



Kansas Statewide  
Homeless Coalition

## Coordinated Entry Release

(rev. July 24, 2020)

Script: *We are here today to talk to you about your housing and service needs. I have a 10-minute survey tool called the VI-SPDAT that I would like to complete with you. Participation in this tool is voluntary and if you refuse you can still access services at our organization. This survey helps us determine how we can best support you with available resources. There are no wrong or preferred answers, just what is true for you. The more accurate and upfront you are in your responses the better we can connect you to the right program. Most questions only require a Yes or No answer and some questions require a one-word answer. You have the right to skip or refuse any question that you don't feel comfortable answering. If you do not understand a question, let me know and I would be happy to clarify. Before we begin, we need to review the below consent and release of information."*

### Client Consent and Release of Information

#### ***What is the benefit to the client allowing service providers access to their information?***

To improve access and service alignment by assessing various needs, and then to match those assessed with the most appropriate housing interventions available. The VI-SPDAT is a tool to help guide those assessed to the appropriate services and housing assistance within the Coordinated Entry System.

Please initial below if you agree with the following statements:

#### ***Who will have access to the information collected and how will it be disclosed?***

- I allow my household's information and answers to be entered into the database system called Homeless Management Information System (HMIS). This database helps the Kansas Balance of State Continuum of Care (KS BoS CoC) to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services and resources.
- I understand that participation with this survey, although optional, is a critical component of our community's ability to provide the most effective services and housing possible. Every person and agency that is authorized to read or enter information into this database has signed an agreement to maintain the security and confidentiality regarding the information and to use the information provided only to link clients with housing or supportive service options.
- I understand that my responses will help service providers to match me to available housing programs, services and related programs; dependent on availability and eligibility.
- I understand that my information may be shared during case conferencing to assist in finding suitable housing programs, services and other resources.
- I understand that some answers provided may need further verification by the referred agency to determine eligibility.

#### ***What information about clients and their dependents linked to their household will be disclosed?***

- I understand that some of the questions are personal in nature and it is my choice whether or not I want my child(ren) present, and if I do choose to have my child(ren) present, I can choose to skip questions that I don't want to answer in front of my child(ren) that we can try to come back to at the end or another time when my child(ren) is not around.
- I understand that all the information provided in this survey will be shared with participating agencies that are using HMIS and service providers that participate in the Kansas Balance of State Coordinated Entry System as needed to help me find appropriate housing and services.
- I, or my case manager/outreach worker, can be contacted about this survey.
- I understand that this survey does not require disclosure of specific disabilities or diagnosis and that specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

**Important Rights and Other Required Statements You Should Know**

- I understand that participating in this survey does not guarantee that I will be called for a housing program.
- This consent will remain in effect until I revoke it in writing. I may revoke this authorization at any time by contacting Kansas Housing and/or the Kansas Coalition to End Homelessness. If I revoke this authorization, it will not apply to information that has already been used or disclosed.
- I have a right to a copy of this consent form once I have signed it.
- I acknowledge that auditors or funders who have legal rights to review the work of the Coordinated Entry System may see my information.

For safety reasons, I would like to refuse to store my household’s identifying information (first names, last names, dates of birth, and SS numbers) in HMIS and instead be issued an anonymous ID number. I understand that by refusing to store this information in the system that should I be matched to a housing program or supportive services, the agency that completed this VI-SPDAT must serve as my point of contact for the KS BoS CoC and assist in the coordination of services.

My signature below indicates that I have read (or been read) the information provided above, have received answers to my questions, and agree to participate in the VI-SPDAT tool and Coordinated Entry System.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**ADMINISTRATION**

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

**Disclaimer:**  
 OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-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.



**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  Y  N  R
- b. Access a bathroom when you need it  Y  N  R
- c. Access a shower when you need it  Y  N  R
- d. Get food  Y  N  R
- e. Get water or other non-alcoholic beverages to stay hydrated  Y  N  R
- f. Get clothing or access laundry when you need it  Y  N  R
- g. Safely store your stuff  Y  N  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           | <i>Assess for least intensive service supports</i>   |
| 4-8           | <i>Assess for moderate and often time-limited supports</i>   |
| 9+            | <i>Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently</i> |

**CONTACT INFORMATION**

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

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

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*If you are matched to a housing program that was located somewhere else in the state, would you consider moving?*

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