



VI-SPDAT Screening Summary & Introduction Statement

VI-SPDAT Approved Assessor - Read this statement to the individual:

My name is *(provide your name)* and I work with *(provide your agency)*. Riverside County is prioritizing individuals for housing assistance through a Coordinated Entry System called **HomeConnect**. The information on this assessment will be stored in our database at HomeConnect to enable us to link you to housing resources and services that may become available.

- It usually takes about 7 minutes to complete.
- Please only give yes, no or one-word answers.
- If you do not understand the questions, we can get you more information if you need it.
- You can skip any questions you do not want to answer.
- Please be as honest as possible and just tell the truth. There is no right or wrong answer.
- This is not a guarantee of housing. This is not a housing application.

Participant First Name:	Participant Last Name:	Today's Date:
Social Security Number:	Participant Phone:	Participant Email:
Homeless in City of (City & Zip):	Homeless Since (Month/Year): Month _____ Year _____ Total Time Homeless: _____ <input type="checkbox"/> Meets Chronic Homeless Definition	Can Usually be Located Here:
U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State	Veteran Discharge Status: <input type="checkbox"/> General <input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Bad Conduct	
Previously in Foster Care: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State	Disability: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Refused/Declined to State	
VI-SPDAT Assessor Name:	VI-SPDAT Assessor Agency:	VI-SPDAT Assessor Email & Phone:



VI-SPDAT Screener and Match Initiation Consent Form

Authorization to Share Protected Health Information and Participate in Survey

Participant Last Name:	Participant First Name:	DOB (MM/DD/YYYY):
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Please initial below if you agree with the following statements:

_____ I agree to allow my responses to this survey or these surveys to be disclosed and received by the organizations that participate in the **HomeConnect** system, which include but are not limited to:

- Valley Restart Shelter
- Supportive Housing Providers of Riverside
- Path of Life
- Affiliated Service Providers
- Coachella Valley Rescue Mission
- RUHS Departments
- Veteran-Service Providers
- Veterans Administration
- Riverside County Departments
- Housing Authority - County of Riverside

_____ I understand that the information from this survey will be entered into a data information System and Performance Management database for **HomeConnect**. My personal information will be kept in accordance with all Federal, State, and local laws and regulations related to protecting personal information.

_____ I understand that the following information can be shared with participating agencies in Riverside County as needed to help me find appropriate housing and services:

- Name
- Housing and homelessness history
- Contact information
- Birth date
- Medical and/or mental health treatment history
- Additional information used strictly for matching me with suitable housing and/or services
- Gender
- Income
- Photo (optional)

Initials:

_____ I allow my case manager or outreach worker to enter my responses to the interview survey questions into a secure database – the **HomeConnect**/HMIS system. My signature below signifies my permission.

_____ I, or my outreach worker/case manager, can be contacted about my survey.

_____ I understand that the information I provide will be used to determine if I am eligible for participating housing, services or related programs.

_____ I understand that participating in the **HomeConnect**/HMIS system does not guarantee that I will be called for a housing program.

_____ I understand that the **HomeConnect**/HMIS system will act as the agency that matches my information against eligibility requirements of housing that may become available for which I may be eligible.



VI-SPDAT Screener and Match Initiation Consent Form

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. All participating organizations of the HomeConnect/HMIS system agree to use information provided to only link clients with housing or supportive service options.
- This authorization is completely voluntary and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or have been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date	Signature (or mark) of Participant	Printed Name of Participant
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County of Riverside Continuum of Care Homeless Management Information System (HMIS) Consent for Release of Information

The County of Riverside Continuum of Care Homeless Management Information System (HMIS) is an electronic database that securely records information (data) about clients accessing housing and homeless services within Riverside County. This organization participates in the HMIS database and shares information with other organizations that use this database. This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members.

What information is shared in the HMIS Database?

- Your Name
- Your Date of Birth
- Your Social Security Number
- Your Gender
- Your Ethnicity
- Your Race
- Your Veteran Status
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your household composition
- Your self-reported medical history (including any physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse)
- Your disability status
- Your health insurance
- Your income and sources; and non-cash benefits
- Any history of domestic violence

Who can have access to your information?

Your information will be shared with other County of Riverside Continuum of Care HMIS participating agencies (both public and private) that agree to maintain the security and confidentiality of the information. These organizations may include homeless service providers, housing groups, healthcare providers and any other appropriate service providers. A list of participating agencies within the County of Riverside Continuum of Care HMIS is available upon request.

How is your personal information protected?

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth of federal, state, and local regulations governing confidentiality of client records. Each person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. HMIS data is secured by passwords and encryption technology.

BY SIGNING THIS FORM, I UNDERSTAND AND AGREE THAT:

- The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only shared with participating agencies, who have entered into an HMIS Agency Participating Agreement.
- You have the right to receive services, even if you do not sign this consent form.
- You have a right to receive a copy of this consent form.
- You have the right to revoke your consent, in writing, at any time. The revocation will not apply to information that has already been shared or until the provider receives the revocation. Upon receipt of your revocation, we will remove your Personal Protected Information (PPI) from the shared HMIS database.
- This consent and release is valid for seven (7) years after the date of signature below, unless I revoke my consent in writing.
- You have the right to file a grievance with any HMIS participating agency.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your dependent children (if any), entered into the HMIS database and shared with other participating organizations as described in this consent form.

