

What type of assistance are you looking for? (Rental Arrears; Ongoing Assistance; Move to other housing, What is your current challenge?)

**Prevention / Re-Housing
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(PR-VI-SPDAT)**

Prevention/Re-Housing Prescreen Tool for Single Adults

To be used ONLY with people that are currently housed and feel they are at imminent risk of losing their housing. "Imminent risk" is determined by the program participant. Types of dwellings that count as "housed" for this tool are:

- *An apartment that is in their name (legally permitted to stay there)*
- *A home that they own*
- *The home of a parent, other relative or friend where they believe they have been staying permanently (not feeling there was a time limit on how long they were permitted to stay)*

VERSION 1.0

AMERICAN EDITION

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Administration

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

Opening Script

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

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

Basic Information

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

IF 60 YEARS OF AGE OR OLDER, SCORE 1.

SCORE:

Safety

I want to start by asking you some questions about your safety in your current location.

1. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend? Y N Refused
2. Have you experienced violence or threats of violence in the last six months, that has had an impact on feeling safe where you live? Y N Refused

IF "YES" TO EITHER OF THE ABOVE, THEN SCORE 1. SCORE:

3. Is your current situation in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused
4. I do not need any details, just a YES or NO: is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1. SCORE:

Long Term Housing Stability

Now, let's examine some of the other life areas that might impact long term housing stability.

5. Do you have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to stay housed? Y N Refused

IF "YES," THEN SCORE 1. SCORE:

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

IF "YES," THEN SCORE 1. SCORE:

7. Have you harmed yourself or anyone else in the last 6 months? Y N Refused

IF "YES," THEN SCORE 1. SCORE:

8. Is anyone currently forcing you to do something you don't want to do? Y N Refused

IF "YES," THEN SCORE 1. SCORE:

9. If female, are you currently pregnant? Y N Refused

IF "YES," THEN SCORE 1. SCORE:

History of Housing and Homelessness

PREVENTION / RE-HOUSING VI-SPDAT

SINGLE ADULTS

AMERICAN VERSION 1.0

10. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live? Y N Refused

a) **IF YES:** How many times has that occurred in the last three years? ___ Refused

b) **IF YES:** What is the total length of time that has happened if you add all of the different times together in the last three years? ___ Refused

IF "YES" AND 4+ TIMES AND/OR 12+ MONTHS, THEN SCORE 3.

SCORE:

11. In the last six months, have you accessed supports from any churches, other faith groups, or a non-profit organization to get supports to stay housed such as financial assistance, help working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that? **Y** N Refused

IF "YES," THEN SCORE 1.

SCORE:

12. Within the last six months in your current housing, how many complaints have there been about you from neighbours, the landlord or tenant/owner, or, the police? ___ Refused

IF 4+ COMPLAINTS, THEN SCORE 1.

SCORE:

13. Do any of the following issues make it hard for you to find or stay in permanent housing or connect with other resources that can help you do that:

a) Accessible housing because you have a disability that requires a special type of housing? **Y** N Refused

b) A poor credit history? **Y** N Refused

c) Restrictions on where you can live because of legal stuff? **Y** N Refused

d) No references for your housing or poor references on your housing history? **Y** N Refused

e) Difficulties understanding or communicating in English? **Y** N Refused

f) Difficulties with math that make it hard to budget or take care of your finances? **Y** N Refused

g) Safety issues which may include keeping where you live unknown to a past abuser? **Y** N Refused

IF "YES" TO ANY 2 OF THE ABOVE, THEN SCORE 1.

SCORE:

14. Are you currently living in an overcrowded situation (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding? **Y** N Refused

IF "YES," THEN SCORE 1.

SCORE:

15. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months, if that is legally possible? Y N Refused

IF "NO," THEN SCORE 1.

SCORE:

Personal Administration & Money Management

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

a) IF YES: What is the total amount of money that others think is owed? _____ Refused

IF THE TOTAL VALUE IS \$1,000+, THEN SCORE 1.

SCORE:

17. Do you get any money or assistance from the government like SSI, SSDI, TANF or Food Stamps, or do you have a pension, inheritance, get money from a regular job or working under the table, or anything like that? Y N Refused

a) IF YES: What is the next date you know you will receive money? _____ Refused

b) IF YES: What is the total amount you will expect to receive? _____ Refused

IF THE DATE IS MORE THAN 14 DAYS AWAY AND/OR THE VALUE IS LESS THAN HALF THE VALUE OF 16A, THEN SCORE 1.

SCORE:

18. What is the total amount of money you currently have, including any money in the bank or investments? _____ Refused

IF THE AMOUNT IS LESS THAN HALF THE VALUE OF 16A, THEN SCORE 1.

SCORE:

19. Is there anyone currently helping you manage your finances, like a payee, guardianship, or trustee, because a judge or the government said you have to? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

20. In the last year, how many times have you received a cash advance or loan from a business, bank, or person, where you have not repaid the full amount and the interest owed is 15% or more? _____ Refused

IF 3+ TIMES, THEN SCORE 1.

