ANCHORAGE COALITION TO END HOMELESSNESS

Coordinated Entry Families Assessment

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I. INSTRUCTIONS

Privacy Practices

Please remember to follow the Anchorage Continuum of Care and Coordinated Entry Privacy Practices when sharing someone's information in HMIS and entering a client into Coordinated Entry. The most up to date Privacy Practices will always be posted on the Institute for Community Alliances website: https://icalliances.org/alaska-privacy-governance/.

Check Age/Household Type

Please remember that this packet is meant for households with minor dependents or households in which a member is pregnant. If the household with whom you are currently working does not have a minor/no member is pregnant, please choose the appropriate assessment to be completed: Adult (25 years or older), Transitional Aged Youth (18-24).

One Assessment per Household

When completing a Family Assessment, please remember that only one packet/assessment needs to be completed. Different amounts of information may be required for each household member, depending on the member's age and their relationship to the head of household. Please make sure to note the specific instructions throughout this packet that identifies which information is needed on all family members vs. which information is only needed for those household members who are 18+.

Check for earlier assessments

Please remember to check to see if a client already has an open CE entry in HMIS. You may need to check multiple HMIS client IDs. If a client already has an active assessment (open entry with no exit) under any client number, please do not complete a second assessment in HMIS. If information (including a VI-SPDAT) needs to be updated, please complete this packet and input as an "interim review" in the system.

II. INTRODUCTORY PARAGRAPH

Instructions: *Please read this introductory paragraph to the client before every assessment. Please emphasize* ***highlighted/bold*** *sections with the client.*

Hello. I'm here to talk to you about your housing and service needs. The purpose of this assessment is to identify what services in town will best help you, let community providers identify gaps in our current social service system, and determine the order in which people will be contacted for housing and related services. It is important that you know that **this is not a guarantee for housing or services**, nor is this a guarantee of assistance within a specific time period. **The Coordinated Entry System does not prioritize individuals on a first-come-first-serve basis which means individuals served by Coordinated Entry will wait for various lengths of time before receiving a referral to services.**

The Coordinated Entry Process will do its best to use the information collected here to provide referrals that are appropriate to your needs and program eligibility. It is important to know, however, **that this is *not* an application for housing or services.** Once you receive a referral there may be additional information that your service agency will need to collect to ensure that you meet the requirements for their program. **Receiving a referral through Coordinated Entry is not a guarantee of services until your specific program confirms eligibility.** If in any circumstance you are referred to a service for which you are not eligible, you will remain prioritized for services through Coordinated Entry and can receive future referrals to other programs as availability arises.

In this assessment there will be questions asked about past housing, your current health, substance use, legal involvement, financial stability and other areas related to housing. **The answers you provide in this assessment will not qualify or disqualify you for Coordinated Entry, but rather help us identify which services will best suit your needs.** It is always best to be honest when answering these questions. Some of these questions will be personal and could make you feel uncomfortable. If there is anything that you do not want to talk about, please let me know. **You always have the right to refuse to answer a question, and we can move to the next part of the assessment.** Please know, however, that the more information you can provide me, the more able I am to understand your current situation and help you with what you really need.

Do you have any questions?

May we proceed?

III. HMIS DATA ELEMENTS

Date: _____/_____/_____ **Completed By:**

_____

Agency: _____

Phone Number

_____

Message Line:

_____

Emergency Contact:

_____

Emergency Contact Number:

_____

HEAD OF HOUSEHOLD INFORMATION:

Demographic Information:

Full Name	Date of Birth	SSN (full or partial)

Are you a U.S. Military Veteran? ☐ Yes ☐ No

Instructions: Please enter military status under the client profile in HMIS as this question is not included in the CE entry.

