

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Don't Know Refused

Ethnicity:

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- Don't Know
- Refused

Housing Status *(May be able to use previous answers to answer this question).*

- Homelessness
- At imminent risk of losing their housing
- Homeless only under other Federal statutes
- Fleeing domestic violence
- At-risk of homelessness – prevention programs only
- Stably housed
- Don't Know
- Refused

Head of Household

- Yes No

Were you ever on active duty in the Armed Forces in the United States?

- Yes No Don't Know Refused

Do you have military ID?

- Military Card ID
- DD-214

If yes:

Year entered military service: ____/____/____

Year separated from military service: ____/____/____

Served in a theater of operations?: Yes No Don't Know Refused

Name of theater of operations:

- World War II Korean War Vietnam War
- Persian Gulf War (Operation Desert Storm)
- Afghanistan (Operation Enduring Freedom)
- Iraq (Operation Iraqi Freedom)
- Iraq (Operation New Dawn)
- Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
- Don't Know Refused

Branch of the Military

- Army
- Air Force
- Navy
- Marines
- Coast Guard
- Other
- Don't know
- Refused

Discharge Status

- Honorable
- General under honorable conditions
- Under other than honorable conditions (OTH)
- Bad conduct
- Dishonorable
- Uncharacterized
- Don't know
- Refused

Have you ever received healthcare from a VA Medical Center? If so, where?

Have you applied or have a pending application for VA benefits or compensation?

Youth only:

Last grade completed

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-12
- GED
- Some college
- Don't know
- Refused

Youth Only: School Status

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Don't Know
- Refused

Formerly a ward of juvenile justice system?:

- No
- Yes
- Don't know
- Refused

If yes:

Number of years

- Less than one year
- 1 to 3 years
- 3 to 5 years
- More than 5 years

(If number of years is Less than one year)

Number of months (a number between 1 and 11) _____

Youth only continued

General Health

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Refused

Are you pregnant?

- No
- Yes
- Don't know
- Refused

If yes, due date: __/__/____

Do you receive any of the following benefits?

- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-funded Services
- Section 8, public housing, or other ongoing rental assistance
- Other source
- Temporary rental assistance

Do you have health insurance?

- Yes No Don't Know Refused

If yes, what kind?

- Medicaid
- Medicare
- State Children's Health Insurance Program
- Veterans Administration Medical Services
- Employer Provided Health Insurance
- Health Insurance Through Cobra
- Private Pay Health Insurance
- Ryan White Medical Assistance

AIDS Drug Assistance Program

Are you employed?

Yes No Don't Know Refused

If yes, what is your employment status?

- Full-time
- Part-time
- Part-time, looking for full-time
- Seasonal/sporadic (including day labor)
- Not employed, looking for work
- Not employed, in school
- Not employed, unable to work
- Not employed, not looking for work
- Don't know
- Refused

If you have experienced domestic violence, when did the experience occur?

- Within the past three months
- Three to six months ago
- From six to one year ago
- More than a year ago
- Don't know
- Refused

III. PREVENTION/DIVERSION QUESTIONS

This part may be skipped if it has already been established the household is living somewhere unfit for human habitation, on the street, or exiting an institution.

1. **Where did you sleep last night?** _____

2. **(IF named a location above) Was it a safe location?** Yes No
 Don't Know

3. **Why did you have to leave the place you stayed last night? Could you stay tonight at the same location?** _____

4. **What would you need to help you stay where you stayed last night again?**

5. **Would it help if I contacted the person you stayed with?** Yes No
 Don't Know

What is the best way to contact that person? _____

SHELTER REFERRALS:

Using information about the consumer, make referrals according to the following:

Single Adult Men: Our Lady of Guadalupe Shelter, Calexico 760-xxx-xxxx

Single Women:

(1) Calexico: Neighborhood House, 760 xxx-xxxx

(2) El Centro: House of Hope, 760-352-1182

Families (female head of household only):

(1) Calexico: Neighborhood House, 760 xxx-xxxx

(2) El Centro: House of Hope, 760-352-1182

People Seeking Domestic Violence Services or in Imminent Danger:

Womanhaven 760 xxx-xxxx

Youth Under the Age of 18:

IVROP/Project Ace?

NOTE SHELTER REFERRAL HERE: _____

Then continue with Housing Prioritization Tool.

