

Coordinated Entry System

Kansas Balance
of State CoC

Kansas Balance of State Continuum of Care Coordinated Entry System For Families

Survey Packet

Version 1.0

11/16/2021

CES Survey Packet Instructions

INSTRUCTIONS FOR THE SURVEYOR

*****Please do not read aloud*****

THE CONSENT MUST BE COMPLETED AND SIGNED (FOR EVERY ADULT MEMBER)

In the case that respondent refuses consent, or answering affirmatively in the domestic violence section, you may still proceed, however note these special instructions: Do not enter Personal Identifiable Information (PII) into HMIS. HMIS will automatically generate an anonymous ID. Please retain at least the first page of CES Survey Part I (with HMIS ID & Client Name) for your records and future matches will become the responsibility of the agency that completed the assessment as no other entity will be able to connect the participant to the assessment.

RESERVE JUDGEMENT

Regardless of the outcome of the survey responses, please remain neutral in your response and reserve judgment and unsolicited advice.

DO NOT BE DISAPPOINTED IF THE RESPONDENT DOESN'T WANT TO BE SURVEYED.

Negative experiences with past services may cause the respondent to be distrustful. Reversing course on that is a process, and your positive interaction and respect of their boundaries will help future engagements.

DO NOT PROMISE HOUSING OR SERVICES.

Though you may be trying to be helpful, however housing and services are primarily dependent on eligibility and availability which may vary.

DO NOT MANIPULATE RESPONSES.

Major eligibility criteria are officially verified later so it does not benefit the respondent to be dishonest.

YES AND NO ANSWERS ARE FINE, IDEAL EVEN. AVOID FOLLOW UP QUESTIONS.

Respondents do not need to explain themselves. Explain questions if further clarification is needed but try to keep the conversation short and clear to respect their time. Make note of items you may want to come back to but allow engagement/case management to happen separate from the survey itself.

READ THE GENERAL SCRIPT TO THE PARTICIPANTS

“We are here today to talk to you about your housing and service needs. I have a 15-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.”

Release of Information

Authorization to Disclose Client Information

The U.S. Department of Housing and Urban Development (HUD) requires agencies that receive certain types of HUD funding to use a Homeless Management Information System (HMIS) and the Coordinated Entry System (CES). Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing HMIS and CES have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the continuums' website (<http://www.kshomeless.com>). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency completing this form with me to collect and enter information into HMIS and CES about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies.

I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs to improve assistance and better their current or future situations.
- Improving the quality of care and services for people in need.
- Tracking the effectiveness of community efforts to meet the needs of people receiving assistance.
- Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that CES is shared to improve access and service alignment by assessing various needs, and then to match those assessed with the most appropriate housing interventions available by:

- Allowing for voluntary participation in a VI-SPDAT assessment for admittance to CES which is a critical component of our community's ability to provide the most effective services and housing available.
- Allowing my information to be shared during case conferencing to assist in finding suitable housing programs, services, and other resources.
- Not requiring 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.

I understand that:

- I have the right to review my HMIS and CES record with an authorized user and receive a copy of this consent form once I have signed it.
- I, or my case manager/outreach worker, can be contacted about the information entered into HMIS and CES.
- All agencies that use HMIS and CES will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- I agree and understand that my data may be transferred from one HMIS system to another for data collection, reporting, or analytics.

Release of Information

Authorization to Disclose Client Information

- I acknowledge that auditors or funders who have legal rights to review the work of HMIS and CES may see my information.
- Signing this release form does not guarantee that I will receive the requested services and it does not guarantee that I will be called for a housing program.
- I understand that some information provided may need further verification if I am referred to an agency for services.
- I understand that if I do not sign this form, it will not change whether I can receive services from the agency assisting me and any other participating agencies. However, I would need to contact each agency directly to apply for assistance and for a determination of eligibility.
- I understand that this authorization shall remain in effect from the date of my signature below.
- I understand that I may revoke this authorization at any time by notifying the agency in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.

