



## OPERATIONAL STANDARDS for THE CALL

### OVERVIEW.

THE CALL [Coordinated Assessment to Local Links] is a process set up for the three Continuums of Care [CoC] within Bristol County— New Bedford’s CoC [Homeless Service Providers Network—HSPN], Fall River’s CoC [Homeless Service Providers Coalition], and the Greater Bristol County/Attleboro/Taunton/Coalition to End Homelessness’ CoC [GBCATCH]. The participating programs within each of these CoCs will work cooperatively to provide a single point of intake and initial assessment. This will assist residents in the continuums by meeting their housing needs with more efficiency. THE CALL will also comply with the goals and regulations of the Emergency Solutions Grant (ESG) and the HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) Act.

Referrals to housing services and providers will be completed through a single source coordinated throughout each CoC. CSS (Catholic Social Services) is responsible for the operations of THE CALL which will be the initial source for intake and initial assessment. All agencies receiving CoC funding for housing related programs will be required to participate. Other programs within the CoCs are encouraged to participate. Oversight of the program process will be provided by an advisory committee comprised of representatives of the three Continuums of Care. Each Continuum may conduct their own monitoring of the program.

### PROCESS.

THE CALL consists of three distinct components:

- Telephone entry into homeless systems and completion of vulnerability index
- Placement in housing, either emergency, transitional, or permanent and placement on waiting list for housing within participating agencies
- Monitoring and evaluation to ensure efficacy of the process

#### 1. CALL CENTER

##### Telephone calls

THE CALL shall be accessible by dialing 1-800-HOMELESS. All calls coming into the call center will be handled as follows: a client in need of housing assistance will immediately be referred to THE CALL staff. If no staff is available, the caller will be prompted to leave contact information and THE CALL staff will return their call. Once THE CALL staff is connected with the caller, they will undergo an initial client assessment and basic information will be entered into HMIS (Homeless Management Information Systems) by THE CALL including: name, contact phone number or email address and other core information: date of birth, social security number and mother’s maiden name.

##### Subpopulations

If the client is under extreme life threatening duress or involved in a domestic violence situation, they will immediately be connected with appropriate resources including: police, Safelink, local domestic violence shelters.

If the client is a veteran, the client will be referred to the appropriate veteran's agencies. The client will also be placed in an emergency shelter if needed and the receiving agency will refer for appropriate veteran services.

All clients will be served on a case by case basis with the goal being to locate resources for the client.

### Strategic Placement

The following order will be used when assessing each individual client based on HUD preferences:

1. Diversion
  - a. Staff on duty will review with the client potential resources they have within their own family and resources
  - b. Staff will review resources used in the past and potential resources that a client could use either temporarily while accessing services or could use to prevent the need for ongoing services
  - c. If sustaining housing is possible, divert to prevention or rapid re-housing
2. Prevention
  - a. Staff will notify a client who may qualify for Prevention services the necessary documentation needed for application. If the client has documentation, an appointment will be scheduled with ESG staff utilizing the centralized CSS Emergency Solutions calendar
  - b. If client does not have documentation then an introductory letter will be mailed to client stating all documentation needed in order to apply for Rapid Rehousing services
3. Rapid Rehousing
  - a. Staff will notify a client who may qualify for Rapid Rehousing services the necessary documentation needed for application. If client has documentation, an appointment will be scheduled with ESG staff utilizing the centralized CSS Emergency Solutions calendar
  - b. If client does not have documentation then an introductory letter will be mailed to client stating all documentation needed in order to apply for Rapid Rehousing services
  - c. If sustaining housing is possible, divert to prevention or rapid re-housing
4. Permanent or Transitional Housing
  - a. Client will complete Vulnerability Index in order to go onto a waiting list for PSH (Permanent Supporting Housing), or Transitional Housing
  - b. Client will be given a score based on need and will referred to an opening in PSH or Transitional Housing based on priority rating which is determined by the vulnerability index
  - c. If there are no openings available client will enter a waiting list which is based on those with the most need
5. Shelter Services
  - a. Staff will attempt to locate shelter for the individual or family based on availability provided to THE CALL each morning
  - b. Staff will assist with providing a family information as to how to access DHCD (Department of Housing and Community Development) assistance for EA (Emergency Assistance) shelter services
  - c. Staff will contact shelters not utilizing the Coordinated Entry system to attempt to locate an opening for immediate service
  - d. If no shelter bed is available individual or family can complete a SPDAT (Service Prioritization Decision Assessment Tool) to determine place on waiting list if bed becomes available after shelter curfew

## 2. **ELIGIBILITY**

### 2.1 Emergency Shelter

- Must be literally homeless according to HUD definitions
- Can be safely maintained in shelter and behavior is not an obstacle to safety
- Registered sex offenders are not eligible
- Families must be referred to Massachusetts (DHCD) Department of Housing and Community Development located within the (DTA) Department of Transitional Assistance before offered other shelter/housing options.
- Emergency Shelter should be reserved for the most vulnerable, hardest-to-serve clients.

### 2.2 Transitional Housing

- Must be screened for diversion first
- Applicant must be homeless coming from shelter/s and/or streets with income below 30% AMI (Area Median Income).
- Applicant must be able to be safely maintained in the program
- Client cannot be slated for PSH AND
- At least one prior episode of homelessness (except young adults) AND
- Be classified as one of the following special subpopulations:
  - Young adult 18-24
  - Family with children under age 5
  - Substance use disorder
  - Behavioral health disorder
  - Military veteran
  - Fleeing DV and DV the cause of recent homeless episode

### 2.3 Permanent Supportive Housing

- Must meet HUD definition of literally homeless AND
- Include one family member with a disability
- For HUD CoC-funded units, the priority for housing is given to those household who are defined as chronic homeless with the most barriers to housing

## 3. **NOTIFICATION of VACANCIES**

Participating agencies must complete eligibility forms (see addendum) for each participating program. Eligibility forms will be updated annually to reflect the most current bed counts and eligibility criteria. If a new program begins in a participating agency it will be the agency's responsibility to submit the eligibility criteria form to THE CALL a minimum of five (business) days before the program begins.

If a new agency would like to participate with THE CALL they will first need to contact the CoC in their service area and execute an MOU (Memorandum of Understanding) for that Continuum. They will work with that Continuum to ensure they have provided the necessary documentation and information to participate in THE CALL.

All programs including Emergency Shelter, Transitional Housing, Permanent Supportive Housing, Rapid Re-Housing, and Prevention programs are required to report vacancies between 8:30am-9:30am every morning. On Friday, Saturday, and Sunday the on call worker will contact each agency that contains emergency shelter beds by 9:30am and determine how many beds are open for the day in order to place individuals in case of an emergency.

### 3.1 Emergency Shelter

Providers must hold the vacancy on behalf of the referred client in accordance with the emergency shelter's protocols. If the referred individual or family does not arrive at the shelter to claim a bed by the appointed time the shelter will contact THE CALL and notify that the bed has reopened for the evening.

### 3.2 Transitional Housing

Staff at the Housing program will determine eligibility and acceptance or rejection into the program within three business days. If the homeless family or individual is accepted, the receiving program must document that acceptance and arrange for move-in within three business days from acceptance. To ensure that vacancies are promptly filled, THE CALL may issue up to three referrals per vacancy.