IV. HOUSING PRIORITIZATION TOOL

For each answer, circle the color code or write the number in the score line.

Question(s)	Color Code	Numerical Score
<p>1. Is this the first time you've been homeless in the past five years?</p> <p><input type="checkbox"/> Yes - Go to question 2 <input type="checkbox"/> No - Go to question 3</p> <p><i>Explain definition of homelessness again – use definition from Part I, Question 1.</i></p>		
<p>2. Have you been homeless for more than 90 days?</p> <p><input type="checkbox"/> Yes - Go to question 3 <input type="checkbox"/> No - Circle "Green" & skip to question 4</p>	GREEN	
<p>3. When you were homeless before, did you ever receive temporary assistance to help you move back into housing such as temporary rental assistance, deposits, help with moving costs, etc.?</p> <p><i>This question is intended to identify if the individual or family has received rapid re-housing assistance in the past. This question may also be asked by asking if the person has been served by a rapid re-housing program and then naming the rapid re-housing programs in the county. If YES, ask if they received that kind of assistance once, or if it happened more than once. Check HMIS for a record of the person also and ask "Is it okay if I check our system to see if you've been served before?"</i></p> <p><input type="checkbox"/> Yes, more than once - Circle color code "Red" & skip to question 13. <input type="checkbox"/> Yes, once - Circle color code "Orange" and go to question 4. <input type="checkbox"/> No - Circle color code "Yellow" and go to question 4.</p>	YELLOW ORANGE RED	
<p>4. How many dependents do you have with you in your care? <i>If you already know the answer, don't ask again.</i></p> <p><input type="checkbox"/> 0-3 - Go to question 5. <input type="checkbox"/> 4 or more - Assign a numerical score of "1" and go to question 5.</p>		
<p>5. Are you under 25 years of age with at least one child under the age of 5? <i>If you already know the answer, don't ask again.</i></p> <p><input type="checkbox"/> Yes - Assign a numerical score of "1" and go to question 6. <input type="checkbox"/> No - Go to question 6.</p>		

Question(s)	Color Code	Numerical Score
<p>6. Have you ever been in jail, arrested, or accused of a crime or criminal activity (even if it wasn't true)? <i>If necessary, explain that the presence of a criminal history will not reduce the person's likelihood of receiving assistance.</i> <input type="checkbox"/> Yes - Go to question 7. <input type="checkbox"/> No - Go to question 8.</p>		
<p>7. Does your criminal history include:</p> <p><input type="checkbox"/> Offenses that make it exceedingly difficult to find housing: Arson, Placement on Sex Offender Registry, Production of Crystal Meth - Assign a numerical score of "3" and go to question 8.</p> <p><input type="checkbox"/> Drug offenses or crimes against persons or property? - Assign a numerical score of "2" and go to question 8.</p> <p><input type="checkbox"/> Just a few minor offenses such as moving violations, a DUI, or a misdemeanor? - Assign a numerical score of "1" and go to question 8.</p>		
<p>8. Do you have any evictions? Have you been asked to leave your rental apartment or did the landlord use legal papers to ask you to leave? <i>Explain that the presence of eviction(s) will not reduce the person's likelihood of receiving assistance.</i> <input type="checkbox"/> Yes - Go to question 9. <input type="checkbox"/> No - Skip to question 10.</p>		
<p>9. How many evictions do you have?</p> <p><input type="checkbox"/> One or two? - Assign a numerical score of "1" and go to question 10.</p> <p><input type="checkbox"/> Three or more? - Assign a numerical score of "2" and go to question 10.</p>		
<p>10. Do you have friends or family members who you can stay with for a short period of time, or who can lend you money?</p> <p><input type="checkbox"/> Yes - Assign a numerical score of "-1" and go to question 11.</p> <p><input type="checkbox"/> No - Go to question 11.</p>		
<p>11. Do you have any income from any source right now? Ask targeted questions - refer to earlier answers during Part II well.</p> <p><input type="checkbox"/> Earned income</p> <p><input type="checkbox"/> Unemployment insurance</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Social Security Disability Income (SSDI)</p> <p><input type="checkbox"/> VA-Service Connected Disability Compensation</p> <p><input type="checkbox"/> VA non-service-connected disability pension</p>		

