Client prefers not to answer

*If yes, continue. Otherwise, skip to next data element*

**Has a subsequent residence been identified?**

- Yes
- No
- Client doesn't know
- Client prefers not to answer

**Does an individual or family have resources or support networks to obtain other permanent housing?**

- Yes
- No
- Client doesn't know
- Client prefers not to answer

**Has the client has a lease or ownership interest in a permanent housing unit in the last 60 days?**

- Yes
- No
- Client doesn't know
- Client prefers not to answer

**Has the client moved 2 or more times in the last 60 days?**

- Yes
- No
- Client doesn't know
- Client prefers not to answer

**Do you have any resources that could resolve your housing crisis, even temporarily?**

(Examples could be: call family/friends for assistance, relocate, increase income, pay for a hotel, contact landlord, etc.)

- Yes (**STOP!** Assist the participant with connection to resources that can resolve their issue)
- No

**Where did you stay last night? (Prior Living Situation)**

- Emergency Shelter, hotel/motel paid for by an agency, in a place not meant for human habitation <sup>1</sup>, in an institutional settings for less than 90 days and in one of the situations listed in this section immediately prior to the institutional setting <sup>2\*</sup> (0)
- Any situation below and fleeing/attempting to flee domestic violence\* (1)
- With friends/family (1)
- In my rental home/apartment (1)
- Hotel/motel paid for by self/friend/family (1)

**\*Complete Prioritization Assessment after finishing this assessment.**

1. Places not meant for human habitation (e.g. vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).
2. An institution setting includes a medical or psychiatric hospital; an in-patient treatment program; a nursing home; respite bed situation, or other typically congregate setting; and jail or other correctional facilities. You must have entered the institution directly from an emergency shelter or place not meant for human habitation.

**What is your household income\*? \_\_\_\_\_**

\*Examples of income: wages, SSI, SSDI, VA Benefits, child support, retirement, TANF, etc. This does not include food stamps.

Area Median Income:  >50% (0)  <50% (1)  <30% (2)  <25%(3)

**Housing Expense Calculation**

<b>Current Rent</b>		\$	_____
<b>Monthly Household Income</b>	÷	\$	_____
<b>Housing Income to Expense Ratio</b>	=		_____

Not applicable/No current rent (0)  <40%(0)  >40%(1)

**Do you currently have an eviction notice/notice to vacate/utility disconnection notice?**

Yes(1)  No (0)

**Number of times the household has moved in the last year?**

2+(1)  0-1 (0)

**Have you or anyone in your household resided in an emergency shelter or place not meant for human habitation in the past 5 years?**

Yes(1)  No (0)

**Do you receive any ongoing financial assistance to pay your rent such as: income-based, Housing Choice Voucher, SSVF, VASH, PSH, or Shelter Plus Care?**

Yes(1)  No (0)

**Prevention Diversion Assessment Score**

Are there any housing preferences in your household that would limit housing you are willing to live in (i.e. ground floor, specific neighborhood, etc.?)

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**Do you have any places you are no longer welcome to rent from?**

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**How did you hear about Coordinated Entry?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> MO Dept. of Corrections             | <input type="checkbox"/> MO Dept. of Mental Health   | <input type="checkbox"/> United Way 211   |
| <input type="checkbox"/> MO Dept of Health & Senior Services | <input type="checkbox"/> MO Dept. of Social Services | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Substance Use Treatment Facility    | <input type="checkbox"/> Self                        | <input type="checkbox"/> School           |
| <input type="checkbox"/> Emergency Room/Healthcare Facility  | <input type="checkbox"/> Marketing/Advertising       | <input type="checkbox"/> Word of Mouth    |
| <input type="checkbox"/> Other, please describe:             |  |   |

A CE Event is a single occurrence of an Access Event **or** Referral Event. There may be multiple CE Events at a time, or over the course of CE participation. Each CE Event needs to be documented separately.