Gender:		**Ethnicity:**	
☐ Female	☐ Gender Nonconforming	☐ Non -Hispanic/Non-Latino	☐ Client Doesn't Know
☐ Male	☐ Client Doesn't Know	☐ Hispanic/ Latino	☐ Client Refused
☐ Trans (Male to Female)	☐ Client Refused		
☐ Trans (Female to Male)			

Primary Race:		**Secondary Race (Optional):**	
☐American Indian/Alaska Native	☐Client Doesn't Know	☐American Indian/Alaska Native	☐Client Refused
☐Asian	☐Client Refused	☐Asian	☐Client Doesn't Know
☐Black/African American		☐Black/African American	
☐Native Hawai'ian/Pacific Islander		☐Native Hawai'ian/Pacific Islander	
☐White		☐White	

Client Location – ALWAYS ANCHORAGE

Please indicate Anchorage-500 for client location in HMIS for all adults in the household.
If client's primary residence is outside of the municipality of Anchorage, please do not complete an Anchorage Coordinated Entry Packet and refer to services within their regular municipality.

HMIS DATA ELEMENTS – ADDITIONAL HOUSEHOLD MEMBERS

Please complete for all additional household members. If necessary add a second chart for additional household members.

Name, DOB, SSN	**Gender** (pick one)	**Race** (Pick up to two)	**Ethnicity** (pick one)	**Relation to HoH** (pick one)
N: ______/________/__________ ________ - _____ - _______	☐ Female ☐ Trans (M to F) ☐ Male ☐ Trans (F to M) ☐ Refused ☐ Does not Know ☐ Gender Nonconforming	☐ AI/AN ☐White ☐Asian ☐ Does not Know ☐ Black/AA ☐ Refused ☐Native Hawaiian/Pacific Islander	☐ Hispanic/ Latino ☐ Non -Hispanic/Non-Latino ☐ Does not Know ☐ Refused	☐ Spouse/Partner ☐ Child of HoH ☐ Other Relation ☐ Non-Relation
N: ______/________/__________ ________ - _____ - _______	☐ Female ☐ Trans (M to F) ☐ Male ☐ Trans (F to M) ☐ Refused ☐ Does not Know ☐ Gender Nonconforming	☐ AI/AN ☐White ☐Asian ☐ Does not Know ☐ Black/AA ☐ Refused ☐Native Hawaiian/Pacific Islander	☐ Hispanic/ Latino ☐ Non -Hispanic/Non-Latino ☐ Does not Know ☐ Refused	☐ Spouse/Partner ☐ Child of HoH ☐ Other Relation ☐ Non-Relation
N: ______/________/__________ ________ - _____ - _______	☐ Female ☐ Trans (M to F) ☐ Male ☐ Trans (F to M) ☐ Refused ☐ Does not Know ☐ Gender Nonconforming	☐ AI/AN ☐White ☐Asian ☐ Does not Know ☐ Black/AA ☐ Refused ☐Native Hawaiian/Pacific Islander	☐ Hispanic/ Latino ☐ Non -Hispanic/Non-Latino ☐ Does not Know ☐ Refused	☐ Spouse/Partner ☐ Child of HoH ☐ Other Relation ☐ Non-Relation
N: ______/________/__________ ________ - _____ - _______	☐ Female ☐ Trans (M to F) ☐ Male ☐ Trans (F to M) ☐ Refused ☐ Does not Know ☐ Gender Nonconforming	☐ AI/AN ☐White ☐Asian ☐ Does not Know ☐ Black/AA ☐ Refused ☐Native Hawaiian/Pacific Islander	☐ Hispanic/ Latino ☐ Non -Hispanic/Non-Latino ☐ Does not Know ☐ Refused	☐ Spouse/Partner ☐ Child of HoH ☐ Other Relation ☐ Non-Relation
N: ______/________/__________	☐ Female ☐ Trans (M to F) ☐ Male ☐ Trans (F to M) ☐ Refused ☐ Does not Know ☐ Gender Nonconforming	☐ AI/AN ☐White ☐Asian ☐ Does not Know ☐ Black/AA ☐ Refused ☐Native Hawaiian/Pacific Islander	☐ Hispanic/ Latino ☐ Non -Hispanic/Non-Latino ☐ Does not Know ☐ Refused	☐ Spouse/Partner ☐ Child of HoH ☐ Other Relation ☐ Spouse/Partner
LEGEND:	S AA = African American; AI = American Indian; AN= Alaska Native; HoH = Head of Household; Trans (M to F) = Transgender Male to Female; Trans (F to M) = Transgender Female to Male VA = Veteran Affairs			