### 3.3 Permanent Supportive Housing

After the intake interview, staff will determine eligibility and acceptance or rejection into the program within five business days. If the homeless individual or family is accepted the receiving program must document that acceptance and arrange for move-in as follows:

- Project-Based PSH Program – dependent upon room readiness
- Scattered-Site PSH Program –
  - Dependent upon tenant's acceptance of apartment
  - Dependent upon landlord acceptance of tenant
  - Dependent upon inspection of unit, repairs and re-inspection as applicable

To ensure that vacancies are promptly filled, THE CALL may issue up to three referrals per vacancy.

## 4. **CLIENT/CONSUMER CHOICE – PREFERENCE AND DECLINE POLICY**

Due to limited resources within each Continuum clients/consumers are not able to decline a referral and continue to receive services except under very limited circumstances, as all referrals should be appropriate for the client and the receiving programs.

In the case that a client declines a referral for a valid reason as decided by THE CALL and the Receiving Program, THE CALL will, at their discretion, require a case conference to review and resolve rejection decisions by clients. The purpose of the case conference will be to resolve barriers to the client receiving the indicated and desired level of service.

## 5. **PROVIDER DECLINE POLICY**

### 5.1 Emergency Shelters

Emergency Shelters may only decline individuals and families found eligible for and referred by THE CALL under limited circumstances including

- No actual vacancy available
- The household presents with more people than referred by THE CALL
- The Emergency Shelter has determined that the individual or family cannot be safely accommodated

The Emergency Shelter must accommodate the client or provide an appropriate referral and must report the reason for any decisions to reject a client to THE CALL. If the rejected client has not otherwise been accommodated for the night and no

appropriate referral can be made, the Emergency Shelter must refer the client back to THE CALL

5.2 Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing

The above listed housing programs may only decline individuals and families found eligible for and referred by THE CALL under limited circumstances which include the following

- No actual vacancy available
- The Household presents with more people than referred by THE CALL
- The Household has missed two intake appointments
- Based on individual program policies and procedures, the Receiving Program has determined that the individual or family cannot be safely accommodated
- Based on individual program policies and procedures the Receiving Program has determined the individual cannot meet tenancy obligations with the supports provided by the program.
- The Household has not presented at the Receiving Program within five business days from the intake appointment.

Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services as long as the client reasonably complies with the tenancy and is of no harm to himself or others.

The Continuums of Care have agreed that Providers must accept at least two of every three referrals received from THE CALL.

If the client, referred by THE CALL, has not presented at the Receiving Program within five business days from the intake appointment, the Receiving Program must notify THE CALL and document the lack of follow through by the client. Should client present at or contact the Receiving Program after more than five days from the appointment, the Receiving Program must refer the client back to THE CALL, and the client is placed at the bottom of the Centralized Waitlist.

5.3 Clients declined by all referrals

THE CALL may convene a case conference in the event that a client has been declined by three programs. THE purpose of the case conference will be to resolve barriers to the client receiving indicated level of service. THE CALL will determine which parties will attend the case conference, including but not limited to the Assessment Entity, the receiving Programs, and other Collateral Contacts as determined necessary. THE CALL will then arrange a conference with the client to discuss any alternative options.

**6. RETURNS TO EMERGENCY SHELTER OR THE STREETS**

If a client/household can no longer be served by a housing program and the Receiving Program has exhausted all of its agency resources, THE CALL should be notified to determine if another placement could be made to prevent a return to emergency shelter or the streets.

**7. HOLDING BEDS OR UNITS TO LOCATE CLIENTS**

7.1 Emergency Shelter

Once a referral is made, the provider is required to hold a bed until a time as set by the Emergency Shelter's protocols, in order for the individual or household to arrive at the Emergency Shelter.

7.2 Transitional Housing, Permanent Supportive Housing

Once a referral has been made by THE CALL, the Receiving Program is required to hold the unit vacant for three business days in order to locate and inform the individual or household of the availability of housing and arrange the intake

**8. GRIEVANCE AND APPEALS POLICIES**

All grievance and appeals will be handled within the agency according to their policies and procedures.

All households have the right to appeal eligibility and referrals made by THE CALL. All appeals of this nature should be made in writing and submitted within 10 days of client notification to THE CALL Evaluation Subcommittee of the SOCO (South Coast Regional Network to End Homelessness). The entity receiving the appeal must respond in writing to all appeals within 14 days. Responses must be submitted to THE CALL, Receiving Program and the client.

**9. MONITORING**

All Continuums of Care may develop their own method for monitoring the effectiveness of THE CALL including agency participation and cooperation with THE CALL.

In addition The Southcoast Regional Network to End Homelessness [SoCo] will institute a way in which to measure the effectiveness of THE CALL. SoCo will follow any HUD implemented regulations and performance measures and standards regarding Coordinated Entry.

**10. DOCUMENTS**

THE CALL will utilize uniform documentation for initial assessment, vulnerability index, and other procedures. The following documentation will be provided to all agencies within THE CALL as well as the Continuums of Care utilizing THE CALL. The documentation will be part of the written standards and procedures. The documentation is subject to change as necessary in order to most effectively serve the clients.

The following documents will be used and are included within the ADDENDUM to these Policies and Procedures:

- THE CALL Initial Assessment
- SPDAT
- Flow Chart for Family Seeking Shelter
- Flow Chart for Individual Seeking Shelter
- Daily Bed Count

## ADDENDUM

- Appendix A Definitions
- Appendix B HUD Definitions of Homelessness
- Appendix C Housing Strategies and Components
- Appendix D THE CALL Initial Assessment
- Appendix E SPDAT (*Service Prioritization Decision Assessment Tool*)
- Appendix F Flow Chart for Family Seeking Shelter
- Appendix G Flow Chart for Individual Seeking Shelter
- Appendix H Daily Bed Count Form

## Appendix A Definitions

### **Chronically Homeless (HUD Definition):**

- (1) An individual who: (i) is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

### **Disability (HUD Definition):**

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes: Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002) – a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

### **Literally Homeless (HUD Homeless Definition Category #1):**

- (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.



## Appendix B HUD Definition of Homelessness

Category 1	Literally Homeless	<b>Individuals who lack a fixed, regular, and adequate night time residence, meaning:</b>
		<ul style="list-style-type: none"> <li>▪ Have a primary residence that is a public or private place not meant for human habitation;</li> <li>▪ Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing and hotels/motels paid for by charitable organizations or by federal/state/local government programs); or</li> <li>▪ Is exiting an institution where s/he has resided for 90 days or less <i>and</i> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</li> </ul>
Category 2	Imminent Risk of Homelessness	<b>Individual or family who will imminently lose their primary nighttime residence, provided that:</b>
		<ul style="list-style-type: none"> <li>▪ Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>▪ No subsequent residence has been identified; <i>and</i></li> <li>▪ The individual or family lacks the resources or support networks needed to obtain other permanent housing.</li> </ul>
Category 3	Modified McKinney-Vento	<b>Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</b>
		<ul style="list-style-type: none"> <li>▪ Are defined as homeless under the other listed federal statutes;</li> <li>▪ Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>▪ Have experienced persistent instability as measured by two moved or more during the preceding 60 days; <i>and</i></li> <li>▪ Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
Category 4	Attempting to Flee Domestic Violence	<b>Any individual or family who:</b>
		<ul style="list-style-type: none"> <li>▪ Is fleeing, or is attempting to flee, domestic violence</li> <li>▪ Has no other residence; <i>and</i></li> <li>▪ Lacks the resources or support networks to obtain other permanent housing</li> </ul>

