HMIS Coordinated Entry VSP Interim Form

Effective 10/01/25

Intake Date	Entry Date	ServicePoint (HoH) ID:
☐☐ / ☐☐ / ☐☐	☐☐ / ☐☐ / ☐☐	

Project Name

HoH Name First	Middle	Last

Suffix	Alias

Name Data Quality

☐ Full Name Reported	☐ Partial, Street or Code Name
☐ Client doesn't know	☐ Client prefers not to answer

Social Security Number	Date of Birth
☐☐☐ ☐☐ ☐☐☐☐	☐☐ / ☐☐ / ☐☐☐☐
☐ Full SSN Reported (HUD)	☐ Full DOB Reported (HUD)
☐ Approx or partial SSN reported (HUD)	☐ Approx or partial SSN reported (HUD)
☐ Client doesn't know (HUD)	☐ Client doesn't know (HUD)
☐ Client prefers not to answer (HUD)	☐ Client prefers not to answer (HUD)
☐ Data Not collected (HUD)	☐ Data Not collected (HUD)

Veteran Status	Relationship to HoH
☐ No ☐ Yes	☐ Self (Head of Household)
	☐ HoH's child ☐ HoH's spouse or partner
	☐ HoH's other relation member ☐ Other: non-relation member

Sex

☐ Female	☐ Client doesn't know
☐ Male	☐ Client prefers not to answer
	☐ Data not collected

Race and Ethnicity (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous	☐ Native Hawaiian or Pacific Islander
☐ Asian or Asian American	☐ White
☐ Black, African American, or African	☐ Client doesn't know
☐ Hispanic/Latina/o	☐ Client prefers not to answer
☐ Middle Eastern or North African	

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☐ Additional Race and Ethnicity detail: _____

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

VSP Interim Form

Disability

Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or bra development disability, HIV/AIDS, or a diagnosable substance abuse problem?

☐ No   ☐ Yes (indicate type(s) below)   ☐ Client doesn't know   ☐ Client prefers n

	Physical ☐	Mental Health ☐	Chronic Health Condition ☐	☐ Alcohol ☐ Drugs ☐ Both	Developmental ☐	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

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	**End Date**	**Information Date**		
☐☐/☐☐/☐☐	☐☐/☐☐/☐☐	☐☐/☐☐/☐☐		
	(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
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility	☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis)	☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy 　o GPD TIP housing subsidy 　o VASH housing subsidy 　o RRH or equivalent subsidy	☐ Other: _____ ☐ Worker unable to determine ☐ Client doesn't know

<table>
<tr>
<td>for with emergency shelter voucher, Host Home shelter

☐ Safe Haven</td>
<td>☐ Long-term care facility or nursing home

☐ Psychiatric hospital or other psychiatric facility

☐ Substance abuse treatment facility or detox center</td>
<td>☐ Staying or living in a friend's room, apartment, or house
☐ Staying or living in a family member's room, apartment, or house</td>
<td>o HCV voucher (tenant or project based) (not dedicated)
o Public housing unit
o Rental by client, with other ongoing housing subsidy
o Emergency Housing Voucher
o Family Unification Program Voucher (FUP)
o Foster Youth to Independence Initiative (FYI)
o Permanent Supportive Housing
o Other permanent housing dedicated for formerly homeless persons
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy</td>
<td>☐ Client prefers not to answer</td>
</tr>
<tr>
<td>Is client going to have to leave their current living situation within 14 days?</td>
<td colspan="2">☐ Yes   ☐ No
☐ Client doesn't know
☐ Client prefers not to answer</td>
<td colspan="2">If yes, answer the following questions:</td>
</tr>
<tr>
<td>Has a subsequent residence been identified?

☐ Yes   ☐ No
☐ Client doesn't know
☐ Client prefers not to answer</td>
<td>Does individual or family have resources or support networks to obtain other permanent housing?