CLIENT NAME	SIGNATURE OF CLIENT	DATE
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SPOUSE NAME	SIGNATURE OF SPOUSE	DATE
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List all dependent children under 18 in household (if any):

_____	_____	_____
_____	_____	_____

I DO NOT WISH TO PARTICPATE IN HAVING MY PERSONAL INFORMATION SHARED IN THE HMIS SYSTEM

NAME OF ORGANIZATION STAFF	ORGANIZATION NAME	DATE
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TO REVOKE CONSENT:

I, _____ revoke consent as of _____
SIGNATURE OF CLIENT DATE

Organization Staff: _____ Date: _____

Continuum of Care Division Website: <https://www.harivco.org/HomelessManagementInformationSystem/tabid/237/Default.aspx>

ADMINISTRATION

Head of Household First Name:		Head of Household Last Name:	
Date:		Race/Ethnicity:	
Start Time:		Gender Identity (Male, Female, Transgender, Other):	
End Time:		Identifies as LGBTQ2+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Survey Location - Shelter, Outreach, Drop In, or Other (specify):		Date of Birth:	
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous VI-SPDAT Score:		Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 nd Head of Household First Name:		2 nd Head of Household Last Name:	
Date:		Race/Ethnicity:	
Start Time:		Gender Identity (Male, Female, Transgender, Other):	
End Time:		Identifies as LGBTQ2+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Survey Location - Shelter, Outreach, Drop In, or Other (specify):		Date of Birth:	
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous VI-SPDAT Score:		Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Disclaimer:
 OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



OPENING SPEAKING POINTS

Cover the following in the opening explanation of the F-VI-SPDAT each time:

- The purpose of doing this triage with households that have children and are currently experiencing homelessness
- Some of the questions are personal in nature. It is their choice whether or not they want their children present, and if they do choose to have their children present, they can choose to skip questions that they don't want to answer in front of their children that we can try to come back to at the end or another time if someone can watch their children for a few minutes.
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

SECTION ONE: CHILDREN WITHIN THE HOUSEHOLD

1. How many children under the age of 18 are currently with you? _____
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____
3. Is any member of the family currently pregnant (*if applicable*)? Y N R
4. Please provide a list of children in your household:

Child 1 First Name:	Child 1 Last Name:
Child 1 Date of Birth:	Child 1 With Family?
Child 2 First Name:	Child 2 Last Name:
Child 2 Date of Birth:	Child 2 With Family?
Child 3 First Name:	Child 3 Last Name:
Child 3 Date of Birth:	Child 3 With Family?
Child 4 First Name:	Child 4 Last Name:
Child 4 Date of Birth:	Child 4 With Family?
Child 5 First Name:	Child 5 Last Name:
Child 5 Date of Birth:	Child 5 With Family?

Score 1 if any of the following conditions are met:

- *If there is a single parent with 2+ children, and/or a child aged 11 or younger, and/or a current pregnancy.*
- *If there are two parents with 3+ children, and/or a child aged 6 or younger, and/or a current pregnancy.*



SECTION TWO: PRESENTING NEEDS

5. Most days can you and your family:

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. Find a safe place to sleep | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Access a bathroom when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Access a shower when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Get food | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Get water or other non-alcoholic beverages to stay hydrated | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| f. Get clothing or access laundry when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| g. Safely store your stuff | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

Score 1 if NO to Question 5 a, b, c, d, e, f or g.

SECTION THREE: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

6. How long has it been since you and your family lived in stable, permanent housing? (*is this in days or months or years?*)

7. In the last three years, how many times have you been homeless?

8. IF THE ANSWER TO QUESTION 7 IS 2 OR MORE:

Thinking about those last three years and the different times you and your family were homeless, if you add up all the months you were homeless, what is the total length of time your family has experienced homelessness?

_____ months

9. Do you have any diagnosed, documented, disabling conditions?

 Y N R

Score 1 if YES to QUESTION 9 and the following conditions are met:

- If the head of household:
 - experienced 1 or more consecutive years of homelessness or
 - 4+ episodes of homelessness and the total duration of homelessness is 12+ months.

10. Has your family ever lived in a home that you own or an apartment in your name? Y N R

11. Have you and your family ever been evicted? Y N R

Score 1 if NO to Question 10 and/or YES to Question 11.



SECTION FOUR: VULNERABILITIES AND HOUSING SUPPORT NEEDS

12. In the last 6 months, how many times have you or anyone in your family: # of times
- a. Gone to the emergency room/department _____
 - b. Taken an ambulance _____
 - c. Been hospitalized as an inpatient _____
 - d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
 - e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____
 - f. Stayed one or more nights in jail, a holding cell or prison _____

If the total number of interactions equals 4 or more, score 1.