## Appendix C Housing Strategies and Components

Housing Strategies/ Components	Targeted Population	Eligible Activities
Permanent Supportive Housing	Literally homeless individuals with disabilities and families with one member who has a disability	Acquisition, Rehabilitation, New Construction, Leasing, Rental Assistance, Transition (leasing), Tenant Based Rental Assistance, Sponsor-Based Rental Assistance, Project Based Rental Assistance, Vacancies and Property Damage, Supportive Services: Annual assessment of service needs, assistance with moving costs, case management, child care, education services, employment assistance or job training, food, housing search and counseling services, utility deposits, legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation
Rapid Re-housing Transitional Housing Supportive Services Only	Literally homeless individuals and families	
Street Outreach	Literally homeless individuals and families	Engagement, Case Management, Emergency Health Services, Emergency Mental Health Services, Transportation
Emergency Shelter		Essential services: case management, child care, education services, employment assistance or job training, legal services, life skills training, mental health services, outpatient health services, substance abuse treatment services, transportation; Renovation, Shelter Operations, Assistance required under "URA"
Rapid Re-housing		Housing relocation and Stabilization services: financial assistance - moving costs, rent application fees, security deposits, last month's rent, utility deposit, utility payments; services - housing search and placement, housing stability case management, mediation, legal services, credit repair; short (3 months)/ medium (4-24 months) rental assistance; six months of rental arrears
Homeless Prevention		At risk of homelessness

## Appendix D THE CALL Initial Assessment



### THE CALL INITIAL CONTACT

DATE: Click here to enter a date. TIME: Click here to enter

STAFF: Click here to enter text.

ON CALL:  YES  NO

FIRST NAME Click here to enter text.	MIDDLE NAME Click here to enter text.	LAST NAME Click here to enter text.
DATE OF BIRTH Click here to enter text.		
CONTACT NUMBER Click here to enter text		
SECOND CONTACT NUMBER Click here to enter text.		
LAST KNOWN ADDRESS Click here to enter text		
MOTHER'S MAIDEN NAMES Click here to enter text		

PRIMARY LANGUAGE:

ENGLISH  SPANISH  PORTUGUESE  HAITIAN/CREOLE

OTHER

TELL ME A LITTLE ABOUT YOUR CURRENT SITUATION

Click here to enter text

ARE YOU ABLE TO RETURN TO WHERE YOU WERE STAYING LAST NIGHT UNTIL OTHER ARRANGEMENTS CAN BE MADE? Explain

Click here to enter text

DO YOU HAVE INCOME  YES  NO LIST AMOUNT

DO YOU HAVE A DOCUMENTED DISABILITY  YES  NO

HOW LONG HAVE YOU BEEN HOMELESS  LESS THAN ONE YEAR  
 OVER ONE YEAR

FAMILY COMPOSITION

NUMBER OF PERSONS IN HOUSEHOLD	NUMBER	NUMBER OF ADULTS	NUMBER.
CHILD	Choose an item	AGE Click here to enter	
CHILD	Choose an item	AGE Click here to enter	
CHILD	Choose an item	AGE Click here to enter	
CHILD	Choose an item	AGE Click here to enter	

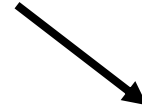
OUTCOME:

- DIVERSION
- PREVENTION APPOINTMENT SCHEDULED
- RAPID REHOUSING APPOINTMENT SCHEDULED
- PLACED ON THP WAITING LIST
- PLACED ON PSH WAITING LIST
- PLACED IN SHELTER Choose an item.
- NO BED AVAILABLE
- DID NOT QUALIFY FOR SERVICES

## Appendix E SPDAT (Service Prioritization Decision Assessment Tool)

### VULNERABILITY INDEX SCORE (VI Score)

Place Total in box below at conclusion of interview



- Add up the "1s" from all later pages, and enter at right.
- If the VI = 10 or greater, client is recommended for a PSH or Housing First Assessment.
- If the VI = 6-9, client is recommended for a [Rapid Re-housing Assessment](#).
- If the VI = 0-4, client is not recommended for a [Housing and Support Assessment](#).

## TRIAGE FORM – INDEX

DO ANY OF THESE SITUATIONS APPLY TO YOU? .....	14
WHAT HOUSING WAITLISTS WOULD YOU BE ELIGIBLE FOR .....	14
WAITLIST PLACEMENT – ALL FIELDS ARE REQUIRED .....	15
CLIENT ID (FOR HOH OR UNACCOMPANIED INDIVIDUAL) .....	16
BASIC TRIAGE QUESTIONS .....	18
HOMELESS OR IMMINENT RISK CLIENTS, including RRH .....	19
HOMELESS PREVENTION .....	19
VULNERABILITY INDEX .....	20
REFERRAL DECISION .....	22
FOLLOW-UP FORM .....	23

Referring Agency: \_\_\_\_\_

Agency Address (incl. city/state/zip): \_\_\_\_\_

Name of Staff who completed this form: \_\_\_\_\_

Phone of Staff: \_\_\_\_\_

Email of Staff: \_\_\_\_\_

Date of Referral mm/dd/yyyy:                    /                    /

**DO ANY OF THESE SITUATIONS APPLY TO YOU?** (choose one only, the most important (○ = ●))

- |   |    |  |    |
|---|----|--|----|
| <input type="radio"/> Elderly, or Disabled                                | 1  | <input type="radio"/> Need to leave High-Crime Neighborhood      | 12 |
| <input type="radio"/> Displacement for Witness Protection/Hate Crime      | 2  | <input type="radio"/> Aging out of Child/Teen Services           | 13 |
| <input type="radio"/> Section 236 or Displaced by Gov't Action            | 3  | <input type="radio"/> Release from institution into Homelessness | 14 |
| <input type="radio"/> Displacement due to Domestic Violence               | 4  | <input type="radio"/> Registered Sex Offender                    | 16 |
| <input type="radio"/> Displacement due to Health Code Violations          | 5  | <input type="radio"/> Local Resident                             | 17 |
| <input type="radio"/> Displacement due to Urban Renewal                   | 6  | <input type="radio"/> Local Employee                             | 18 |
| <input type="radio"/> Displacement due to Natural Disaster / Fire / Water | 7  | <input type="radio"/> Community-Based Housing Certification      | 19 |
| <input type="radio"/> Rent-Burdened despite Full-Time Employment          | 8  | <input type="radio"/> Homeless due to Health Care/Medical Costs  | 10 |
| <input type="radio"/> Rent-Burdened despite Part-Time Employment          | 15 | <input type="radio"/> Veteran                                    | 20 |
| <input type="radio"/> Displacement by Landlord or Market Forces           | 9  | <input type="radio"/> Seeking reunification after treatment      | 21 |
| <input type="radio"/> Internal Transfer (already live here)               | 11 | <input type="radio"/> Unaccompanied Youth - Throwaway   Runaway  | 22 |