DISABILITY DETERMINATION – ALL HOUSEHOLD MEMBERS

Instructions: *Please complete the disability determination charts below for every member in the household. Add a supplemental chart for additional household members as necessary.*

Household Member Name	Disability
	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused
	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused
	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused
	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused
	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused
	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused

Instructions: *Complete additional disability determination chart below for every household member who answered "yes" above.*
***Remember**: When entering this data into HMIS, those who answered "no", "client doesn't know", or "refused" will need this chart updated accordingly.*

Name: _____

Disability Type	Disability Determination	*IF YES:* Condition Going to be Long-Term?
Alcohol Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Chronic Health Condition	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Developmental	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
HIV/AIDS	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Mental Health Problem	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Physical	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No

Name:_____

Disability Type	Disability Determination	*IF YES:* Condition Going to be Long-Term?
Alcohol Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Chronic Health Condition	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Developmental	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Drug Abuse	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
HIV/AIDS	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No
Mental Health Problem	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No

Disability Type	Disability Determination	*IF YES:* Condition Going to be Long-Term?
Physical	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused	☐ Yes ☐ No

Category	Name	Determination
Alzheimer's Disease and Related Dementias	1.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	2.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	3.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	4.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
Chronic Alcoholism or other Substance Use Disorder	1.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	2.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	3.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	4.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
Intellectual or Developmental Disabilities	1.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	2.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	3.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	4.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
Mental Illness	1.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	2.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	3.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	4.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
Traumatic Brain Injuries	1.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	2.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	3.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused
	4.	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Refused

Alaska Mental Health Beneficiary Information

Instructions: *Please collect this information for all household members. If there are more than 4 household members, please print another copy of this chart to account for all members.*

Alaska Native Corporation Affiliation – ADULT HOUSEHOLD MEMBERS ONLY		
Instructions: *Please complete the chart below for each household member. Please only use options as provided in the key provided. For those who are not Alaska Native, please use "Not Affiliated."*		
Household Member Name	**Primary Alaska Native Regional Corporation**	**Secondary Alaska Native Regional Corporation** (Optional)

Alaska Native Corporation Optional Key		
Ahtna Corporation	Chugach Alaska Corporation	Sealaska
Aleut Corporation	Cook Inlet Regional Corporation	13th Regional Corporation
Arctic Slope Regional Corporation	Doyon Limited Corporation	Client Doesn't Know
Bering Straits Native Corporation	Goldbelt Corporation	Client Refused
Bristol Bay Native Corporation	Koniag Incorporated	Not Affiliated
Calista Corporation	NANA Regional Corporation	

Instructions: From this point forward data will be collected on ***adults in the household only***. Data collection for minors is now complete.

PRIOR LIVING SITUATION – ADULT HOUSEHOLD MEMBERS ONLY
Instructions: *Complete this section for every adult in the household. Print additional charts as necessary. If all adults in the household have been together consistently and the answers to the questions below are the exact same, complete this chart once and input the data into each adult member's HMIS Coordinated Entry HMIS entry.*
Section I – Where did you sleep last night? **SELECT ONLY ONE OPTION FROM ONE OF THE HIGHLIGHTED CATEGORIES *(1, 2, or 3)* below.** *For example, if the client was in a "Place not meant for habitation", select that from the Homeless Situation category and continue complete Sections II through IV.* ***1. Homeless Situation*** ☐ 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** ☐ ~~Safe Haven~~ (not currently available in AK) ***2. Institutional Situation*** ☐ 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