SCORE:

21. Have other members of your family or friends provided emergency financial assistance to you in the last three years to help you stay housed like helping you with rent, paying off arrears, paying a utility company to keep your lights on or anything like that, where they still expect you to pay them back but you have not been able to? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

Meaningful Daily Activity

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

IF "NO," THEN SCORE 1.

SCORE:

Self Care and Daily Living Skills

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

IF "NO," THEN SCORE 1.

SCORE:

Interactions with Emergency Services

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

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4+, THEN SCORE 1.

SCORE:

Wellness

- 25. Have you ever had to leave an apartment, residential program, or other place you were staying because of your physical health? Y N Refused
- 26. Do you have any chronic health issue where you are not accessing appropriate care or that is making it difficult to stay housed? Y N Refused
- 27. Do you have any physical disabilities that limit the type of housing you can access, or make it hard to live independently because help is needed? Y N Refused
- 28. When you are sick, do you avoid getting medical help? Y N Refused

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

29. Has your drinking or drug use caused you to be kicked out of an apartment or residential program or other place in the past? Y N Refused
30. Does drinking or drug use make it difficult to stay housed or afford your housing? Y N Refused

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

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

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

33. *DID THE INDIVIDUAL SCORE 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH?* Y N N/A or Refused

IF "YES", SCORE 1. **SCORE:**

34. Are there any medications that a doctor said you should be taking that, for whatever reason, they are not taking? Y N Refused
35. Are there any medications like painkillers that you do not take the way the doctor prescribed or where the medication is sold? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1. **SCORE:**

Scoring Summary

TOTAL	SCORE	RECOMMENDATION
<input type="text"/>	22+:	STRONG RECOMMENDATION FOR FINANCIAL AND CASE MANAGEMENT SUPPORTS
	16-21:	RECOMMENDATION FOR FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	11-15:	AS RESOURCES ALLOW, CONSIDER FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	0-10:	NO ASSISTANCE PROVIDED; MAY, HOWEVER, PROVIDE REFERRAL TO MAINSTREAM RESOURCES

COVID – 19 CRHMIS CLIENT INCLUSION DISCLOSURE

TO BE USED BY EMERGENCY SHELTER AND TRANSITIONAL HOUSING PROJECTS

PURPOSE: To inform clients of HMIS data entry and for clients to authorize or modify data sharing preferences within the HMIS for the project listed below:

AGENCY/PROVIDER:

INSTRUCTIONS: This form must be completed for every independent adult (18 years of age and over) and every unaccompanied minor PRIOR to data collection and entry into the HMIS at all CRHMIS-participating providers. This form also covers any household members under the client's guardianship, which includes all minors (persons under 18 years of age) and any incapacitated/disabled adults. The client is to be given pages 1 and 2 after completion.

HMIS PRIVACY NOTICE

This Notice applies to all CRHMIS-Participating Providers and addresses how information about clients may be used and disclosed at Providers as well as client rights over their information. This Notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

A. HMIS DATA COLLECTION & PURPOSE

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the housing and services provided to homeless individuals and families and persons at risk of homelessness. Providers participating in an HMIS are required to collect universal data elements from all clients, including Personally Identifying Information, demographic characteristics, and residential history. This information is critical for providers and communities to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Some providers are also required by their funders to obtain certain additional information to assess services, to determine eligibility, and to monitor outcomes. Most federally-funded homeless service providers are required to participate and record the clients they serve in an HMIS.

This agency is an HMIS-participating homeless service provider ("CRHMIS Provider"), meaning we collect and enter information about the persons we serve in the private and secure CARES Regional HMIS (CRHMIS) database, the local HMIS for this community. There are firm policies and procedures in place to protect against unauthorized disclosure of any personal information collected, and this information is critical to obtain an accurate picture of the homeless population we serve and for this agency to continue to offer you the service(s) you are accessing today. We only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program. We do not need your consent to enter a record of your visit into the CRHMIS, but you may refuse to have your personal identifying information within this record and still be eligible to receive services.

If you have any concerns or questions about the information provided above, please speak to an intake worker.

B. PERMITTED DATA USES AND DISCLOSURES

The CRHMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including Personally Identifying Information (PII is any information that can be used to identify a particular individual, including a client's name, Social Security Number, and Date of Birth). Once collected, we (as a CRHMIS Provider) have obligations about how these data may be used and disclosed (**uses** are internal activities for which providers interact with client PII; **disclosures** occur when providers share PII with an external entity). **CRHMIS Providers are limited to the following circumstances for the use and disclosure of HMIS PII:**

HUD required:

- (1) Client access to their information; and
- (2) Disclosures for oversight of compliance with HMIS privacy and security standards.

HUD permitted:

- (3) To provide or coordinate services to an individual;
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;
- (6) For creating de-identified reporting from PII;
- (7) Uses and disclosures required by law;
- (8) Uses and disclosures to avert a serious threat to health or safety;
- (9) Uses and disclosures about victims of abuse, neglect or domestic violence;
- (10) Uses and disclosures for research purposes; and
- (11) Uses and disclosures for law enforcement purposes.