**WHAT HOUSING WAITLISTS WOULD YOU BE ELIGIBLE FOR?** (choose as many as seem appropriate)

<u>INDIVIDUALS</u>	<u>FAMILIES</u>	<u>UNACCOMPANIED YOUTH</u>
<input type="radio"/> ES <input type="radio"/> TH <input type="radio"/> PH  <input type="radio"/> Domestic Violence <input type="radio"/> Substance Abuse Wet Shelter <input type="radio"/> Substance Abuse Long Term <input type="radio"/> Veterans   <input type="radio"/> Special Needs <input type="radio"/> MH <input type="radio"/> HIV <input type="radio"/> DD <input type="radio"/> Other	<input type="radio"/> ES <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+ <input type="radio"/> TH <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+ <input type="radio"/> PSH <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+  <input type="radio"/> Domestic Violence: <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+ <input type="radio"/> Substance Abuse: <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+ <input type="radio"/> Veterans <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+  <input type="radio"/> Special Needs: <input type="radio"/> MH <input type="radio"/> HIV <input type="radio"/> DD <input type="radio"/> Other	<input type="radio"/> Pregnant / Parenting <input type="radio"/> Runaway / Castaway       <input type="radio"/> Special Needs: <input type="radio"/> MH <input type="radio"/> HIV <input type="radio"/> DD <input type="radio"/> Other

**Triage for Possible Placement and Referral – with Vulnerability Index**

**WAITLIST PLACEMENT – ALL FIELDS ARE REQUIRED (Vulnerability Index to be completed by CSS staff)**

<input type="radio"/>	<b>Head of Household's FIRST Name</b> in the boxes below, write your <u>first</u> name <u>as it appears on your birth certificate</u>
<input type="radio"/>	<b>Head of Household's MIDDLE Name</b> write your <u>full</u> middle name, not just the initial
<input type="radio"/>	<b>Head of Household's LAST Name</b> (ex: Baez-Gonzalez)

<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No <b>Have you ever served in the military?</b>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No <b>Have you or anyone in your HH experienced DV?</b>			
<input type="radio"/>	<b>Head of Household's SOCIAL SECURITY NUMBER</b>	<input type="radio"/>	<b>GENDER</b>			
		<input type="radio"/>	<b>Head of Household's DATE OF BIRTH</b>			
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Month</td> <td style="width:33%; text-align:center;">Day</td> <td style="width:33%; text-align:center;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year				

<b>ETHNICITY</b> Also provide your race at right!	<b>RACE:</b> Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b>NOT</b> write Spanish, Hispanic, Latino here – and do <b>NOT</b> write your country!
<input type="radio"/> Hispanic <input type="radio"/> non-Hispanic	<input type="radio"/>

<input type="radio"/>	<b>YOUR MOTHER'S MAIDEN NAME</b>
-----------------------	----------------------------------

<input type="radio"/>	<b>YOUR HOME TELEPHONE</b>	<input type="radio"/>	<b>SECOND TELEPHONE</b> (if you have one)
-----------------------	----------------------------	-----------------------	---

<input type="radio"/>	<b>YOUR EMAIL ADDRESS</b>
-----------------------	---------------------------

<input type="radio"/>	<b>WHERE CAN WE REACH YOU A YEAR FROM NOW?</b> <input type="radio"/> same address as shown on the opposite side of this page
<input type="radio"/>	<b>Answer this:</b> Address is <input type="radio"/> a P.O. Box <input type="radio"/> a street address - include any apartment # <input type="radio"/> a "care of" address
<input type="radio"/>	<b>If "Care of" include the care of person's name in the address line below: ex: "c/o Smith, 19 Flower St #4"</b>
<input type="radio"/>	<b>City, State, and Zip Code:</b>

<input type="radio"/>	<b>SECOND CONTACT or MAILING ADDRESS</b> <input type="radio"/> same address as above
<input type="radio"/>	<b>Answer this:</b> Address is <input type="radio"/> a P.O. Box <input type="radio"/> a street address - include any apartment # <input type="radio"/> a "care of" address
<input type="radio"/>	<b>If "Care of" include the care of person's name in the address line below: ex: "c/o Smith, 19 Flower St #4"</b>
<input type="radio"/>	<b>City, State, and Zip Code:</b>

<input type="radio"/>	<b>TOTAL HOUSEHOLD SIZE</b> include yourself	<input type="radio"/>	<b># of Bedrooms</b>	<input type="radio"/>	<b>How much money does your family receive in a year?</b>			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"># Adults</td> <td style="width:25%;"># Children</td> <td style="width:25%;">Total #</td> </tr> </table>	# Adults	# Children	Total #		bedrooms		\$ _____ , _____ .0 0
# Adults	# Children	Total #						

<input type="radio"/>	<b>INCOME SOURCES</b> fill in the circles next to any income source that your household currently receives <input type="radio"/> = <input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/> Job <input type="radio"/> Pension <input type="radio"/> Unemployment <input type="radio"/> SSI <input type="radio"/> SSDI <input type="radio"/> SS Retirement <input type="radio"/> Veteran's Payments <input type="radio"/> Other <input type="radio"/> GA/TANF/TAFDC/Welfare <input type="radio"/> Disability <input type="radio"/> Worker's Comp <input type="radio"/> Child Support/Alimony <input type="radio"/> Food Stamps

<input type="radio"/>	<b>MOBILE RENTAL ASSISTANCE</b> Do you <u>currently</u> have rental assistance that you can use to pay rent in <u>our</u> building?
<input type="radio"/>	<input type="radio"/> I will not bring rental assistance <input type="radio"/> Section 8 voucher <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> VASH or similar <input type="radio"/> Temp. assistance _____

<input type="radio"/>	<b>ACCOMMODATIONS – DO YOU NEED</b>
<input type="radio"/>	<input type="radio"/> Wheelchair Access <input type="radio"/> No-Steps Unit <input type="radio"/> First-Floor Unit <input type="radio"/> Reasonable Accommodation <i>based on disability or language barrier</i>

**Triage for Possible Placement and Referral – with Vulnerability Index**

**CLIENT ID (FOR HOH OR UNACCOMPANIED INDIVIDUAL)**

NAME, INCLUDING SUFFIX (JR, SR, III, etc.)		N/A	Client does not know	CR	I only got a partial name, streetname, or codename	Data not collected – unacceptable answer
Full Legal First Name						
Full Middle Name	<input type="radio"/> Client <u>definitely</u> does not have a middle name!					
Last Name						
Suffix?	<input type="radio"/> Sr <input type="radio"/> Jr <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/> V <input type="radio"/> VI <input type="radio"/> VII <input type="radio"/> VIII					

**MOTHER'S MAIDEN NAME** (last name before she was married) \_\_\_\_\_

**SOCIAL SECURITY NUMBER**

				-													
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

**DATE OF BIRTH (m/d/y)**

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

**SSN ASSESSED**

Full SSN                       Partial SSN  
 Doesn't Know/Doesn't Have     CR

**DATE OF BIRTH TYPE**

Full DOB     Partial / Approximate DOB  
 CDNK         CR

**Vulnerability Index (VI)**

**OPTIONAL:**

Telephone Number \_\_\_\_\_  
 \_nd . . .

**IDENTITY WAS VERIFIED**

Yes  
 No

**HoH SIGNED A RELEASE of INFORMATION**

Yes  
 No

**STATE-ASSIGNED ID FOR BENEFITS OR HEAD OF HOUSEHOLD'S ALIEN REGISTRATION # (if applicable)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**GENDER**

Male                       Female                       Other  
 Transgendered M to F     Transgendered F to M     CDKN                       CR

**ETHNICITY \***

Hispanic / Latino  
 Non-Hispanic / Non-Latino  
 CDNK  
 CR

**RACE(s) you may select two races if client is multi-racial**

American Indian or Alaskan Native                       White  
 Asian     CDNK  
 Black / African American                                       CR  
 Native/Hawaiian or Other Pac Islander

\*Hispanic = " Spanish, Cuban, Mexican, Puerto Rican, South or Central American, Other Spanish culture of origin."