3. *Transitional and Permanent Housing Situation*

☐ 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 subsidy
☐ Rental by client, with VASH subsidy
☐ Permanent housing for formerly homeless persons
☐ Rental by client, with RRH or equivalent subsidy
☐ Rental by client, with Housing Choice Voucher (HCV) (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

4. *Other*

☐ Other
☐ Worker unable to determine
☐ Client doesn't know
☐ Client refused

5. *If "Other", Specify:*

_____

Section II

Please complete all remaining sections:

*** Length of Stay at Prior Night Living Situation:**

☐ 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
☐ Client doesn't know
☐ Client refused

Approximate date most recent episode of homelessness started: _____/_____/_____

Instructions: ** Look for the most recent "break" in homelessness to identify the start of current episode. Breaks include 7+ nights in a permanent or temporary housing situation; 90+ days in an institution.*
** If someone is actively in an institution, has been there for less than 90 days, and was experiencing homelessness before entering the institution, look for the most recent break in homelessness prior to institutionalization.*
**If someone was in a permanent or transitional housing situation last night, but will be experiencing homelessness tonight, please use today's date.*

Section III

**** Regardless of where they stayed last night*—Number of separate times/episodes the client has been on the streets or in emergency shelter in the past three years** (counting current stay):

☐ One time ☐ Two times ☐ Three times ☐ Four or More Times

☐ Client doesn't know ☐ Client refused

Section IV

*** Total number of months homeless on the street or in emergency shelter in past 3 years:**

☐ 1 month (this time is the first time) ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months

☐ 6 months ☐ 7 months ☐ 8 months ☐ 9 months ☐ 10 months ☐ 11 months ☐12 months

☐ More than 12 months ☐ Client doesn't know ☐ Client refused

Total number of months homeless on the street or in emergency shelter in past 3 years (up to 36 months):

Instructions: If the client has spent less than 12 months in a HUD defined homeless situation in the last three years, please repeat the answer provided above here. If the client has experienced homelessness for over 12 months, please specify up to 36 months.

_____ Total number of months (12 – 36 months)

CURRENT LIVING SITUATION (HEAD OF HOUSEHOLD AND ADULTS ONLY)

Location details:_____

Is client going to have leave their living situation within 14 days?

☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused ☐ Data not collected

If "Yes" to "Is client going to have leave their living situation within 14 days?" answer the following questions:

Has a subsequent residence been identified?

☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused ☐ Data not collected

Does individual or family have resources or support networks to obtain other permanent housing?

☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused ☐ Data not collected

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 ☐Refused ☐ Data not collected

Has the client moved 2 or more times in the last 60 days?

☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused ☐ Data not collected

INCOME

Instructions: *Please complete income questions for each adult in the household. Include room for additional adults as necessary*

Adult Household Member Name	Monthly Income Amount

DOMESTIC VIOLENCE – ADULT HOUSEHOLD MEMBERS ONLY

Is any adult member of the household a victim/survivor of domestic violence? ☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused

Please complete the chart below for each member who answered "yes" to the above.

Name of Adult Household Member	When Did this Occur?	Are you currently fleeing domestic violence?
	☐ Within last 3 months ☐ 3 – 6 months ago ☐ 6 months ☐ 6 – 12 months ago ☐ 1 year ☐ More than a year ago	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused
	☐ Within last 3 months ☐ 3 – 6 months ago ☐ 6 months ☐ 6 – 12 months ago ☐ 1 year ☐ More than a year ago	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused
	☐ Within last 3 months ☐ 3 – 6 months ago ☐ 6 months ☐ 6 – 12 months ago ☐ 1 year ☐ More than a year ago	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused
	☐ Within last 3 months ☐ 3 – 6 months ago ☐ 6 months ☐ 6 – 12 months ago ☐ 1 year ☐ More than a year ago	☐ Yes ☐ No ☐ Client Doesn't Know ☐Refused

