

HMIS Coordinated Entry VSP Intake Form

Effective 04/01/24

Intake Date	Entry Date	ServicePoint (HoH) ID:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Project Name
<input type="text"/>

HoH Name First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suffix	Alias
<input type="text"/>	<input type="text"/>

Name Data Quality	
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, Street or Code Name
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

Social Security Number	Date of Birth
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="checkbox"/> Full SSN Reported (HUD)	<input type="checkbox"/> Full DOB Reported (HUD)
<input type="checkbox"/> Approx or partial SSN reported (HUD)	<input type="checkbox"/> Approx or partial SSN reported (HUD)
<input type="checkbox"/> Client doesn't know (HUD)	<input type="checkbox"/> Client doesn't know (HUD)
<input type="checkbox"/> Client prefers not to answer (HUD)	<input type="checkbox"/> Client prefers not to answer (HUD)
<input type="checkbox"/> Data Not collected (HUD)	<input type="checkbox"/> Data Not collected (HUD)

Race and Ethnicity (Select all that apply)	
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> White
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Middle Eastern or North African	
<input type="checkbox"/> Additional Race and Ethnicity detail: _____	

Gender (Select all that apply)	
<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Questioning
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Different Identity
<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Transgender	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Non-Binary	
<input type="checkbox"/> If Different Identity, Please Specify: _____	

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Veteran Status	Relationship to HoH
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> HoH's child <input type="checkbox"/> HoH's spouse or partner <input type="checkbox"/> HoH's other relation member <input type="checkbox"/> Other: non-relation member

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Disability						
Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or br development disability, HIV/AIDS, or a diagnosable substance abuse problem?						
<input type="checkbox"/> No <input type="checkbox"/> Yes (indicate type(s) below) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers						
	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Client's Current Living Situation – current to project entry				
(Select one Living Situation and answer the corresponding questions in the order in which they appear)				
Start Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	End Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Information Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
(Select one Living Situation and answer the corresponding questions in the order in which they appear)				
Homeless Situations	Institutional Situations	Temporary Housing Situations	Permanent Housing situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy 	<input type="checkbox"/> Other: <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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	<input type="checkbox"/> Substance abuse treatment facility or detox center		<ul style="list-style-type: none"> <input type="radio"/> Emergency Housing Voucher <input type="radio"/> Family Unification Program Voucher (FUP) <input type="radio"/> Foster Youth to Independence Initiative (FYI) <input type="radio"/> Permanent Supportive Housing <input type="radio"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy
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Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	If yes, answer the following questions:
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Has a subsequent residence been identified?	Does individual or family have resources or support networks to obtain other permanent housing?	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	Has the client moved 2 or more times in the past 60 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Client's Prior Living Situation - Prior to Project Entry

(Select one Living Situation and answer the corresponding questions in the order in which they appear)

Homeless Situations	Institutional Situations	Temporary Housing Situations	Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <ul style="list-style-type: none"> <input type="radio"/> GPD TIP housing subsidy <input type="radio"/> VASH housing subsidy <input type="radio"/> RRH or equivalent subsidy <input type="radio"/> HCV voucher (tenant or project based) (not dedicated) <input type="radio"/> Public housing unit <input type="radio"/> Rental by client, with other ongoing housing subsidy <input type="radio"/> Emergency Housing Voucher <input type="radio"/> Family Unification Program Voucher (FUP) <input type="radio"/> Foster Youth to Independence Initiative (FYI) <input type="radio"/> Permanent Supportive Housing <input type="radio"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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<p>Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	<p>Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	<p>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	<p>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> N/A (Complete SECTION IV Below)	<p>On the <u>night before</u> entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?</p> <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<p>On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</p> <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<p>On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</p> <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
On the night <u>before your previous stay</u> , was that on the streets, in an Emergency Shelter, or Safe Haven? <input type="checkbox"/> No <input type="checkbox"/> Yes		Approximate date this episode of homelessness started: _____ / _____ / _____		
Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____		

Client Contact Information

<p>In what language do you feel best able to express yourself?</p>	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other
<p>Client Phone Number</p>	
<p>Alt. Client Phone Number</p>	
<p>Email address/other electronic communication (e.g. social media)</p>	

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On a regular day, where is it easiest to find you and what time of day is easiest to do so? (collect multiple locations)	
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For Coordinated Entry, please record the county in which the client would like to be housed.	
County	

Housing Engagement Information

Housing Engagement Category?	<input type="checkbox"/> Individual <input type="checkbox"/> Couple (no children) <input type="checkbox"/> Family <input type="checkbox"/> Transition Age Youth												
When did client engage in Coordinated Entry CES conversation?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>												
Where is the client staying right now?	<input type="checkbox"/> Unsheltered <input type="checkbox"/> Shelter												
Agency													
Case Manager													
What LPC are you in?													