☐ Yes   ☐ No
☐ Client doesn't know
☐ Client prefers not to answer</td>
<td>Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

☐ Yes   ☐ No
☐ Client doesn't know
☐ Client prefers not to answer</td>
<td>Has the client moved 2 or more times in the past 60 days?

☐ Yes   ☐ No
☐ Client doesn't know
☐ Client prefers not to answer</td>
<td></td>
</tr>
</table>

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
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter ☐ Safe Haven	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center	☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house	☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy o GPD TIP housing subsidy o VASH housing subsidy o RRH or equivalent subsidy o HCV voucher (tenant or project based) (not dedicated) o Public housing unit o Rental by client, with other ongoing housing subsidy o Emergency Housing Voucher o Family Unification Program Voucher (FUP) o Foster Youth to Independence Initiative (FYI) o Permanent Supportive Housing	☐ Other ☐ Worker unable to determine ☐ Client doesn't know ☐ Client prefers not to answer

			Other permanent housing dedicated for formerly homeless persons ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	
Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer	**Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the institutional situation less than 90 days?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the housing situation less than 7 nights?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the housing situation less than 7 nights?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	☐ Client doesn't know ☐ Client prefers not to answer
☐ **N/A** (Complete SECTION IV Below)	**On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes (If YES – Complete SECTION IV) ☐ No (If NO – End Homeless History Interview)	**On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes (If YES – Complete SECTION IV) ☐ No (If NO – End Homeless History Interview)	**On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes (If YES – Complete SECTION IV) ☐ No (If NO – End Homeless History Interview)	☐ Client doesn't know ☐ 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? ☐ No ☐ 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 ☐ One time ☐ Two times ☐ Three times ☐ Four times ☐ Client doesn't know ☐ 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

In what language do you feel best able to express yourself?	☐ English ☐ Arabic ☐ Chinese ☐ French ☐ German ☐ Hebrew ☐ Hindi ☐ Italian ☐ Japanese ☐ Korean ☐ Portuguese ☐ Russian ☐ Spanish ☐ Tagalog ☐ Vietnamese ☐ Other
Client Phone Number	

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Alt. Client Phone Number	
Email address/other electronic communication (e.g. social media)	
On a regular day, where is it easiest to find you and what time of day is easiest to do so? (collect multiple locations)	
For Coordinated Entry, please record the county in which the client would like to be housed.	
County	

Housing Engagement Information

Housing Engagement Category?	☐ Individual ☐ Couple (no children) ☐ Family ☐ Transition Age Youth
When did client engage in Coordinated Entry CES conversation?	☐☐ / ☐☐ / ☐☐
Where is the client staying right now?	☐ Unsheltered ☐ 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?	☐ Yes ☐ No
Once a housing option is available, will the client require special accommodation (e.g. 1st floor, wheelchair access, ramp, bathroom facilities?)	☐ Yes ☐ 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?	☐ Yes ☐ No

Do you or anyone in your family have any chronic health issues with your liver, kidney, stomach, lungs, or heart?	☐ Yes	☐ No
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?	☐ Yes	☐ 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?	☐ Yes	☐ No
When someone in your family is sick or not feeling well, does your family avoid getting medical help?	☐ Yes	☐ 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?	☐ Yes	☐ No
Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	☐ Yes	☐ 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?	☐ Yes	☐ No
A past head injury?	☐ Yes	☐ No
A learning disability, developmental disability, or other impairment?	☐ Yes	☐ 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?	☐ Yes	☐ No

Infectious Disease Risk Factors

Start Date	☐☐ / ☐☐ / ☐☐

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 ▪ *Pregnant or breastfeeding women* ▪ *Individuals ages 55+*	Does the client/household have 1 or more of the above listed Medical Factors?