**LONG TERM CONTACT ADDRESS AND PHONE IF CLIENT IS TO APPLY FOR ES, TH, OR SUBSIDIZED/AFFORDABLE HOUSING – client may be placed on a waitlist, so will need to be contacted in future.**

Street and Apt # or PO Box					
City		State		Zip 9 digit preferred	-
Move In Date		Move Out Date			

Total household size, including HoH		Annual income		Income sources	
-------------------------------------	--	---------------	--	----------------	--



Triage with Vulnerability Score and Waitlist Placement

Have you ever served in the Military?

TYPE OF DISCHARGE

<input type="radio"/> Yes	<input type="radio"/> CDNK	<input type="radio"/> Did Not Ask	<input type="radio"/> General	<input type="radio"/> Medical	<input type="radio"/> Other
<input type="radio"/> No	<input type="radio"/> CR	<input type="radio"/> Honorable	<input type="radio"/> Dishonorable	<input type="radio"/> Bad conduct	

IF YOU ARE NOT A VETERAN, ARE YOU:

THE SPOUSE or PARTNER (PRESENT OR FORMER) OF A VETERAN?

THE CHILD OF A VETERAN?

<input type="radio"/> The spouse or partner (present or former) of a veteran?	<input type="radio"/> The child of a veteran?
---	---

HoH HAS HEALTH CONDITIONS LASTING > WEEK?

Yes  No  CDNK  CR

SPECIFY THE DISABILITIES (You will list them again on a later page – i.e. you'll be asking the client twice):

Substance Use: Alcohol only       Substance use: Drugs only       Substance Use: **Both Alcohol and Drug**  
 Developmental Disability  
 HIV/AIDS  
 Mental Health Issues       Physical Disability  
 Other Chronic Health Condition \_\_\_\_\_  
(ex: diabetes, high blood pressure, Hep C, Alzheimer's, COPD)

CHRON HOMELESS: DOES ANY ADULT IN THIS HOUSEHOLD HAVE A DISABILITY AND HAS BEEN 1. HOMELESS 4 TIMES IN THE PAST 3 YEARS OR ELSE 2. CONTINUOUSLY HOMELESS FOR 1 YEAR OR MORE?

Yes  No  CDNK  CR

If you have answered "Yes" to the last two questions, this client/household is **CHRONICALLY HOMELESS**.

RECORD OF PAST ENTRIES

<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____

RECORD OF PAST ENTRIES

<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____

OTHER ASSISTANCE PROVIDED?

RAFT  
 HOMEBASE  
 SPECIFY: \_\_\_\_\_

TYPE OF ROOM DESIRED:

\_\_\_\_\_  
 \_\_\_\_\_

HOUSING STATUS AT ENTRY (if you do not provide housing for this family, what would the client's status be?)

<input type="radio"/> Category 1: Homeless	<input type="radio"/> At-Risk of Homelessness – Homeless Prevention Programs only
<input type="radio"/> Category 2: Housing Loss in 14 Days (at imminent risk)	<input type="radio"/> Stably Housed
<input type="radio"/> Category 3: Homeless only under other federal statutes	<input type="radio"/> CDNK (will not be eligible for Rapid Re-Housing or Homeless Prevention)
<input type="radio"/> Category 4: Fleeing domestic violence	<input type="radio"/> CR (will not be eligible for Rapid Re-Housing or Homeless Prevention)

RELEASE FROM INSTITUTION?  not applicable (not institutionalized)

- will be homelessness if released from current institutional stay (prison, hospital, foster home, group home, etc.)
- will be at risk of homelessness if released from current institutional stay (prison, hospital, foster home, group home, etc.)

**BASIC TRIAGE QUESTIONS**

Where did you stay last night?	Based on Response:
<input type="checkbox"/> With a friend/family member/other doubled up situation	skip to <b>Homeless or Imminent Risk, including RRH</b>
<input type="checkbox"/> A hospital <input type="checkbox"/> Jail/prison <input type="checkbox"/> Juvenile detention facility <input type="checkbox"/> In a foster care/group home <input type="checkbox"/> In a substance abuse treatment facility <input type="checkbox"/> In housing rented by client <input type="checkbox"/> In a hotel/motel	skip to <b>Homeless or Imminent Risk, including RRH</b>
<input type="checkbox"/> In housing owned by client but am at risk or imminent risk	skip to <b>Homeless or Imminent Risk, including RRH</b> or <b>Homeless Prevention</b> or consider <b>Foreclosure Prevention Resources</b>
<b>What brought on your housing crisis?</b> <input type="checkbox"/> Problems with landlord <i>If yes, ask what specific issues are. Interpersonal? Disputes about the unit? Problems being caused by the tenant? Not paying rent? Make a note of the answer. Use this answer to determine what kind of mediation or conflict resolution is necessary.</i>	skip to <b>Homeless or Imminent Risk, including RRH</b> or <b>Homeless Prevention</b> or consider <b>Foreclosure Prevention Resources</b>
<input type="checkbox"/> Have rental arrears <input type="checkbox"/> Have utility arrears If yes, list amount owed: \$ _____ .00	skip to <b>Homeless Prevention</b>
<input type="checkbox"/> Other _____ <i>Ask household to describe "other."</i>	skip to <b>Homeless or Imminent Risk, including RRH</b> or <b>Homeless Prevention</b> or consider <b>Foreclosure Prevention Resources</b>
<input type="checkbox"/> Unable to pay rent for foreseeable future at current location	skip to <b>Referral Decision</b>
<input type="checkbox"/> Experiencing high overcrowding <i>If yes, determine extent of overcrowding in the unit. If situation seems untenable, skip to Diversion Questions.</i>	
<input type="checkbox"/> Violence or abuse occurring in the family's household <i>If the household is in immediate danger, refer them to law enforcement and/or the appropriate domestic violence provider.</i>	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Based on above info, is client/household homeless</b> (living on the street, staying in an emergency shelter or transitional housing program, fleeing domestic violence) or at-risk of homelessness? <input type="checkbox"/> In a car, on the street, or in another place not meant for human habitation <input type="checkbox"/> In other housing (explain) _____	<i>If Yes, skip to Homeless or Imminent Risk section on next page.</i>  <i>If the household is <u>not</u> homeless and not at-risk, refer to other mainstream resources.</i>

**Triage for Possible Placement and Referral – with Vulnerability Index**

**HOMELESS OR IMMINENT RISK CLIENTS, including RRH**

<p><b>What brought on your housing crisis?</b></p> <p> <input type="checkbox"/> Victim of foreclosure on rental property                      <input type="checkbox"/> Living in housing that has been condemned  <input type="checkbox"/> Unable to pay rent    <input type="checkbox"/> Experiencing high overcrowding that can't last.  <input type="checkbox"/> Recently evicted or in the process of being evicted from a private dwelling or housing provided by family or friends                 </p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Are you safe in your current living situation?</p>	<p><i>If no, but household is safe and otherwise eligible for diversion, divert them to RRH or location other than where they are currently staying and make sure that it is somewhere where the household feels safe. Skip to Concluding Questions.</i></p> <p><b>If household is unsafe, refer to DV program, safe friend or family housing, or RRH.</b></p>