COORDINATED ENTRY ASSESSMENT – ADULT HOUSEHOLD MEMBERS ONLY

Name of Adult Household Member	Date of Assessment	Assessment Location	Assessment Type	Assessment Level	Prioritization Status
			☐ Phone ☐ Virtual ☐ In Person	☐ Crisis Needs Assessment ☐ Housing Needs Assessment	☐ Placed on Prioritization List ☐ Not Placed on Prioritization List
			☐ Phone ☐ Virtual ☐ In Person	☐ Crisis Needs Assessment ☐ Housing Needs Assessment	☐ Placed on Prioritization List ☐ Not Placed on Prioritization List
			☐ Phone ☐ Virtual ☐ In Person	☐ Crisis Needs Assessment ☐ Housing Needs Assessment	☐ Placed on Prioritization List ☐ Not Placed on Prioritization List
			☐ Phone ☐ Virtual ☐ In Person	☐ Crisis Needs Assessment ☐ Housing Needs Assessment	☐ Placed on Prioritization List ☐ Not Placed on Prioritization List

IV. VI-FSPDAT – HEAD OF HOUSEHOLD ONLY

VULNERABILITY INDEX & FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL

Instructions: Interviewer must have completed the online VI-FSPDAT training module. The total score will be calculated in AKHMIS. Upload the VI-FSPDAT document into AKHMIS by scanning the packet and attaching it as PDF file. The VI-FSPDAT is only completed by the head of household.

Basic Information

1. Is either head of household 60 years of age or older? ☐ Yes ☐ No ☐Refused

2. How many parents are included in this family? ☐ Yes ☐ No ☐Refused

Children

1. How any children under the age of 18 are currently with you? _____ ☐Refused
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? _____ ☐Refused
3. *If the household includes a female:*
   Is any member of the family currently pregnant? _____ ☐ N/A or Refused
4. *If the household includes children, are any of them….*
   a) Ages 6 or younger? ☐ Yes ☐ No ☐Refused
   b) Ages 11 or younger? ☐ Yes ☐ No ☐Refused

Please provide a list of children's names and ages:

Name:	**Age**	**Date of Birth**
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

_____ _____
_____

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ ~~Safe Haven~~ (Not Available in Alaska)
☐ Outdoors
☐ Other (specify):
_____
☐Refused

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐Refused

B. Risks

8. In the past six months, how many times have you or anyone in your family…

a) Received health care at an emergency department/room? _____ ☐Refused

b) Taken an ambulance to the hospital? _____ ☐Refused

c) Been hospitalized as an inpatient? _____ ☐Refused

d) Used a crisis service including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told you that you must move along? _____ ☐Refused

f) Stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, or a longer stay for a more serious offense, or anything in between? _____ ☐Refused

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Yes ☐ No ☐Refused

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Yes ☐ No ☐Refused

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Yes ☐ No ☐Refused

12. Does anybody force or trick you or anyone in your family to do things you do want to do? ☐ Yes ☐ No ☐Refused

13. Do you or anyone in your family ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ Yes ☐ No ☐Refused

C. Social & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Yes ☐ No ☐Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Yes ☐ No ☐Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled. ☐ Yes ☐ No ☐Refused
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that? ☐ Yes ☐ No ☐Refused
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship or because other family or friends caused you to become evicted? ☐ Yes ☐ No ☐Refused

D. Wellness

19. Has anyone in your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Yes ☐ No ☐Refused
20. Do you or anyone in your family have any chronic health issues with their liver, kidneys, stomach, lungs or heart? ☐ Yes ☐ No ☐Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Yes ☐ No ☐Refused
22. 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 ☐Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Yes ☐ No ☐Refused
24. Has your drinking or drug use by 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 ☐Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford housing? ☐ Yes ☐ No ☐Refused
26. Has your family every had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of...

a) A mental health issue or concern? ☐ Yes ☐ No ☐Refused

b) A past head injury? ☐ Yes ☐ No ☐Refused

c) A learning disability, developmental disability, or other impairment? ☐ Yes ☐ No ☐Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Yes ☐ No ☐Refused

28. ***If the family answered "yes" to <u>any</u> question from 19-23, AND "yes" to <u>any</u> question from 24-24, AND "yes" to any question 26-27, ask this question. Otherwise, skip.***