**Head of Household's Name:** \_\_\_\_\_

**Date of Event:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Access Events:**

- Referral to Prevention Assistance project
- Problem Solving/Diversion/Rapid Resolution intervention or service\*
- Referral to scheduled Coordinated Entry Crisis Needs Assessment
- Referral to scheduled Coordinated Entry Housing Needs Assessment

\*If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service', please answer the following question:

- Problem Solving/Diversion/Rapid Resolution intervention or service result –
  - Client housed/re-housed in a safe alternative?      Yes    No

**Referral Events:**

- Referral to post-placement/follow-up case management\*
- Referral to Street Outreach project or services
- Referral to Housing Navigation project or services
- Referral to Non-continuum services: Ineligible for continuum services
- Referral to Non continuum services: No availability in continuum services
- Referral to Emergency Shelter bed opening\*\*
- Referral to Transitional Housing bed/unit opening\*\*
- Referral to Joint TH-RRH project/unit/resource opening\*\*
- Referral to RRH project resource opening\*\*
- Referral to PSH project resource opening\*\*
- Referral to Other PH project/unit/resource opening\*\*

\*If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:

- Referral to post-placement/follow-up case management result –
  - Enrolled in an Aftercare project?      Yes    No

\*\*If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following questions:

- Location of Crisis Housing or Permanent Housing Referral \_\_\_\_\_
- Referral Result:
  - Successful referral – client accepted
  - Unsuccessful referral – client rejected
  - Unsuccessful referral – provider rejected
- Date of Result: \_\_\_\_\_

**Coordinated Entry Assessment**

Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_      Assessment Location: MO 606      BoS CoC  
 Assessment Type:     In Person       Phone       Virtual  
 Assessment Level:       Crisis Needs Assessment       Housing Needs Assessment  
 Prioritization Status:       Placed on the Prioritization List       Not Placed on the Prioritization List

Prioritization Assessment

Complete a homelessness history below beginning with the first period of homelessness in the previous three years. If the client doesn't know exact dates, use months and years. Also, please complete the entire three year timeframe even if the person was not experiencing homelessness for portions of the time. The "Documentation" column is to help you and the client track the status of obtaining documentation of each episode of homelessness. You do not need to document the times the client was housed.

Dates	Literally Homeless	Location	Documentation
	Y/N		Y/N

Using the table above, answer the following questions to determine chronicity.

Time toward chronic homelessness will only include time spent in the following HUD literally homeless locations: Emergency Shelter, hotel/motel paid for by an agency, in a place not meant for human habitation<sup>1</sup>, in an institutional setting for less than 90 days and in one of the situations above immediately prior to the institutional setting.

- Is the client currently fleeing domestic violence? Yes No
- Does the client meet the HUD definition for chronically homeless? Yes No
- Can you provide documentation of these homeless situations? Yes No

**Prior Living Situation** (Where did the client stay immediately prior to entry? Often the same as Current Living Situation)

***Homeless Situations (if none of these options match, skip to "Institutional situations")***

- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe Haven

*Length of stay in homeless situation noted above*

- One night or less
- 90 days or more, but less than one year
- Two to six nights
- One year or longer
- One week or more, but less than one month
- Client doesn't know
- One month or more, but less than 90 days
- Client prefers not to answer

*Skip to "Approximate date homelessness started"*

***Institutional Situations***

- Foster case home or foster care group home
- Long-term care facility or nursing home
- Hospital or other residential non-psychiatric medical facility
- Psychiatric hospital or other psychiatric facility
- Jail, prison or juvenile detention facility
- Substance abuse treatment facility or detox center

*Length of stay in institutional situation noted above*

- One night or less
- 90 days or more, but less than one year
- Two to six nights
- One year or longer
- One week or more, but less than one month
- Client doesn't know
- One month or more, but less than 90 days
- Client prefers not to answer

Prioritization Assessment

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?

Yes  No

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

Temporary Housing Situations

- Residential project or halfway house with no homeless criteria
Hotel or motel paid for without emergency shelter voucher
Transitional housing for homeless persons (including homeless youth)
Host Home (non-crisis)
Staying or living in a friend's room, apartment, or house
Staying or living in a family member's room, apartment or house

Length of stay in temporary situation noted above

- One night or less
Two to six nights
One week or more, but less than one month
One month or more, but less than 90 days
90 days or more, but less than one year
One year or longer
Client doesn't know
Client prefers not to answer

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?