Question(s)	Color Code	Numerical Score
<input type="checkbox"/> Private disability insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> General Assistance (GA/ Cash Aid) <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Veteran's pension <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Child support <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other source _____ <input type="checkbox"/> Yes - Go to question 12. <input type="checkbox"/> No - Assign a numerical score of "2" and skip to question 13 <input type="checkbox"/> Don't know or refused Skip to question 13.		
<p>12. What is your monthly income right now? <i>Do not ask out loud - refer to matrix of local area median income (AMI) thresholds.</i></p> <input type="checkbox"/> Above 30% AMI - Go to question 13. <input type="checkbox"/> Between 16% and 30% AMI - Assign a numerical score of "1" and go to question 13. <input type="checkbox"/> Less than 15% AMI - Assign a numerical score of "2" and go to question 13.		
<p>13. Does your credit history include a judgment for debt to a landlord?</p> <input type="checkbox"/> Yes - Assign a numerical score of "1" and go to question 14. <input type="checkbox"/> No - Go to question 14.		
<p>14. TOTAL - Enter Circled Color Code (from Questions 2-3) and total ALL numerical scores (from Questions 3-13) and go to Part V.</p>		

FY 2014 HUD Income Limits Summary
[Insert your community's income limits]

Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI								
15% AMI								

V. HOUSING PRIORITIZATION TOOL SCORING

Using the numerical scores and color designation tabulated in question 14 above and find the priority level for each intervention with the charts below. If the box says "None" there is no priority level for this intervention.

Rapid Re-Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 - 4	5 or more
Green	G	F	D
Yellow	E	C	B
Orange	A	A	A
Red	None	None	None

Rapid Re-Housing Priority Level

Transitional Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 - 4	5 or more
Green	H	G	E
Yellow	F	D	C
Orange	B	B	B
Red	A	A	A

Transitional Housing Priority Level

Permanent Supportive Housing Priority Level			
Color Code	Numerical Score		
	2 or less	3 - 4	5 or more
Green	None	None	None
Yellow	None	None	A
Orange	None	None	A
Red	A	A	A

Note: When an individual's score results in a Permanent Supportive Housing Priority Level recommendation, a person's disability status will be determined and a vulnerability assessment will be completed.

Permanent Supportive Housing Priority Level

VI. POPULATION SPECIFIC QUESTIONS

[These questions and instructions will likely have to be tailored to reflect the available services in your community]

1. Are you interested in a program that provides substance abuse services or addiction treatment services? Yes No

If YES: Are you looking for a group setting where others around you will be sober and the program encourages complete sobriety? Yes No

If YES, consumer is automatic priority for transitional housing – substance abuse. Discuss this option and what it offers versus any other consumer might be prioritized for according to the tool.

2. Are you seeking services related to HIV/AIDS?

Yes No

IF Yes, refer to HOPWA program through Denise Andrade? ; LBGTQ Center?- KEN- Please advise here, too

3. Are you seeking programs that are targeted specifically to people under the age of 24?

Yes No

If yes, refer to IVROP?

VII. CHOOSING A REFERRAL

*Check daily priority list posting to see if consumer's score prioritizes them for any intervention. **If they are eligible to be on a list for an intervention, then read the following script:***

"We have a few different housing options available. According to what we've talked about today, it seems like you are a high priority client for (name interventions). The waiting time for this/these intervention(s) is _____. (Describe interventions in a little more detail, including general services offered, length of program, goal of program). You will get picked on the list on a first-come, first-serve basis, unless you are waiting for certain substance abuse services or permanent supportive housing, in which case the most vulnerable clients will be chosen first." (If eligible for more than one intervention: "You can be on the list for only one intervention at a time. I believe this intervention would be best for you based on the results of the assessment, but you have a choice. Which intervention would you like to be on the priority list for?")

Add consumer to end of priority list for their intervention of choice (except for substance abuse TH and PSH, when you should prioritize them according to score). If they answered yes to any questions in Part VI, check these against eligibility requirements in different interventions. If no availability in their intervention of choice currently, refer to shelter noted in Part III. Refer to policies and procedures manual for further referral instructions.

If consumer is not eligible to be prioritized for anything, then read the following script:

"We will refer you to _____ (emergency shelter). From there, the case managers will work with you to help you find the best way to get you out of homelessness." Refer consumer to shelter noted in Part III.