For safety reasons, I understand that I may refuse to sign this release form which will allow for my HMIS information and CES assessment to be stored in HMIS without identifying information (first name, last name, date of birth, and ss number) and instead I will 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 assisting me must serve as my point of contact for the KS BoS CoC and assist in the coordination of services.

Further, if I am unable to participate in a determination of those services or my permission is needed in the future to authorize additional services for a program, my signature below authorizes the agency assisting me with this release to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the agency is hereby authorized to represent me.

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 Coordinated Entry System and the Homeless Management Information System.

Client Signature

Date

Client Signature

Date

Client has refused to sign disclosure. Client may be entered into HMIS without any personal identifying information and will be issued an anonymous ID number.

Witness Signature

Agency Name

Date

HMIS Profile Information – Adult(s)

HMIS Number for HoH: _____

If household is not in HMIS or agency cannot determine if client is in HMIS continue to Section One. If members of the household already exist in Clarity, you must add their HMIS numbers to each page then continue to Section Three.

Section One: HMIS Profile – Adult(s)

Information to Create HMIS Client Profile if the adult is not in Clarity.

Head of Household Information

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth: _____ SS Number: _____

Phone Number: _____ Email: _____

Primary Language: _____

Gender: *(Click all that apply)*

- Female Male A gender that is not singularly “Female” or “Male”
 Transgender Questioning Client Doesn’t Know Client Refused

Race: *(Click all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Native Hawaiian or Pacific Islander
 White Client Doesn’t Know Client Refused

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Non-Latin(a)(o)(x)

Veteran Status: Yes No Doesn’t Know Refused

HMIS Profile Information – Adult(s)

HMIS Number for 2nd Adult: _____

If the 2nd adult already exists in Clarity, you must add their HMIS number above and continue to the Section Two.

2nd Adult (if applicable)

Information to Create HMIS Client Profile if the adult is not in Clarity.

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Date of Birth: _____ **SS Number:** _____

Phone Number: _____ **Email:** _____

Primary Language: _____

Gender: *(Click all that apply)*

- Female Male A gender that is not singularly “Female” or “Male”
 Transgender Questioning Client Doesn’t Know Client Refused

Race: *(Click all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Native Hawaiian or Pacific Islander
 White Client Doesn’t Know Client Refused

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Non-Latin(a)(o)(x)

Veteran Status: Yes No Doesn’t Know Refused

HMIS Profile Information - Children

Section Two: HMIS Profile – Child(ren)

Information to Create HMIS Client Profile if the child is not in Clarity.

HMIS Number for Child: _____

Child Information

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth: _____ SS Number: _____

Gender: *(Click all that apply)*

- Female Male A gender that is not singularly “Female” or “Male”
 Transgender Questioning Client Doesn’t Know Client Refused

Race: *(Click all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Native Hawaiian or Pacific Islander
 White Client Doesn’t Know Client Refused

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Non-Latin(a)(o)(x)

HMIS Number for Child: _____

Child Information

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth: _____ SS Number: _____

Gender: *(Click all that apply)*

- Female Male A gender that is not singularly “Female” or “Male”
 Transgender Questioning Client Doesn’t Know Client Refused

Race: *(Click all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Native Hawaiian or Pacific Islander
 White Client Doesn’t Know Client Refused

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Non-Latin(a)(o)(x)

CES Enrollment – Adult(s)

Section Three: CES Enrollment – Adult(s)

Information to Enroll in Coordinated Entry

Head of Household - CES Enrollment

Program Start Date: _____

Prior Living Situation:

Type of Residence: <i>(See page 6 for eligible options)</i>	
Length of Stay in Prior Living Situation:	
Approximate Date Homelessness Started:	
Number of times on the streets, in ES, or SH in the past three years:	
Total # of months homeless on the streets, in ES, or SH in the past three years:	

Disabling Conditions and Barriers:

Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Victim of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Last Occurrence of Domestic Violence:	
Are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

2nd Adult - CES Enrollment

Program Start Date: _____

Prior Living Situation:

Type of Residence: <i>(See page 6 for eligible options)</i>	
Length of Stay in Prior Living Situation:	
Approximate Date Homelessness Started:	
Number of times on the streets, in ES, or SH in the past three years:	
Total # of months homeless on the streets, in ES, or SH in the past three years:	

Disabling Conditions and Barriers:

Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Victim of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Last Occurrence of Domestic Violence:	
Are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

CES Enrollment – Child(ren)

Section Four: CES Enrollment – Child(ren)

Child - CES Enrollment

Program Start Date: _____

Relationship to Head of Household: _____

Prior Living Situation:

Type of Residence: <i>(See page 6 for eligible options)</i>	
Length of Stay in Prior Living Situation:	
Approximate Date Homelessness Started:	
Number of times on the streets, in ES, or SH in the past three years:	
Total # of months homeless on the streets, in ES, or SH in the past three years:	

Disabling Conditions and Barriers:

Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Victim of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Last Occurrence of Domestic Violence:	
Are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

Child - CES Enrollment

Program Start Date: _____

Relationship to Head of Household: _____

Prior Living Situation:

Type of Residence: <i>(See page 6 for eligible options)</i>	
Length of Stay in Prior Living Situation:	
Approximate Date Homelessness Started:	
Number of times on the streets, in ES, or SH in the past three years:	
Total # of months homeless on the streets, in ES, or SH in the past three years:	

Disabling Conditions and Barriers:

Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Victim of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Last Occurrence of Domestic Violence:	
Are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

CES Event and Current Living Situation

Section Five: CES Events – All Household Members

Provide Services – Coordinated Entry Events

- Referral to scheduled Coordinated Entry Housing Needs Assessment (**REQUIRED**)

Event Date: _____

Section Six: Current Living Situation – All Household Members

Assessment – Current Living Situation

Date of Contact: _____

Current Living Situation: (REQUIRED)

- Place not meant for habitation (e.g. a vehicle, abandoned building, anywhere outside, etc.)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded 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
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- 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, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Other
- Worker unable to determine
- Client doesn't know
- Client refused

Verified By (Organization Name): _____

Location Details: _____

VI-SPDAT Assessment – Families

Is the household willing to conduct a VI-SPDAT? Yes No

If no, Section One: Administration must be filled out.

Reason for Denial: _____

SECTION ONE: ADMINISTRATION

Assessment Date: _____

Assessment Type: Phone Virtual In Person

Assessment Location: Shelter Outreach Drop In Other

Name of Location: _____

Primary Language: _____

Current City: _____ County: _____

Have you or anyone in your family ever been in foster care: Yes No Refused

SECTION TWO: 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)? Yes No Refused

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 THREE: PRESENTING NEEDS

4. Most days can you and your family:
- a) Find a safe place to sleep Yes No Refused
 - b) Access a bathroom when you need it Yes No Refused
 - c) Access a shower when you need it Yes No Refused
 - d) Get food Yes No Refused
 - e) Get water or other non-alcoholic beverages to stay hydrated. Yes No Refused
 - f) Get clothing or access laundry when you need it. Yes No Refused
 - g) Safely store your stuff Yes No Refused

Score 1 if NO to Question 4 a, b, c, d, e, f, or g.

SECTION FOUR: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

5. How long has it been since you and your family lived in stable, permanent housing? _____

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

7. **IF THE ANSWER TO QUESTION 6 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

8. Do you have any diagnosed, documented, disabling conditions? Yes No Refused

Score 1 if YES to QUESTION 8 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

9. Has your family ever lived in a home that you own or an apartment in your name? Yes No Refused

10. Have you and your family ever been evicted? Yes No Refused

Score 1 if NO to Question 9 and/or YES to Question 10.

SECTION FIVE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

11. 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.