Yes  No

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

Permanent housing situations (if none of these options match, skip to "Other")

- Rental by client, no ongoing housing subsidy
Rental by client, with ongoing housing subsidy\*
Owned by client, no ongoing housing subsidy
Owned by client, with ongoing housing subsidy
\*If rental by client, with ongoing subsidy, select type
GPD TIP housing subsidy
VASH housing subsidy
RRH or equivalent subsidy
HCV Voucher (tenant or project based)
Public housing unit
Rental by client, with other ongoing housing subsidy
Housing Stability Voucher
Family Unification Program Voucher (FUP)
Foster Youth to Independence Initiative (FYI)
Permanent Supportive Housing
Other permanent housing dedicated for formerly homeless persons

Length of stay in permanent situation noted above

- One night or less
Two to six nights
One week or more, but less than one month
One month or more, but less than 90 days
90 days or more, but less than one year
One year or longer
Client doesn't know
Client prefers not to answer

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?

Yes  No

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

Other

- Client doesn't know
Client prefers not to answer

Approximate date this episode of homelessness started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Prioritization Assessment

Regardless of where they stayed last night, number of times on the streets, in ES, or SH in the last 3 years including today:

- One time, Two times, Three times, Four or more times, Client doesn't know, Client prefers not to answer

Total number of months homeless on the street, in ES or SH in the past 3 years:

- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, More than 12 months, Client Doesn't Know, Client prefers not to answer

(Current Living Situation will carry over from P/D Assessment)

Client Location CoC: MO-606 BOS Current County:

Are you willing to relocate? Yes No

If yes, list communities (city or county) client is willing to relocate to:

Horizontal lines for listing communities.

Do you have transportation to view units in those location(s), which may take several trips? Yes No

Do you have resources/transportation to permanently relocate? Yes No

Do you have support from family/friends in those locations? Yes No

Are you a registered sex offender? Yes No

Date of VI-SPDAT Assessment: / /

VI-SPDAT Type: Single Family Youth

VI-SPDAT Score:

Number of clients in household:

Add to Prioritization List

Prioritization List Start Date: / /

Provider adding client to the PL:

Name, phone number and email address of who completed this assessment:

Horizontal lines for name, phone number, and email address.

**Prioritization Assessment (Additional Adult Household Members)**

Complete a homelessness history below beginning with the first period of homelessness in the previous three years. If the client doesn't know exact dates, use months and years. Also, please complete the entire three year timeframe even if the person was not experiencing homelessness for portions of the time. The "Documentation" column is to help you and the client track the status of obtaining documentation of each episode of homelessness. You do not need to document the times the client was housed.

Dates	Literally Homeless	Location	Documentation
	Y/N		Y/N

Using the table above, answer the following questions to determine chronicity.

Time toward chronic homelessness will only include time spent in the following HUD literally homeless locations: Emergency Shelter, hotel/motel paid for by an agency, in a place not meant for human habitation<sup>1</sup>, in an institutional setting for less than 90 days and in one of the situations above immediately prior to the institutional setting.

- Is the client currently fleeing domestic violence? Yes No
- Does the client meet the HUD definition for chronically homeless? Yes No
- Can you provide documentation of these homeless situations? Yes No

**Prior Living Situation** (Where did the client stay immediately prior to entry? Often the same as Current Living Situation)

***Homeless Situations (if none of these options match, skip to "Institutional situations")***

- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe Haven

*Length of stay in homeless situation noted above*

<ul style="list-style-type: none"> <li><input type="checkbox"/> One night or less</li> <li><input type="checkbox"/> Two to six nights</li> <li><input type="checkbox"/> One week or more, but less than one month</li> <li><input type="checkbox"/> One month or more, but less than 90 days</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 90 days or more, but less than one year</li> <li><input type="checkbox"/> One year or longer</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client prefers not to answer</li> </ul>
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*Skip to "Approximate date homelessness started"*

