



**VSP Local Prioritization Inclusion Form**

Kentucky Housing Corporation (KHC), the Kentucky Coalition Against Domestic Violence (KCADV), and the KY Balance of State CoC Advisory Board recognize the highly sensitive nature of information gathered from individuals experiencing domestic or intimate partner violence. These groups have worked together to develop the following protocols that ensure Victim Service Providers (VSPs) and their clients are included in the Coordinated Entry/Assessment process while adhering to the strict confidentiality requirements mandated by federal laws protecting victims of intimate partner violence.

- A statement is read to clients at the point of entry into the housing/ homeless services system in order to offer referrals to regional VSPs for individuals who may be experiencing domestic violence. (For more information on this topic please see the Kentucky Balance of State Program Standards for Coordinated Access/Entry/ Assessment located on KHC’s HCA Help Desk.)
- Housing referrals from VSPs will be handled differently by regional Coordinated Assessment teams. DV clients will be given one VI-SPDAT at entry, and the assessment is completed on paper. After the VI-SPDAT is completed by VSP, a Client/Family Identifying Number should be assigned, and this form should be completed and submitted for inclusion on the local/regional prioritization list. The acuity score from the VI-SPDAT must be verified as accurate by at least two employees of the VSP.
- When the Coordinated Assessment Team determines that a VSP referral is the next appropriate match for available housing, the referring agency and housing provider will coordinate services using the time-limited Release of Information used by the VSP.

**Client/Family Unique Identifying Number:** \_\_\_\_\_

**Is this an Individual or Family VI-SPDAT score?** \_\_\_\_\_

**Pre-Screen Total VI-SPDAT (or F-VI-SPDAT) Score:** \_\_\_\_\_

**Family Size:** \_\_\_\_\_

**First Time Homeless Date:** \_\_\_\_\_

**Local Prioritization Community Entry Date:** \_\_\_\_\_

**Is the client or head of household (please check all that apply):**

- Disabled       Chronically Homeless       Veteran

**VSP Provider Name:** \_\_\_\_\_

**Employee Performing VI-SPDAT/F-VI-SPDAT Signature:** \_\_\_\_\_

**Employee attesting to accuracy of the VI-SPDAT/F-VI-SPDAT Pre-Screen Total Score**

**Signature:** \_\_\_\_\_