**HOMELESS PREVENTION**

<p><b>What brought on your housing crisis?</b></p> <p> <input type="checkbox"/> Victim of foreclosure on rental property                      <input type="checkbox"/> Living in housing that has been condemned  <input type="checkbox"/> Unable to pay rent    <input type="checkbox"/> Experiencing high overcrowding that can't last.                 </p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Are you safe in your current living situation?</p>	<p><i>If no, but household is safe and otherwise eligible for diversion, divert them to a location other than where they are currently staying and make sure that it is somewhere where the household feels safe. Alternately, refer to Concluding Questions.</i></p> <p><b>If household is unsafe, refer to DV program, safe friend or family housing, or RRH.</b></p>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    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?</p> <p><i>Help family think through potential places – with family, friends, co-workers. Have them identify what barriers they think exist to staying in a certain location and how they might be overcome.</i></p>	<p><i>If answer to this question is YES, household qualifies for diversion assistance. Skip to Concluding Questions.</i></p> <p><i>If answer to this question is NO and shelter diversion has therefore been ruled out, go to <b>Prevention Questions</b>.</i></p>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Are you safe in your current living situation?</b></p>	<p><i>If no, admit or refer to emergency shelter.</i></p>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Do you believe you will become homeless within the next seven (7) days?</b></p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Have you ever been to a shelter or another homeless assistance program before? If you answered yes to the previous question, what was the name of the program?</b></p> <p>_____</p> <p><b>When were you last there? Mm/dd/yyyy ____/____/_____</b></p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Household income is at or below 30 percent of AMI</b></p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Has household experienced homelessness in the last 12 months?</b></p>	

## Triage for Possible Placement and Referral – with Vulnerability Index

### VULNERABILITY INDEX

1. If Head of Household is $\geq 60$ yrs. or older <span style="float: right;"><input type="radio"/> CR to provide DOB</span>	2. If yes, enter "1" →	
2a. Has gone Homeless continuously for at least 12 months? or <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> CDNK <input type="radio"/> CR 2b. Has gone Homeless <u>at least</u> 4 times in the past 3 years? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> CDNK <input type="radio"/> CR	2. If yes to either, enter "1" →	
<input type="radio"/> 3. In the past six months, how many times have you been to the Emergency Room? <span style="float: right;"><input type="radio"/> CR</span> <input type="radio"/> 4. In the past six months, how many times have you had an interaction with the police? <span style="float: right;"><input type="radio"/> CR</span> <input type="radio"/> 5. In the past six months, how many times have you been taken to the hospital in an ambulance? <span style="float: right;"><input type="radio"/> CR</span> <input type="radio"/> 6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines? <span style="float: right;"><input type="radio"/> CR</span> <input type="radio"/> 7. In the past six months, how many times have you been hospitalized as an in-patient, including mental health hospitalizations? <span style="float: right;"><input type="radio"/> CR</span>	If you total the answers 3-7 and it's $\geq$ "4 times", enter a "1" →	
<input type="radio"/> 8. Have you been attacked or beaten up since becoming homeless? <span style="float: right;"><input type="radio"/> CR</span> <input type="radio"/> 9. Have you tried to harm yourself, or threatened to harm yourself, or anyone else, in the last year? <span style="float: right;"><input type="radio"/> CR</span>	If yes to 8/9, enter a "1" →	
<input type="radio"/> 10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines? <span style="float: right;"><input type="radio"/> CR</span>	If yes to 10, enter a "1" →	
<input type="radio"/> 11. Does anybody force you or trick you to do things that you do not want to do? <span style="float: right;"><input type="radio"/> CR</span> <input type="radio"/> 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? <span style="float: right;"><input type="radio"/> CR</span> <input type="radio"/> 13. Types of places you may have slept: which one do you sleep at most often? <input type="radio"/> Shelter <input type="radio"/> Street <input type="radio"/> Vehicle <input type="radio"/> Bus or Subway <input type="radio"/> Beach, River, Park <input type="radio"/> Other	If yes to 11/12, or 13 is something <u>other than</u> "Shelter", enter a "1" →	
<input type="radio"/> 17. Do you have planned activities each day other than just surviving? <span style="float: right;"><input type="radio"/> CR</span>	If yes, enter "1" →	
<input type="radio"/> 18. Do you have any friends, family or acquaintances out of convenience or necessity, but you Don't like their company and you wouldn't hang with them unless you had to? <span style="float: right;"><input type="radio"/> CR</span> <input type="radio"/> 19. Do any of your friends ever take your money, borrow cigarettes, use your drugs/alcohol, or get you to do things you don't really want to do? <span style="float: right;"><input type="radio"/> CR</span>	If yes to <u>either or both</u> , enter "1" →	
<input type="radio"/> 20.	If yes, enter "1" →	
<input type="radio"/> 21. Where do you usually go for health care? <span style="float: right;"><input type="radio"/> CR</span>	If "nowhere", enter "1" →	
<input type="radio"/> 22. Do you have Kidney disease / End Stage Renal disease, or Undergo Dialysis? <span style="float: right;"><input type="radio"/> CR</span>	If yes, enter "1" →	
<input type="radio"/> 23. Do you have History of Frostbite, Hypothermia, or Immersion Foot? <span style="float: right;"><input type="radio"/> CR</span>	If yes, enter "1" →	
<input type="radio"/> 24. Do you have liver disease, Cirrhosis, or End-Stage Liver Disease? <span style="float: right;"><input type="radio"/> CR</span>	If yes, enter "1" →	
<input type="radio"/> 25-33. Look at the <b>Chronic Health Conditions</b> box on the next page. Enter at "1" on that page if you have any of these conditions.		