▪ *One of the following pre-existing health conditions:*
  ▪ *Chronic lung disease or moderate to severe asthma*
  ▪ *Serious heart conditions (expected to be of long-continued and indefinite duration, and significantly inhibits ability of the individual to live independently)*
  ▪ *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*
  ▪ *Severe obesity (body mass index [BMI] or 40 or higher)*
  ▪ *Diabetes*
  ▪ *Chronic kidney disease and those who are undergoing dialysis*
  ▪ *Liver disease*
	☐ Yes
	
	☐ No
	
	☐ Doesn't Know/prefers not to answer

Living Situations Criteria ▪ *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)* ▪ *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)* ▪ *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*	Is the client/household's Living Situation considered High, Medium, or Low Risk based on the above criteria? ☐ High ☐ Medium ☐ Low

people not in the same household. (Potentially Medium-Risk) ▪ *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)* ▪ *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)*	
Has your current period of homelessness been caused by fleeing a domestic violence, dating violence, sexual assault or stalking situation?	☐ Yes ☐ No ☐ Doesn't Know/Prefers not to answer

Coordinated Entry Assessment

Date of Assessment	☐☐ / ☐☐ / ☐☐
Assessment Location	☐ UnSheltered/Street Outreach ☐ Emergency Shelter ☐ Permanent Housing Provider ☐ Supportive Services Provider ☐ Transitional Housing Provider ☐ Victim Service Provider
Assessment Type	☐ Phone ☐ Virtual ☐ In person
Assessment Level	☐ Crisis Needs Assessment ☐ Housing Needs Assessment
Prioritization Status	☐ Placed on Prioritization List ☐ Not placed on Prioritization list

Coordinated Entry Event

Start Date	☐☐ / ☐☐ / ☐☐

Date of Event	[ ][ ] / [ ][ ] / [ ][ ][ ]
Event	**Access Event** ☐ Referral to Prevention Assistance project ☐ Problem Solving/Diversion/Rapid Resolution intervention or service ☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment ☐ Referral to scheduled Coordinated Entry Housing Needs Assessment **Referral Events** ☐ Referral to post-placement/follow-up case management ☐ Referral to Street Outreach project or services ☐ Referral to Housing Navigation project or services ☐ Referral to Non-continuum services: Ineligible for continuum services ☐ Referral to Non-continuum services: No availability in continuum services ☐ Referral to Emergency Shelter bed opening ☐ Referral to Transitional Housing bed/unit opening ☐ Referral to Joint TH-RRH project/unit/resource opening ☐ Referral to RRH project resource opening ☐ Referral to PSH project resource opening ☐ Referral to Other PH project/unit/resource opening
If: Problem Solving/Diversion/Rapid Resolution intervention or service result:	
Client housed/re-housed in a safe alternative	☐ Yes ☐ No
If Referral to post-placement/follow-up case management result:	
Enrolled in Aftercare project	☐ Yes ☐ No
If Referral to an ES, TH, Joint TH-RRH, PSH, or Other PH opening:	
Location of Crisis Housing or Permanent Housing Referral	
Referral Result	☐ Successful referral: client accepted ☐ Unsuccessful referral: client rejected ☐ Unsuccessful referral: provider rejected
Date of Result	[ ][ ] / [ ][ ] / [ ][ ][ ]

Permanent Housing Information

Have you, the Engaging Agency or the client obtained ALL of the following paperwork? And, are copies of ALL ATTACHED TO THE CLIENT'S HMIS RECORD? This means ALL necessary paperwork is on file; not that the client has simply reported having the paperwork.

- **Proof of Citizenship (for PSH Placement)**
- **Verification of Disability (for PSH Placement)**
- **Verification of Homelessness Form & Supporting Documentation (including HMIS records 3rd party verification from another agency or entity)**
- **Verification of Personal Identification (State Issued ID, Birth Certificate, or Social Security Card) most likely needed for Landlords/Property Management Agencies during Housing Search and Placement, but not required for CoC/ESG RRH Placement**

Client is paperwork ready for housing, and all documents are uploaded in HMIS
☐ Yes   ☐ No

Staff Completing (Printed Name):   **Date:**