A client must provide prior written consent for any other use or disclosure of HMIS PII.

CRHMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws**. Therefore, some CRHMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a projects. Specific, per-project information regarding data use and disclosure can be obtained upon request.

C. CLIENT CONTROL OVER DATA

The CRHMIS recognizes every independent legal adult (person over 17 years of age) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this CRHMIS Provider and consenting to your personal information being entered into a record within the CRHMIS, you transfer governance responsibility over your CRHMIS record to us, and we are responsible for handling your record in accordance with CRHMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your CRHMIS record, and as owner **you have the following rights, in general:**

- » **Refusal:** to refuse to answer a question you do not feel comfortable with and not have it recorded within the CRHMIS;
- » **Access/Correction:** to request and view a copy of your project information record within the CRHMIS from your provider, including those who have accessed and/or edited your record, and to request corrections to that record;
- » **Grievance:** to ask questions of or submit grievances to your provider regarding privacy and security policies and practices;
- » **Anonymized Record:** to request that your provider anonymize your personal data record within the CRHMIS; and
- » **Optional Data Sharing:** to choose if your information is shared outside of the CRHMIS with researchers and other providers, and to make this decision at each project you receive services from. (Please note that if you decide NOT to data share, it does not prohibit the project from entering your data into the CRHMIS – it prohibits the sharing of your data as outlined on the consent form).

CRHMIS Providers reserve the following exceptions to the above: (1) Provider Right to Deny Review: if information is compiled in reasonable anticipation of litigation or comparable proceedings; if information about another individual other than the participating provider staff would be disclosed; if information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the sources of the information; or if the disclosure of information would be reasonably likely to endanger the physical safety of any individual; and (2) Provider Right to Deny Access/Correction: in response to repeated or harassing requests.

D. RESPONSIBILITY TO PROTECT DATA

CARES of NY, Inc. (CARES) is the System Administrator of the CRHMIS. The CRHMIS uses Foothold Technology's AWARDS software application and database, which is maintained in compliance with all federal standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its subsequent legislation – the standards required to protect medical records – as well as U.S. Department of Housing and Urban Development HMIS standards.

The CARES CRHMIS staff take the protection of client confidentiality and privacy seriously. **The following security measures, among others, are in place to ensure that your information is protected:**

- » **System Security:** HMIS data is encrypted and securely transmitted from Providers to the HMIS database, extensive procedures are in place to prevent unauthorized access, and the entire HMIS system and database is protected at the highest level of security for health data;
- » **Access:** Only CARES CRHMIS staff and staff at providers may receive authorization to access the CRHMIS, and authorization requires comprehensive initial training and annual privacy and security training thereafter;
- » **Confidentiality Agreements:** Every CRHMIS Provider and every person authorized to read or enter information into the CRHMIS signs an agreement every year that includes: (1) commitments to maintain the confidentiality of all CRHMIS information; (2) commitments to comply with all security measures in compliance with federal HMIS requirements and any applicable federal, state, or local laws; and (3) penalties for violation of the agreement;
- » **Monitoring:** Annual monitoring is conducted for CRHMIS providers to ensure compliance with privacy and security policies; and
- » **Reporting:** Published CRHMIS reports are comprised of aggregate data only, and never contain any client-level or identifying (PII) data.

IMPORTANT INFORMATION FOR ALL CLIENTS – PLEASE READ

If you do not understand any of the information within this form, you may ask your intake worker for further explanation or an alternate format.

You may **keep the first 2 pages** of this form (containing the HMIS Privacy Notice) for your records.

You may request a copy of any participating provider or CRHMIS policies from your intake worker. Further information regarding CRHMIS privacy and security is also available in the CRHMIS Policies and Procedures (accessible online at www.caresny.org/).

You may contact your participating provider regarding any of your rights as listed above, including if you feel that any of these rights have been violated. If your provider's response does not satisfy you, you may then contact the CRHMIS directly at hmis@caresny.org or (518) 489-4130.

COVID – 19 CRHMIS CLIENT INCLUSION DISCLOSURE

TO BE USED BY EMERGENCY SHELTER AND TRANSITIONAL HOUSING PROJECTS

The agency is to retain this page for their records.

It may be requested by the Collaborative Applicant or HMIS Lead Agency for monitoring purposes.

CLIENT NAME:

AGENCY NAME:

E. ACKNOWLEDGEMENT OF INCLUSION

No client consent is required to enter client data from provider forms into the CRHMIS, including personally identifying information. All Protected Identifying Information (PII) entered into the HMIS for the purpose of Coordinated Entry may be shared with other participating providers through the HMIS to better serve your needs and streamline the intake process. Additional sharing of your PII will not happen without agreeing through the consent below.

To show you are aware of this, we ask you to initial below.

** _____ Please initial to indicate that you have read (or been read) and understand the above information.

Please indicate method by which acknowledgement was received.

- Phone
- In Person

IMPORTANT - CLIENT IS TO BE GIVEN PAGES 1 AND 2