Does any single member of your household have a medical condition, mental health concern, and experience with problematic substance use? ☐ Yes ☐ No ☐ N/A or Refused

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Yes ☐ No ☐Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Yes ☐ No ☐Refused

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ Yes ☐ No ☐Refused

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Yes ☐ No ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Yes ☐ No ☐ Refused

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Yes ☐ No ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Yes ☐ No ☐ Refused

36. IF THERE ARE SCHOOL AGED CHILDREN:

Do your children attend school more often than not each week? ☐ Yes ☐ No ☐ N/A OR Refused

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Yes ☐ No ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Yes ☐ No ☐ Refused

39. Do you have two or more planned activities each week as a family, such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that. ☐ Yes ☐ No ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

    a) 3 or more hours per day for children aged 13 or older? ☐ Yes ☐ No ☐ Refused

    b) 2 or more hours per day for children aged 12 or younger? ☐ Yes ☐ No ☐ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OLDER:

    Do you older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Yes ☐ No ☐N/A or Refused

V. SELF-SUFFICIENCY MATRIX - HEAD OF HOUSEHOLD

Instructions: Please complete the matrix below for the head of household only. After entering this data in the Measurements Tab in HMIS, please be sure to input the total score in the CE entry as well.

Question	*DOMAIN*	1	2	3	4	5
1	**Shelter/Housing**	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.
2	**Employment**	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.
3	**Income**	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.
4	**Food & Nutrition**	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
5	**Childcare**	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.
6	**Children's Education**	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.
7	**Adult Education**	Literacy problems and/or no high school diploma/GED are	Enrolled in literacy and/or GED program and/or has sufficient command of English to	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to	Has completed education/training needed to become

Question	*DOMAIN*	1	2	3	4	5
		serious barriers to employment.	where language is not a barrier to employment.		resolve literacy problems to where they are able to function effectively in society.	employable. No literacy problems.
8	**Health Care Coverage**	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) on Denali Kid Care or other state/federal medical insurance coverage.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.
9	**Life Skills**	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few, but not all, needs of daily living without assistance	Can meet most, but not all, needs of daily living without assistance.	Can meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.
10	**Family Relations**	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.
11	**Community Involvement**	Not applicable due to crisis situation; in 'survival' mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.
12	**Mobility**	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.
13	**Parenting Skills**	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed

Question	*DOMAIN*	1	2	3	4	5
14	**Legal**	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more that 12 months and/or no felony criminal history.
15	**Mental Health**	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
16	**Substance Abuse**	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in the last 6 months
17	**Safety**	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable
18	**Credit History**	Low credit score; bankruptcy. Several unpaid debts.	Credit score indicates late payments consistently and low credit score.	Credit score is mid-range; several late payments but no bankruptcy.	Credit score is moderately high, several late payments but not currently in arrears.	Credit score is moderate to high, one or two late payments, no accounts in arrears.
19	**Disabilities**	In crisis – acute or chronic symptoms affecting housing, employment, social	Vulnerable – sometimes has acute or chronic symptoms affecting	Safe – rarely has acute or chronic symptoms affecting housing,	Building capacity – asymptomatic – condition may be	Thriving – no identified disability.

Question	*DOMAIN*	1	2	3	4	5
		interactions, etc. always	housing, employment, social interactions, etc.	employment, social interactions, etc.	controlled by services and/or medication.	
20	**Rental History**	Has one or several evictions; landlord references are negative.	Landlord references indicate non-payment of rent over a period of months without eviction; Left owing.	Landlord references indicate one or two months late – with rents otherwise paid in full.	Landlord references indicate good tenant history but one or minor non-compliance issues (noise, etc…)	Landlord references indicate good tenant history, rents paid within timeframe with one or two instances of being late. No known non-compliance issue.

Name of Client: _____ Total Score: _____

Remember: This score needs to put manually entered into the client's Coordinated Entry HMIS entry.

Date: _____ Case Manager: _____