**Triage with Vulnerability Score and Waitlist Placement**

<input type="radio"/> 34. Interviewer: do you detect signs or symptoms of a serious health condition even though client denies any of these?		
<input type="radio"/> <b>Substance Use: <u>Alcohol</u> only</b> <input type="radio"/> <b>Substance use: <u>Drugs</u> only</b> <input type="radio"/> <b>Substance Use: <u>Both</u> Alcohol and Drug</b> <input type="radio"/> 35. Have you ever had problems with drug or alcohol use or been told that you had a problem <input type="radio"/> 36. Have you consumed alcohol / drugs every day or almost every day in the past month? <input type="radio"/> 37. Have you used injection drugs or shots in the past six months? <input type="radio"/> 38. Have you been treated for drug/alcohol problems but then returned to drinking or drugs? <input type="radio"/> 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"/> 40. Have you ever blacked out because of your alcohol / drug use? <input type="radio"/> 41. Interviewer: do you observe signs or symptoms of alcohol / drug use even if client denies it?	<input type="radio"/> CR	If yes to one or more, enter "1" →
<input type="radio"/> <b>Physical Disability (missing a limb, blind, deaf, in a wheelchair, etc.</b>	<input type="radio"/> CR	If yes, enter "1" →
<input type="radio"/> <b>HIV/AIDS</b>	<input type="radio"/> CR	If yes, enter "1" →
<input type="radio"/> <b>Mental Health Issues</b> <input type="radio"/> 42. Have you ever been taken to a hospital against your will for a mental health reason? <input type="radio"/> 43. Gone to an emergency room because of nerves or feeling shaky or scared? <input type="radio"/> 44. Spoken with a mental health professional in the last six months?	<input type="radio"/> CR	If yes to one or more, enter "1" →
<input type="radio"/> <b>Developmental Disability</b> <input type="radio"/> 45. Had a serious brain injury or head trauma? <input type="radio"/> 46. Ever been told you have a learning disability or developmental disability? <input type="radio"/> 47. Have trouble concentrating, or remembering things? <input type="radio"/> 48. Interviewer: do you detect signs or symptoms of mental illness or brain functioning?		If yes to one or more, enter "1" →
<input type="radio"/> <b>Chronic Health Conditions:</b> <input type="radio"/> Heat stroke/Heat Exhaustion <i>If not already answered above</i> <input type="radio"/> Heart diseases, Arrhythmia, or Irregular Heartbeat <input type="radio"/> Asthma <input type="radio"/> Cancer <input type="radio"/> Diabetes <input type="radio"/> Emphysema <input type="radio"/> Hepatitis C <input type="radio"/> High Blood Pressure <input type="radio"/> Tuberculosis <input type="radio"/> Alzheimer's <input type="radio"/> Other: _____		If yes to one or more, enter "1" →
<input type="radio"/> 49. Have you had any medicines prescribed for you by a doctor that you do not take, or that you sold, misplaced, or had stolen, or where the prescriptions were never filled in the first place? <input type="radio"/> CR		If yes, enter "1" →
<b>!!!!!! If the SA score is "1" AND the Mental Health/Developmental Disability is a "1" AND there is another health condition as well, ENTER a "1" in the BOX AT RIGHT (Tri-morbidity or multiple serious health conditions) →</b>		

**IS THIS PERSON PREGNANT?**

**VICTIM OF DOMESTIC VIOLENCE?**

<input type="radio"/> No or N/A <input type="radio"/> Yes If Pregnant, Due Date: ____/____/____	<i>Use same answers as for Adult HoH</i>
<input type="radio"/> 50. Have you ever experienced any emotional, physical, psychological, sexual abuse, or trauma in your life which you did not get help for, and/or which you feel has caused your homelessness?	If yes, enter "1" →
<b>TOTAL VULNERABILITY SCORE</b> (add up the 1s and enter in box at right; also enter this score at top of page 1, then continue below.)	

**REFERRAL DECISION**

<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>Does client qualify for RRH "Diversion" assistance?</b></p> <p><b>If so, what kind of assistance do they need initially to be successfully diverted?</b></p> <p><input type="checkbox"/> Landlord mediation</p> <p><input type="checkbox"/> Conflict resolution with potential roommate</p> <p><input type="checkbox"/> Rental assistance                      -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Utility assistance                        -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Other financial assistance              -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Other assistance Define: _____</p>	<p><i>If no, attempt to make appropriate referrals to other available community/mainstream resources.</i></p> <p><i>If yes, refer to ESG ES, TH, RRH, and Housing Search Advocates.</i></p>
<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>Does client qualify for Homeless prevention assistance?</b></p> <p><b>If so, what kind of assistance do they need initially to be successfully rescued at current housing location?</b></p> <p><input type="checkbox"/> Landlord mediation</p> <p><input type="checkbox"/> Conflict resolution with potential roommate</p> <p><input type="checkbox"/> Rental assistance                      -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Utility assistance                        -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Other financial assistance              -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Other assistance (Define: _____)</p>	<p><i>If no, attempt to make appropriate referrals to other available community/mainstream resources.</i></p> <p><i>If yes, refer to ESG HP and Housing Search Advocates.</i></p>
<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>Does client qualify for Housing Search Assistance only?</b></p>	<p><i>Refer to SSO agencies or <a href="http://www.housingworks.net">www.housingworks.net</a></i></p>
<p><b>Does client/hh qualify for:</b></p> <p><input type="checkbox"/> Emergency Shelter?                      <input type="checkbox"/> TH?</p> <p><input type="checkbox"/> Dom Violence Shelter?                      <input type="checkbox"/> PSH?</p>	<p><i>Consult Bed Register and refer to agency or send form to be added to that programs waitlist</i></p>

**If client returns in 30 days, pull this form from the files and complete the Follow—Up on the next pages.**

**FOLLOW-UP FORM**

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 there whereabouts known?

