



ANCHORAGE COALITION TO  
**END HOMELESSNESS**

# Coordinated Entry Transitional Aged Youth (TAY) Assessment

**This packet should be used for TAY clients, aged 18-24. Each TAY, even if in the same household/presenting as a couple, will need to complete their own packet/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 Alliance website: <https://icalliances.org/alaska-privacy-governance/>

#### Check Age/Household Type.

Please remember that this packet is meant for people 24 years of age or younger. If the client you are serving is older than 24, please complete the Adult Assessment Packet. If the household you are serving includes a minor dependent or if a household member is pregnant, please complete the Family Assessment Packet.

#### All TAY Must Be Assessed Separately

When completing a Transitional Aged Youth Assessment, please remember that all household members over the age of 18 must receive their own assessment and entry into Coordinated Entry. Adult/TAY couples or families comprised only of legal adults may be housed together, however, they must be assessed separately and put into HMIS as individuals of the household. If there are minors in the household, please complete a family packet and follow the protocol for how to assess a family with minor dependents as a household.

#### Check for earlier assessments

Please remember to check 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 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 put in HMIS as an “interim review”.

## 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: \_\_\_\_\_

**Client 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.

<p><b>Gender:</b></p> <p><input type="checkbox"/> Female <span style="margin-left: 100px;"><input type="checkbox"/> Gender Nonconforming</span></p> <p><input type="checkbox"/> Male <span style="margin-left: 100px;"><input type="checkbox"/> Client Doesn't Know</span></p> <p><input type="checkbox"/> Trans (Male to Female) <span style="margin-left: 50px;"><input type="checkbox"/> Client Refused</span></p> <p><input type="checkbox"/> Trans (Female to Male)</p>	<p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Non -Hispanic/Non-Latino <span style="margin-left: 50px;"><input type="checkbox"/> Client Doesn't Know</span></p> <p><input type="checkbox"/> Hispanic/ Latino <span style="margin-left: 100px;"><input type="checkbox"/> Client Refused</span></p>
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<p><b>Primary Race:</b></p> <p><input type="checkbox"/> American Indian/Alaska Native <span style="margin-left: 100px;"><input type="checkbox"/> Client Doesn't Know</span></p> <p><input type="checkbox"/> Asian <span style="margin-left: 100px;"><input type="checkbox"/> Client Refused</span></p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawai'ian/Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p><b>Secondary Race (Optional):</b></p> <p><input type="checkbox"/> American Indian/Alaska Native <span style="margin-left: 100px;"><input type="checkbox"/> Client Refused</span></p> <p><input type="checkbox"/> Asian <span style="margin-left: 100px;"><input type="checkbox"/> Client Doesn't Know</span></p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawai'ian/Pacific Islander</p> <p><input type="checkbox"/> White</p>
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**Client Location – ALWAYS ANCHORAGE**

Please indicate Anchorage-500 for client location in HMIS.

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.

## DISABILITY DETERMINATION

**Do you have a disabling condition?**     Yes     No     Client Doesn't Know     Refused

*Please indicate all types of disability below:*

Disability Type	Disability Determination	IF YES: Is Condition Expected to be Long-Term and Impede ability to Live Independently?
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol & Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	N/A
Mental Health Problem	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notes on disability/disabilities:**

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### Alaska Mental Health Trust Authority Beneficiary Information

Alzheimer's Disease and Related Dementias	Chronic Alcoholism or other Substance Use Disorder	Intellectual or Developmental Disabilities	Mental Illness	Traumatic Brain Injuries	Start Date
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused	___/___/___
					<b>End Date</b> ___/___/___

**Alaska Native Corporation Affiliation**

<b>Primary Alaska Native Regional Corporation</b>		<b>Secondary Alaska Native Regional Corporation</b>	
<input type="checkbox"/> Ahtna Corporations	<input type="checkbox"/> Goldbelt Corporation	<input type="checkbox"/> Ahtna Corporations	<input type="checkbox"/> Goldbelt Corporation
<input type="checkbox"/> Aleut Corporation	<input type="checkbox"/> Koniag Incorporated	<input type="checkbox"/> Aleut Corporation	<input type="checkbox"/> Koniag Incorporated
<input type="checkbox"/> Arctic Slope Regional	<input type="checkbox"/> NANA Regional	<input type="checkbox"/> Arctic Slope Regional	<input type="checkbox"/> NANA Regional
<input type="checkbox"/> Bering Straits	<input type="checkbox"/> Sealaska	<input type="checkbox"/> Bering Straits	<input type="checkbox"/> Sealaska
<input type="checkbox"/> Bristol Bay	<input type="checkbox"/> 13 <sup>th</sup> Regional Corporation	<input type="checkbox"/> Bristol Bay	<input type="checkbox"/> 13 <sup>th</sup> Regional Corporation
<input type="checkbox"/> Calista Corporation	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Calista Corporation	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Chugach Alaska	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Chugach Alaska	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Cook Inlet Regional	<input type="checkbox"/> Not Affiliated	<input type="checkbox"/> Cook Inlet Regional	<input type="checkbox"/> Not Affiliated
<input type="checkbox"/> Doyon		<input type="checkbox"/> Doyon	

