



Kansas Statewide
Homeless Coalition

Coordinated Entry Release

(September 23, 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.

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 household's 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 household's 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.
- 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

- We understand that participating in this survey does not guarantee that my household will be called for a housing program.
- This consent will remain in effect until it is revoked in writing. We 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.

- We have a right to a copy of this consent form once I have signed it.
- We 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 identifying information (first name, last name, date of birth, and SS number) 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>		<i>Yes</i>	<i>No</i>
<i>Survey Location - Shelter, Outreach, Drop In, or Other (specify):</i>		<i>Date of Birth:</i>			
<i>Previous VI-SPDAT</i>		<i>Yes</i>	<i>No</i>	<i>Ever served in the military?</i>	
				<i>Yes</i>	<i>No</i>
<i>Previous VI-SPDAT Score:</i>		<i>Pet(s)?</i>		<i>Yes</i>	<i>No</i>
<i>2nd Head of Household First Name:</i>		<i>2nd 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>		<i>Yes</i>	<i>No</i>
<i>Survey Location - Shelter, Outreach, Drop In, or Other (specify):</i>		<i>Date of Birth:</i>			
<i>Previous VI-SPDAT</i>		<i>Yes</i>	<i>No</i>	<i>Ever served in the military?</i>	
				<i>Yes</i>	<i>No</i>
<i>Previous VI-SPDAT Score:</i>		<i>Pet(s)?</i>		<i>Yes</i>	<i>No</i>

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.



SECTION ONE: PRESENTING NEEDS

1. Most days can you and your partner:
- 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 1 a, b, c, d, e, f or g

SECTION TWO: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

2. How long has it been since you and your partner lived in stable, permanent housing? (is this in days or months or years?) _____
3. In the last three years, how many times have you and your partner been homeless? _____

4. IF THE ANSWER TO QUESTION 3 IS 4 OR MORE:

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

5. Do you and/or your partner have any diagnosed, documented, disabling conditions? Y N R

Score 1 if any of the following conditions are met:

- *If the person:*
 - *experienced 1 or more consecutive years of homelessness or*
 - *4+ episodes of homelessness and the total duration of homelessness is 12+ months*
 - **AND answered Yes to Question 5**

6. Have you and your partner ever lived in a home that you own or an apartment in your name(s)? Y N R
7. Have you and your partner ever been evicted? Y N R

Score 1 if NO to Question 6 and/or YES to Question 7



SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

8. In the last 6 months, how many times have you or your partner:

- 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.

9. Since you and your partner have been homeless:

- a. Have you been beaten up or assaulted Y N R
- b. Have you threatened to beat up or assault someone else Y N R
- c. Have you threatened to harm yourself or harmed yourself Y N R
- d. Has anyone threatened you with violence or made you feel unsafe Y N R
- e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent Y N R

If YES to any of Question 9, score 1.

10. Do you and/or your partner 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 ability to get housing Y N R
- d. Impact where you could live in your housing Y N R

11. Have you or your partner ever been convicted of a crime that makes it difficult to access or maintain housing? Y N R

If YES to any of Question 10 and/or YES to Question 11, score 1.



12. Does anyone trick, manipulate, exploit or force you or your partner to do things you do not want to do? Y N R
13. Where do you and your partner sleep most frequently? (*select one response*)
- Shelters Transitional Housing Safe Haven Couch Surfing
- Outdoors Car Other
-
14. Do you or your partner 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 12;
- If the person stays any place other than Shelters, Transitional Housing or Safe Haven in Question 13;
- YES to Question 14.

15. Is there anybody that thinks you or your partner owe 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
16. Do you or your partner get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that? Y N R
17. Do you or your partner ever gamble with money you 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 15;
- NO to Question 16;
- YES to Question 17.

18. Do you and your partner have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? Y N R

If NO to Question 18, score 1.

19. Do you and your partner 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 19, score 1.

20. Would you and your partner say that your 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 you to lose your housing Y N R



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

If YES to any of Question 20, and/or NO to Question 21, score 1.

22. Are you or your partner 60 years of age or older? Y N R

23. Do you or your partner have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing? Y N R

24. Are you or your partner currently pregnant? (If applicable) Y N R

If YES to Question 22, and/or YES to Question 23, and/or YES to Question 24, score 1.

25. Do you or your partner use alcohol or drugs in a way that it:

- a. Impacts your lives in a negative way most days Y N R NA
- b. Makes it hard to access housing Y N R NA
- c. Would require assistance to maintain housing Y N R NA

If YES to any of Question 25, score 1

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

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

If YES to any of Question 26, score 1.

27. Has you and your partner's homelessness been caused by any recent or past trauma or abuse? Y N R

If YES to Question 27, score 1.

TOTAL SCORE



SCORING RANGE	COURSE OF ACTION
0-3	Assess for least intensive service supports
4-7	Assess for moderate and often time-limited supports
8+	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 and/or your partner?

If that is unsuccessful, what is the next best way to reach you and/or your partner?

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