VIII. VULNERABILITY INDEX

1. In what language do you feel best able to express yourself?

OK, first I'm going to ask you a few questions about your housing history...

2. What is the total length of time you have lived on the streets or shelters?

of years:

of months:

3. In the past three years, how many times have you been homeless and then housed again?

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

Shelters Streets Car/Van Subway/Bus Beach Other (specify)

OK, now I'd like to ask you a few questions about your health...

5. Where do you usually go for healthcare or when you're not feeling well?

EC Medical Center Pioneers Hospital VA Clinic Compesinos Unidos Clinic _____

Other Does not go for care

6. How many times have you been to the emergency room in the past three months? _____

7. How many times have you been hospitalized as an inpatient in the past year? _____

8. 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?

a. **Kidney disease/ End Stage Renal Disease or Dialysis.....** Yes No Refused

b. **History of frostbite, Hypothermia, or Immersion Foot.....** Yes No Refused

c. **History of Heat Stroke/Heat Exhaustion.....** Yes No Refused

d. **Liver disease, Cirrhosis, or End-Stage Liver Disease.....** Yes No Refused

e. **Heart disease, Arrhythmia, or Irregular Heartbeat.....** Yes No Refused

f. **HIV+/AIDS.....** Yes No Refused

g. **Emphysema.....** Yes No Refused

h. **Diabetes.....** Yes No Refused

i. **Asthma.....** Yes No Refused

j. **Cancer.....** Yes No Refused

k. **Hepatitis C.....** Yes No Refused

l. **Tuberculosis.....** Yes No Refused

m. **DO NOT ASK: Surveyor, do you observe signs or symptoms of serious physical health conditions?.....** Yes No Describe _____

n. Have you ever abused drug/alcohol, or been told you do?..... Yes No Refused

o. Have you consumed alcohol everyday for the past month?.... Yes No Refused

p. Have you ever used injection drugs or shots?..... Yes No Refused

q. Have you ever been treated for drug or alcohol abuse?..... Yes No Refused

r. DO NOT ASK: Surveyor, do you observe signs of symptoms of alcohol or drug abuse?..... Yes No

s. Are you currently or have you ever received treatment for mental health issues? Yes No Refused

t. Have you ever been taken to the hospital against your will for mental health reasons?
..... Yes No Refused

u. DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness?..... Yes No

v. Have you been the victim of a violent attack since you've become homeless? Yes No Refused

w. Do you have a physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?
..... Yes No Refused

x. Have you had a serious brain injury or trauma that required hospitalization or surgery?
..... Yes No Refused

Alright, now I've just got a few more questions...

9. If you served in the military, was your discharge honorable? Yes No Refused

10. Have you ever been in jail? Yes No Refused

11. Have you ever been in prison? Yes No Refused

12. Have you ever been in foster care? Yes No Refused

13. How do you make money? (choose as many as apply)

<input type="checkbox"/> Work, on-the-books	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> None from this list
<input type="checkbox"/> Work, off-the-books	<input type="checkbox"/> Sex Trade	<input type="checkbox"/> Other _____
<input type="checkbox"/> SSI	<input type="checkbox"/> Drug Trade	_____
<input type="checkbox"/> SSDI/SSA	<input type="checkbox"/> Recycling	
<input type="checkbox"/> VA	<input type="checkbox"/> Panhandling	
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> No Income	

14. What is your citizenship status? Citizen Legal Resident Undocumented

OK, now I'm going to ask you some questions about your community

15. Is there a person/outreach worker that you trust more than others? Yes No
His or her name _____ Refused

16. If yes, do you know what agency they work for?

OK, now I'd like to take your picture. May I do so? Note answer Yes No

IX. VULNERABILITY INDEX SCORING

If answer to question 6 was 3 or more, add one point..._____

If answer to question 7 was 3 or more, add one point..._____

If answer was "yes" to 8a, add one point..._____

If answer was "yes" to 8b, add one point..._____

If answer was "yes" to 8d, add one point..._____

If answer yes "yes" to 8f, add one point..._____

If over age 60, add one point..._____

If answer was yes to any question from 8a-m or 8w or 8x, AND yes to any question 8n-r, AND yes to any question 8s-u, add one point..._____

TOTAL NUMBER OF POINTS: _____

- *Place client on permanent supportive housing priority list based on number of points received.*
- *Those with 8 should be at the top, those with 7 next, etc.*