**Alaska Native Corporation Optional Key**

Ahtna Corporation	Chugach Alaska Corporation	Sealaska
Aleut Corporation	Cook Inlet Regional Corporation	13 <sup>th</sup> 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	

## PRIOR LIVING SITUATION

### 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:**

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## Section II

Please complete all remaining sections:

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

- |  |  |
|--|--|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights                         | <input type="checkbox"/> One year or longer                      |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know                     |
| <input type="checkbox"/> One month or more, but less than 90 days  | <input type="checkbox"/> 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):

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> One time            | <input type="checkbox"/> Two times      | <input type="checkbox"/> Three times | <input type="checkbox"/> Four or More Times |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |                                      |   |

## Section IV

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

- |  |  |   |                                   |                                    |                                    |                                    |
|--|--|---|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1 month (this time is the first time) | <input type="checkbox"/> 2 months            | <input type="checkbox"/> 3 months       | <input type="checkbox"/> 4 months | <input type="checkbox"/> 5 months  |                                    |                                    |
| <input type="checkbox"/> 6 months                              | <input type="checkbox"/> 7 months            | <input type="checkbox"/> 8 months       | <input type="checkbox"/> 9 months | <input type="checkbox"/> 10 months | <input type="checkbox"/> 11 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> More than 12 months                   | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> 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

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

Monthly Income Amount (CE Specific): \_\_\_\_\_

## DOMESTIC VIOLENCE – ADULT HOUSEHOLD MEMBERS ONLY

**Are you a victim/survivor of domestic violence?**

Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, please answer both questions below:*

**When did this experience occur?**

Within last 3 months  3 – 6 months ago  6 months  6 – 12 months ago  1 year  More than a year ago  
 Client doesn't know  Refused  Data not collected

**Are you currently fleeing domestic violence?**

Yes  No  Client Doesn't Know  Refused  Data not collected

## COORDINATED ENTRY ASSESSMENT

**Assessment Location:** \_\_\_\_\_

**Assessment Type:**

Phone  Virtual  In Person

**Assessment Level:**

Crisis Needs Assessment  Housing Needs Assessment

**Prioritization Status:**

Placed on Prioritization List  Not Placed on Prioritization List



## IV. TAY VI-SPDAT

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

### A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- Shelters  
 Transitional Housing  
 Safe Haven (Not available in AK)  
 Outdoors  
 Couch Surfing  
 (specify): \_\_\_\_\_  
 Refused
2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_  Refused
3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

### B. Risks

4. In the past six months, how many times have you...
- 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 or juvenile detention, whether that was short-term stay like the drunk tank, or a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused
5. Have you been attacked or beaten up since you've become homeless?  Yes  No  Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?  Yes  No  Refused
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  Yes  No  Refused
8. Were you ever incarcerated when younger than age 18?  Yes  No  Refused

9. Does anybody force or trick you to do things that you do not want to do?  Yes  No  Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  Yes  No  Refused

### C. Social & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  Yes  No  Refused
12. Do you get any money from the government, an inheritance, working under the table, a regular job, or anything like that?  Yes  No  Refused
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Yes  No  Refused
14. Are you 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
15. Is your current lack of stable housing
- a. Because you ran away from your family home, a group home, or a foster home?  Yes  No  Refused
  - b. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  Yes  No  Refused
  - c. Because your family or friends caused you to become homeless?  Yes  No  Refused
  - d. Because of conflicts around gender identity or sexual orientation?  Yes  No  Refused
  - e. Because of violence at home between family members?  Yes  No  Refused
  - f. Because of an unhealthy or abusive relationship, either at home or elsewhere?  Yes  No  Refused

### D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Yes  No  Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Yes  No  Refused
18. 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?  Yes  No  Refused
19. Do you 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
20. When you are sick or not feeling well, do you avoid getting help?  Yes  No  Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  Yes  No  N/A or Refused
22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  Yes  No  Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford housing?  Yes  No  Refused
24. If you've ever used marijuana, did you try it at age 12 or younger?  Yes  No  Refused
25. Have you ever 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
26. Do you 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
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  Yes  No  Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  Yes  No  Refused