12. Since your family has been homeless:
- a) *Has anyone in your family been beaten up or assaulted?* Yes No Refused
 - b) *Has anyone in your family threatened to beat up or assault someone else?* Yes No Refused
 - c) *Has anyone in your family threatened to harm themselves or harmed themselves?* Yes No Refused
 - d) *Has anyone threatened you or anyone in your family with violence or made any of you feel unsafe?* Yes No Refused
 - 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?* Yes No Refused

If YES to any of Question 12, score 1.

13. 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* Yes No Refused
 - b) *Having to pay fines or fees that you cannot afford* Yes No Refused
 - c) *Impact your family's ability to get housing* Yes No Refused
 - d) *Impact where you and your family could live in your housing* Yes No Refused
 - e) *Impact your family's ability to stay together* Yes No Refused
14. Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing? Yes No Refused

If YES to any of Question 13 and/or YES to Question 14, score 1.

15. Does anyone trick, manipulate, exploit, or force anyone in your family to do things they do not want to do? Yes No Refused
16. Where do you and your family sleep most frequently? (*Select one response*)
- Shelters Transitional Housing Couch Surfing Outdoors
- Car Other: _____
17. Does anyone in your family ever do things that may be risky or harmful like run drugs, share a needle, do sex work, or anything like that? Yes No Refused

Score 1 if any of the following conditions are met:

- YES to Question 15;
- If the family stays any place other than Shelters or Transitional Housing in Question 16;
- YES to Question 17.

18. 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? Yes No Refused
19. Do you or anyone in your family get any money from the government, a job, alimony, child support, working under the table, day labor, an inheritance or a pension, or anything like that? Yes No Refused
20. Do you or anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? Yes No Refused

Score 1 if any of the following conditions are met:

- YES to Question 18;
- NO to Question 19;
- YES to Question 20.

21. 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? Yes No Refused

If NO to Question 21, score 1.

22. Does your family have a collection of belongings that gets in the way with your ability to access services or housing? Yes No Refused

If YES to Question 22, score 1.

23. Would you say that your family's current homelessness was caused by any of the following:
- a) *A relationship that broke down* Yes No Refused
- b) *An unhealthy or abusive relationship* Yes No Refused
- c) *Because family or friends caused your family to lose your housing* Yes No Refused
24. Do most of your family and friends have stable housing? Yes No Refused

If YES to any of Question 23, and/or NO to Question 24, score 1.

25. Is anyone in your current household 60 years of age or older? Yes No Refused
26. 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? Yes No Refused

If YES to Question 25, and/or YES to Question 26, score 1.

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

- a) *Impacts their life in a negative way most days* Yes No Refused
- b) *Makes it hard to access housing* Yes No Refused
- c) *Might require assistance to maintain housing* Yes No Refused

If YES to any of Question 27, score 1.

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

- a) *A doctor said someone in your family should be taking but they are not taking* Yes No Refused
- b) *The medication gets sold instead of being taken* Yes No Refused
- c) *The medication is used other than how it is prescribed* Yes No Refused
- d) *The medication is impossible to take, forgotten, or chosen not to take it* Yes No Refused

If YES to any of Question 28, score 1.

29. Has your family's homelessness been caused by any recent or past trauma or abuse?

- Yes No Refused

If YES to Question 29, score 1.

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

- Yes No Refused

31. 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?

- Yes No Refused

If YES to Question 30 and/or Question 31, score 1.

32. 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?

- Yes No Refused

33. In the last six months, have any of the children experienced abuse or trauma?

- Yes No Refused

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

- Yes No Refused

Score 1 if any of the following conditions are met:

- YES to Question 32;
- YES to Question 33;
- NO to Question 34.

35. 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? Yes No Refused

36. 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? Yes No Refused

If YES to Question 35 and/or Question 36, score 1.

37. Does your family have a support network for when you need help with your children or other things that come up? Yes No Refused

38. 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? Yes No Refused

If NO to Question 37 and/or YES to Question 38, score 1.

If you are matched to a housing program that is located somewhere else in the state, would you consider moving? Yes No

- What is your first choice for preferred county? _____
- What is your second choice for preferred county? _____
- What is your third choice for preferred county? _____

TOTAL SCORE