***Institutional Situations***

<ul style="list-style-type: none"> <li><input type="checkbox"/> Foster case home or foster care group home</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison or juvenile detention facility</li> </ul> <p style="margin-left: 20px;"><i>Length of stay in institutional situation noted above</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One night or less</li> <li><input type="checkbox"/> Two to six nights</li> <li><input type="checkbox"/> One week or more, but less than one month</li> <li><input type="checkbox"/> One month or more, but less than 90 days</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> </ul> <p style="margin-left: 20px;"><i>Length of stay in institutional situation noted above</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 90 days or more, but less than one year</li> <li><input type="checkbox"/> One year or longer</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client prefers not to answer</li> </ul>
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**Prioritization Assessment (Additional Adult Household Members)**

*If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?*

- Yes     No

*If yes, skip to "Approximate date homelessness started" (below)*

*If no, skip to next section*

**Temporary Housing Situations**

- |  |   |
|--|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria<br><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher<br><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Host Home (non-crisis)<br><input type="checkbox"/> Staying or living in a friend's room, apartment, or house<br><input type="checkbox"/> Staying or living in a family member's room, apartment or house |
|--|---|

*Length of stay in temporary situation noted above*

One night or less

Two to six nights

One week or more, but less than one month

One month or more, but less than 90 days

90 days or more, but less than one year

One year or longer

Client doesn't know

Client prefers not to answer

*If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?*

- Yes     No

*If yes, skip to "Approximate date homelessness started" (below)*

*If no, skip to next section*

**Permanent housing situations (if none of these options match, skip to "Other")**

- |   |  |
|---|--|
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy<br><input type="checkbox"/> Rental by client, with ongoing housing subsidy*<br><input type="checkbox"/> Owned by client, no ongoing housing subsidy<br><input type="checkbox"/> Owned by client, with ongoing housing subsidy | <p><i>*If rental by client, with ongoing subsidy, select type</i></p> <input type="checkbox"/> GPD TIP housing subsidy<br><input type="checkbox"/> VASH housing subsidy<br><input type="checkbox"/> RRH or equivalent subsidy<br><input type="checkbox"/> HCV Voucher (tenant or project based)<br><input type="checkbox"/> Public housing unit<br><input type="checkbox"/> Rental by client, with other ongoing housing subsidy<br><input type="checkbox"/> Housing Stability Voucher<br><input type="checkbox"/> Family Unification Program Voucher (FUP)<br><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)<br><input type="checkbox"/> Permanent Supportive Housing<br><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |
|---|--|

*Length of stay in permanent situation noted above*

One night or less

Two to six nights

One week or more, but less than one month

One month or more, but less than 90 days

90 days or more, but less than one year

One year or longer

Client doesn't know

Client prefers not to answer

*If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?*

- Yes     No

*If yes, skip to "Approximate date homelessness started" (below)*

*If no, skip to next section*

**Other**

- |  |   |
|--|---|
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|--|---|

**Approximate date this episode of homelessness started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

Prioritization Assessment (Additional Adult Household Members)

Regardless of where they stayed last night, number of times on the streets, in ES, or SH in the last 3 years including today:

- One time, Two times, Three times, Four or more times, Client doesn't know, Client prefers not to answer

Total number of months homeless on the street, in ES or SH in the past 3 years:

- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, More than 12 months, Client Doesn't Know, Client prefers not to answer

(Current Living Situation will carry over from P/D Assessment)

Client Location CoC: MO-606 BOS Current County:

Are you willing to relocate? Yes No

If yes, list communities (city or county) client is willing to relocate to:

Horizontal lines for listing communities.

Do you have transportation to view units in those location(s), which may take several trips? Yes No

Do you have resources/transportation to permanently relocate? Yes No

Do you have support from family/friends in those locations? Yes No

Are you a registered sex offender? Yes No

Date of VI-SPDAT Assessment: / /

VI-SPDAT Type: Single Family Youth

VI-SPDAT Score:

Number of clients in household:

(make copies of assessment as needed for each additional adult)