Yes  No

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

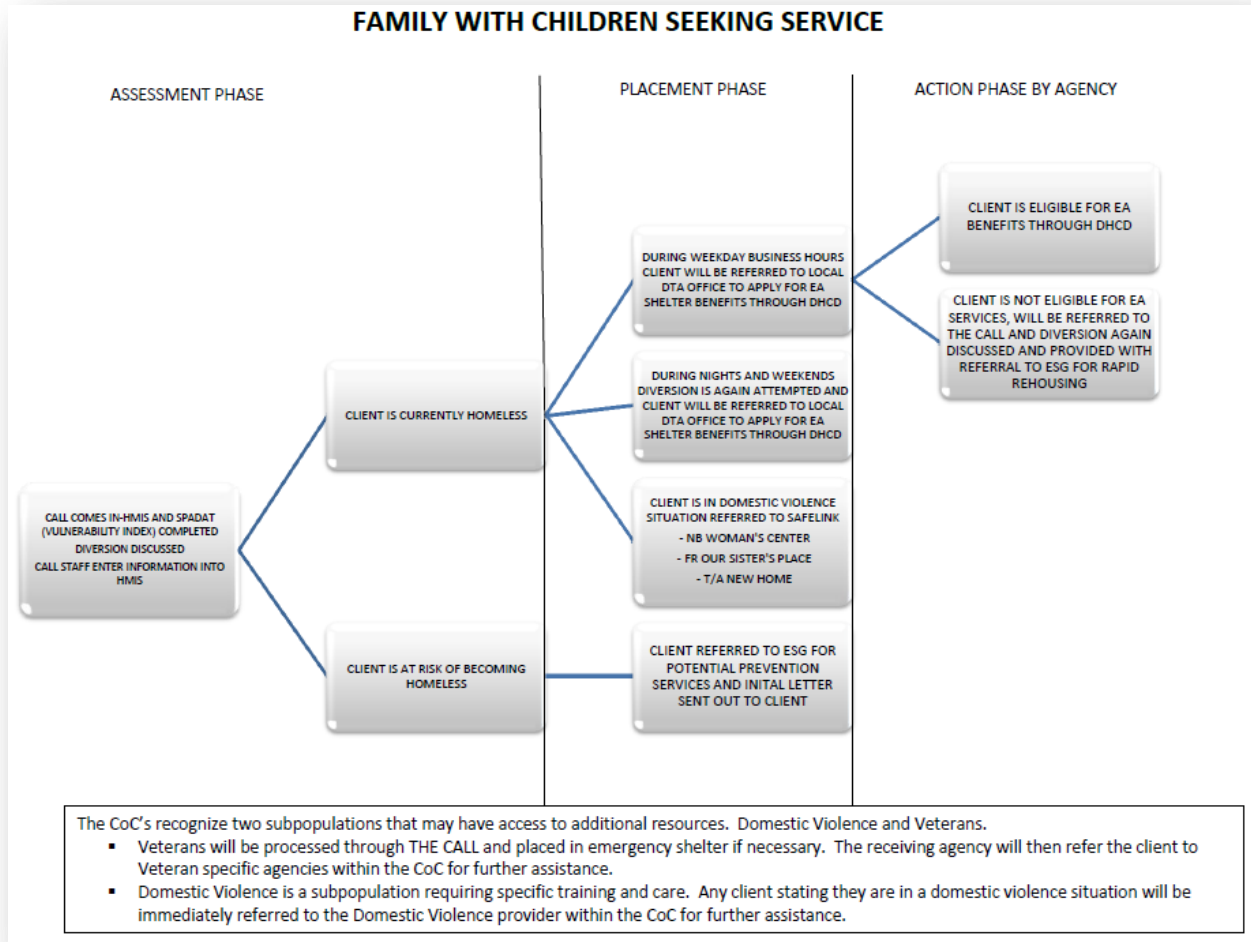
Remained in initial housing

Relocated to different permanent housing unit

In homeless assistance system

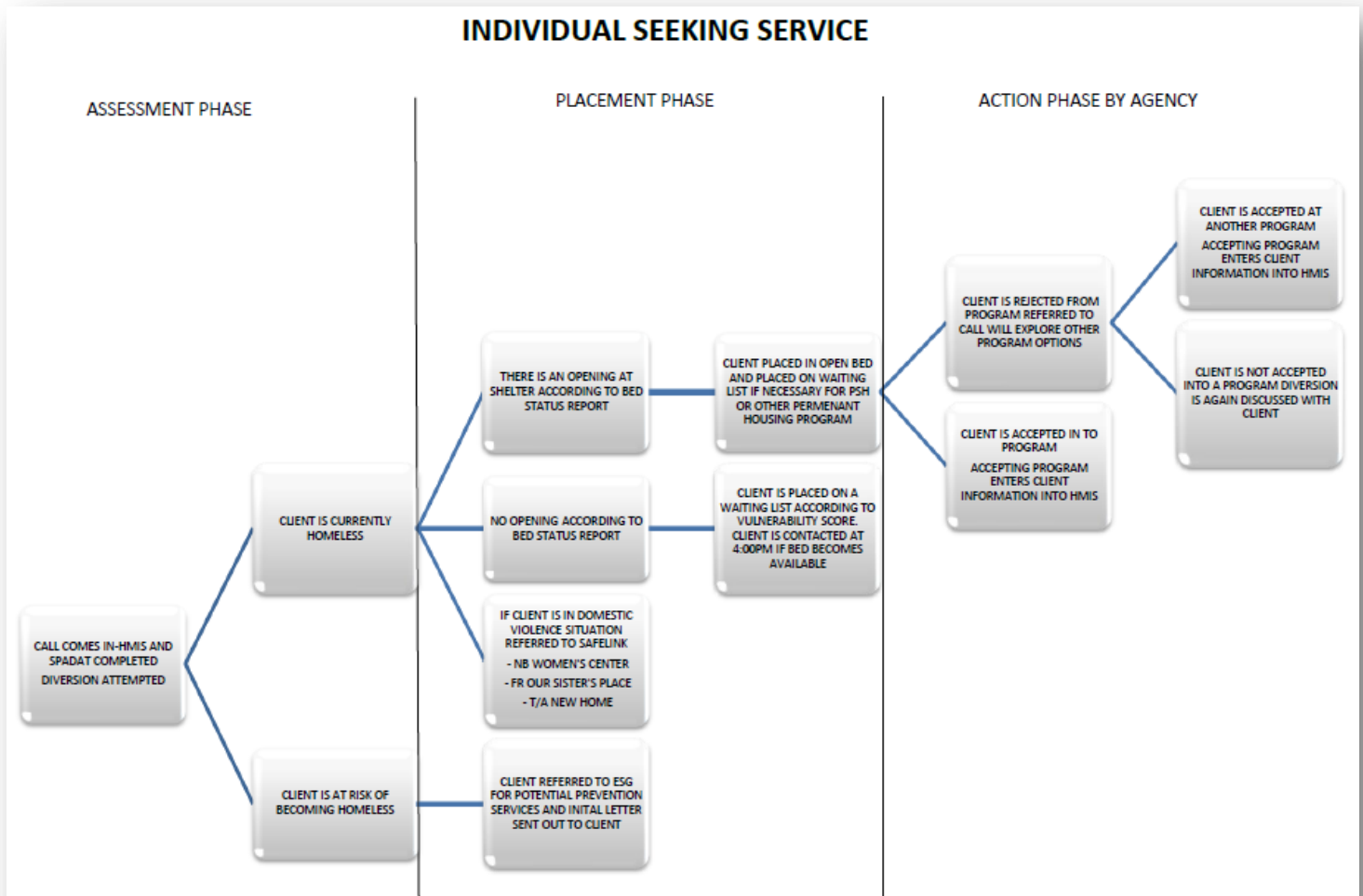
4. Number of Days If they "remained in initial housing" or "relocated to different permanent housing unit," how long have they been there?

## Appendix F Flow Chart for Family Seeking Shelter





## Appendix G Flow Chart for Individual Seeking Shelter



The CoC's recognize two subpopulations that may have access to additional resources. Domestic Violence and Veterans.

- Veterans will be processed through THE CALL and placed in emergency shelter if necessary. The receiving agency will then refer the client to Veteran specific agencies within the CoC for further assistance.
- Domestic Violence is a subpopulation requiring specific training and care. Any client stating they are in a domestic violence situation will be immediately referred to the Domestic Violence provider within the CoC for further assistance.

# Appendix H Daily Bed Count Form

## Bed Status Reporting Form

- Submit via  fax to: 508-675-2224  email to: thecall@cssdioc.org
- ES Programs must report daily between 8:30 AM and 9:30 AM  
ES Programs must also report by 4:00 PM if any vacancies remain after 3:30 PM.
- TH and PSH Programs must report ASAP if a vacancy occurs or is about to occur.

This report is for the . . .

. . . night of: *mm/dd/yyyy*

. . . day of the week:

. . . agency:

. . . project:

. . . city:

This program serves: *Check one box*

<input type="checkbox"/>	Unaccompanied Individuals <u>and</u> Families
<input type="checkbox"/>	Unaccompanied Individuals <u>and</u> Families <u>and</u> Teen Parents
<input type="checkbox"/>	Unaccompanied Adult Individuals Only
<input type="checkbox"/>	Unaccompanied Teens Only
<input type="checkbox"/>	Teens Parents with Children

Any Vacant Beds?  **Yes** *(explain below)*  **No** *(if "No", save and print/fax or email)*

A. Unaccompanied Individuals

___ # of empty top bunks (any weight)	___ # male beds	___ # female beds
___ # of empty top bunks (persons weighing less than 150 lbs)	___ # male beds	___ # female beds
___ # of empty lower bunks, mattresses, or pads (any weight)	___ # male beds	___ # female beds

B. Beds/Rooms for Families

___ # of empty top bunks	<input type="checkbox"/> <i>check if bunks are restricted to persons weighing less than 150 lbs.)</i>	
___ # of empty lower bunks, mattresses, or pads (any weight)		
___ # of empty cribs		

C. Beds/Rooms for Teens/Teen Parents

___ # of empty top bunks (persons weighing less than 150 lbs)		
___ # of empty lower bunks, mattresses, or pads (any weight)		
___ # of empty cribs		