Housing Option Information

Once a housing option is available, what size unit will be needed (# of bedrooms)?	
If available, would the client be interested in a roommate option?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Once a housing option is available, will the client require special accommodation (e.g. 1 st floor, wheelchair access, ramp, bathroom facilities?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes for special accommodation, please specify:	

VI-SPDAT

VI-SPDAT Score for Individual	
VI-SPDAT Score for Families	
TAY VI-SPDAT Score	
Tri-Morbid Questions from Vi-SPDAT	
Has your family ever had to leave an apartment, shelter program, or other place you are staying because of the physical health of you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or anyone in your family have any chronic health issues with your liver, kidney, stomach, lungs, or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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If there was space available in a program that specifically assists people that live with HIV and AIDS, would that be of interest to you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying, because of:	
A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Infectious Disease Risk Factors

Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Due to Infectious Disease, KHC has established criteria to determine if a client/household is potentially High, Medium, or Low risk for prioritization purposes.

Answer the following questions based on the client/household's Medical Factors Criteria and Living Situation Criteria:

Medical Factors Criteria <ul style="list-style-type: none"> ▪ Pregnant or breastfeeding women ▪ Individuals ages 55+ ▪ One of the following pre-existing health conditions: 	Does the client/household have 1 or more of the above listed Medical Factors?
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<ul style="list-style-type: none">▪ <i>Chronic lung disease or moderate to severe asthma</i>▪ <i>Serious heart conditions (expected to be of long-continued and indefinite duration, and significantly inhibits ability of the individual to live independently)</i>▪ <i>Conditions that can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV/AIDS, and prolonged use of corticosteroids and other immune weakening medications</i>▪ <i>Severe obesity (body mass index [BMI] or 40 or higher)</i>▪ <i>Diabetes</i>▪ <i>Chronic kidney disease and those who are undergoing dialysis</i>▪ <i>Liver disease</i>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Doesn't Know/prefers not to answer</p>
<p>Living Situations Criteria</p> <ul style="list-style-type: none">▪ <i>Individuals/Households sleeping outdoors or in other places not meant for regular human habitation in close proximity (less than 6 feet apart) to other not in the same household without regular access to hygiene facilities where frequent handwashing possible. (Potentially High-Risk)</i>▪ <i>Individuals/Households sleeping in emergency shelter where appropriate social distancing and isolation is not possible (e.g., sharing bedrooms or congregate sleeping spaces with people from other households where sleeping/general presence cannot consistently be 6 feet apart.) (Potentially High-Risk)</i>▪ <i>Individuals/Households sleeping in emergency shelters where appropriate social distancing is being practiced for sleeping (e.g., individuals/households share separate sleeping areas from other households or where sleeping is at least 6 feet apart from others) but bathing/hand-washing facilities and common areas are shared with other people not in the same household. (Potentially Medium-Risk)</i>	<p>Is the client/household's Living Situation considered High, Medium, or Low Risk based on the above criteria?</p> <p><input type="checkbox"/> High</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Low</p>

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<ul style="list-style-type: none"> ▪ <i>Individuals/Households sleeping outdoors or in other places not meant for regular human habitation, but not in close proximity to others not in the same household yet still without regular access to hygiene facilities where frequent handwashing is possible. (Potentially Medium-Risk)</i> ▪ <i>Individuals/Households sleeping in emergency shelters where appropriate social distancing is being practiced (e.g., individuals/households share separate sleeping areas from other households such as a separate bedroom with doors and bathing/handwashing facilities are separate from others not in the same household). This includes staying in hotel/motels or in other alternative locations arranged by the shelter. (Potentially Lower-Risk)</i> 	
<p>Has your current period of homelessness been caused by fleeing a domestic violence, dating violence, sexual assault or stalking situation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know/Prefers not to answer

Coordinated Entry Assessment

Date of Assessment	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/		
		/			/				
Assessment Location	<input type="checkbox"/> UnSheltered/Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Permanent Housing Provider <input type="checkbox"/> Supportive Services Provider <input type="checkbox"/> Transitional Housing Provider <input type="checkbox"/> Victim Service Provider								
Assessment Type	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In person								
Assessment Level	<input type="checkbox"/> Crisis Needs Assessment <input type="checkbox"/> Housing Needs Assessment								
Prioritization Status	<input type="checkbox"/> Placed on Prioritization List <input type="checkbox"/> Not placed on Prioritization list								

Staff Completing (Printed Name):

Date:

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