13. Since your family has been homeless:
- a. Has anyone in your family been beaten up or assaulted Y N R
 - b. Has anyone in your family threatened to beat up or assault someone else Y N R
 - c. Has anyone in your family threatened to harm themselves or harmed themselves Y N R
 - d. Has anyone threatened you or anyone in your family with violence or made any of you feel unsafe Y N R
 - e. Has anyone tried to control you or anyone in your family through violence or threats of violence whether that be a stranger, friend, partner, relative or someone in your family Y N R

If YES to any of Question 13, score 1.

14. Does anyone in your family have any legal stuff going on right now that may result in any of the following:
- a. Being locked up Y N R
 - b. Having to pay fines or fees that you cannot afford Y N R
 - c. Impact your family's ability to get housing Y N R
 - d. Impact where you and your family could live in your housing Y N R
 - e. Impact your family's ability to stay together Y N R
15. Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing Y N R

If YES to any of Question 14 and/or YES to Question 15, score 1.



16. Does anyone trick, manipulate, exploit or force anyone in your family to do things they do not want to do? Y N R

17. Where do you and your family sleep most frequently? (*select one response*)

- Shelters Transitional Housing Couch Surfing
- Outdoors Car Other _____

18. Does anyone in your family ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 16;
- If the family stays any place other than Shelters or Transitional Housing in Question 17;
- YES to Question 18.

19. Is there anybody that thinks that you or anyone in your family owes them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? Y N R

20. Do you or anyone in your family get any money from the government, a job, alimony, child support, working under the table, day labour, an inheritance or a pension, or anything like that? Y N R

21. Do you or anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 19;
- NO to Question 20;
- YES to Question 21.

22. Does everyone in your family have planned activities, other than activities for survival, at least four days per week that make them feel happy and fulfilled? Y N R

If NO to Question 22, score 1.

23. Does your family have a collection of belongings that gets in the way with your ability to access services or housing? Y N R

If YES to Question 23, score 1.

24. Would you say that your family’s current homelessness was caused by any of the following:

- a. A relationship that broke down Y N R
- b. An unhealthy or abusive relationship Y N R
- c. Because family or friends caused your family to lose your housing Y N R



25. Do most of your family and friends have stable housing? Y N R

If YES to any of Question 24, and/or NO to Question 25, score 1.

26. Is anyone in your current household 60 years of age or older? Y N R

27. Does anyone in your family have any physical or mental health issues or cognitive issues including a brain injury, that might require assistance to access or keep housing? Y N R

If YES to Question 26 and/or YES to Question 27, score 1.

28. Does anyone in your family use alcohol or drugs in a way that it:

- a. Impacts their life in a negative way most days Y N R
- b. Makes it hard to access housing Y N R
- c. Might require assistance to maintain housing Y N R

If YES to any of Question 28, score 1.

29. Are there any medications that, for whatever reason:

- a. A doctor said someone in your family should be taking but they are not taking Y N R
- b. The medication gets sold instead of being taken Y N R
- c. The medication is used other than how it is prescribed Y N R
- d. The medication is impossible to take, forgotten, or chosen not to take it Y N R

If YES to any of Question 29, score 1.

30. Has your family's homelessness been caused by any recent or past trauma or abuse? Y N R

If YES to Question 30, score 1.

31. Are there any children that have been removed from the family by a child protection service in the last six months? Y N R

32. Do you have any family legal issues like child custody, protection issues, divorce, or anything like that being resolved in court or needing to be resolved in court that would impact your housing or who may live within your housing? Y N R

If YES to Question 31 and/or Question 32, score 1.



33. At any point in the last six months, have any of your children been separated from you to live with another family member or friend? Y N R

34. In the last six months, have any of the children experienced abuse or trauma? Y N R

35. **If there are school-aged children:** Do your children attend school more often than not each week? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 33;
- YES to Question 34;
- NO to Question 35.

36. In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment, or anything like that? Y N R

37. Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed? Y N R

If YES to Question 36 and/or Question 37, score 1.

38. Does your family have a support network for when you need help with your children or other things that come up? Y N R

39. **If there are children 12 and younger as well as 13 and over:** In your household, do the older kids spend two or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing them, or anything like that? Y N R

If NO to Question 38 and/or YES to Question 39, score 1.

TOTAL SCORE



SCORING RANGE	RECOMMENDED COURSE OF ACTION
0-3	Assess for least intensive service supports
4-8	Assess for moderate and often time-limited supports
9+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

If that is unsuccessful, what is the next best way to reach you?

Follow Up:

What to do with the VI-SPDAT:

1. Enter VI-SPDAT into HMIS-CES Workflow
2. Collect documentation (ID, Chronic Homeless Verification, Disability Verification)
3. Email VI-SPDAT and documentation to HomeConnect@ruhealth.org
4. HomeConnect phone number: (800) 498-8847
5. Client’s name will be added to the By Name List

Completion of a VI-SPDAT is not a guarantee of housing.

