

KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name: _____ Agency: _____ Team
 _____ Staff
 _____ Volunteer
 Survey Date: _____ Survey Time: _____ City (Location): _____
 DD/MM/YYYY ____/____/____ ____ : ____ AM / PM
 Enrollment: _____ Assessment Contact Type: Phone Virtual In-Person

CONSENT FOR INTERVIEW

My name is _____ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes into our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question, I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

_____ Date

_____ Signature (or Mark) of Participant

_____ Printed Name of Participant

No, please do not take my picture.



AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**Section 1. Who is the Participant?****Name:** _____**Date of Birth:** _____**SSN:** _____**Section 2. Use and Disclosure of Health Information**

I authorize the use or disclosure of the above-named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

Who Will Be Disclosing Information About the Individual?

The following entities may use or disclose the information: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central La Familia Advocacy Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, Clean the World, CSET, Employment Connection, EA Family Services, Exodus Recovery, Family Healthcare Network, Family Services of Tulare County, HealthNet, Helping Hands, Home and Health Management, Housing Authorities of Kings and Tulare Counties, Kaweah Delta Healthcare District, KCAO, Kings County Behavioral Health, Kings County HSA, Kings County Office of Education, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, LaSar, Libertana Home Health, Lighthouse Rescue Mission, Master-Care Inc, MedZed, Open Gate Ministries, Pacific Clinics, Pheonix Transitional Housing Plus, Resources for Independence Central Valley, RH Community Builders, Salt + Light, Salvation Army, Schrank's Clubhouse, Self-Help Enterprises, Serene Health, Sierra View District Hospital, Social Security Administration, St. Vincent Preventative Family Care, TC Hope, The Warehouse, Titanium Healthcare, Tulare County HHSA, Tulare County Office of Education, Tulare Regional Medical Center, Tule River Indian Housing Authority, TURN Behavioral Health Care Systems, Turning Point of Central California, United Way of Tulare County, UpHoldings, Veterans Administration, Visalia Homeless Center, Visalia Rescue Mission, West Fresno Family Resources, and Westcare.

Who May Be Receiving Information About the Individual?

The information may be disclosed to: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central La Familia Advocacy Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, Clean the World, CSET, Employment Connection, EA Family Services, Exodus Recovery, Family Healthcare Network, Family Services of Tulare County,



HealthNet, Helping Hands, Home and Health Management, Housing Authorities of Kings and Tulare Counties, Kaweah Delta Healthcare District, KCAO, Kings County Behavioral Health, Kings County HSA, Kings County Office of Education, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, LaSar, Libertana Home Health, Lighthouse Rescue Mission, Master-Care Inc, MedZed, Open Gate Ministries, Pacific Clinics, Pheonix Transitional Housing Plus, Resources for Independence Central Valley, RH Community Builders, Salt + Light, Salvation Army, Schrank’s Clubhouse, Self-Help Enterprises, Serene Health, Sierra View District Hospital, Social Security Administration, St. Vincent Preventative Family Care, TC Hope, The Warehouse, Titanium Healthcare, Tulare County HHSA, Tulare County Office of Education, Tulare Regional Medical Center, Tule River Indian Housing Authority, TURN Behavioral Health Care Systems, Turning Point of Central California, United Way of Tulare County, UpHoldings, Veterans Administration, Visalia Homeless Center, Visalia Rescue Mission, West Fresno Family Resources, and Westcare.

Section 3. What Information About the Individual Will Be Disclosed?

- Diagnosis
- Lab Report
- Immunization Record
- History & Physical
- Medication Record
- Progress Note
- Assessment
- Plan of Care
- Other: Written/Verbal

Exception or information I do not want disclosed: _____

Section 4. What is the Purpose of the Disclosure?

To determine eligibility for housing and supportive services to the individual identified in this release.

Section 5. What is the Expiration Date or Event?

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- The following expiration date (no more than 2 years from today):

- The following specific event (needs to happen within 2 years):

Section 6. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.



- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.
- You may request a restriction or limitation on the protected health information to be used or disclosed.

Section 7. Signature of the Individual

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: _____ Date (required): _____

Section 8. Signature of Personal Representative (if applicable)

Signature: _____ Date (required): _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.



HMIS CONSENT FORM

When you request or receive services from a participating agency, we collect information about you and your household and enter it into a database system called the Homeless Management Information System (HMIS). This system helps us to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided to the homeless and those at-risk of homelessness.

What information is collected?

Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- Details of your medical/health status will **only** be shared between Partner Agencies using HMIS.
- With your approval, information collected is shared with authorized personnel at Partner Agencies.
- Collectively, data on the homeless population in Kings and Tulare counties (but not personal identifying information) is used in statewide reports on homelessness.

NOTE: HMIS uses many security protections to ensure confidentiality and only Partner Agencies who have signed an Interagency Network Data Sharing Agreement have full access. A list of Partner Agencies can be found on our website at www.kthomelessalliance.org.

Why should you agree to have your information shared with HMIS Partner Agencies?

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Opt Out: If you wish to opt out of having your information shared in the Kings/Tulare HMIS, please write "I do not consent", sign and date this section. Otherwise, leave blank.

_____ (Write "I do not consent") _____ Signature _____ Date

Please treat information about my children age 17 or younger the same as mine.

This consent will expire seven (7) years from the date signed. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

Client Name (please print)	Client Signature	Date
Agency Personnel Name (please print)	Agency Personnel Signature	Date



BASIC INFORMATION

First Name _____	Nickname _____	Last Name _____
<input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected		

In what language do you feel best able to express yourself? _____

Date of Birth: DD/MM/YYYY ____/____/____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected	Age: _____	Social Security Number: ____-____-____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
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Race & Ethnicity:	<input type="checkbox"/> American Indian/Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Hispanic/Latina(e)(o)	<input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Additional Race and Ethnicity Detail _____	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
Gender:	<input type="checkbox"/> Man (Boy if Child) <input type="checkbox"/> Woman (Girl if Child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender	<input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity _____	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
Sex Listed on Birth Certificate:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to State	
Sexual Orientation:	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian	<input type="checkbox"/> Queer <input type="checkbox"/> Another Sexual Orientation <input type="checkbox"/> Questioning <input type="checkbox"/> Two-Spirit	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected
Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Data Not Collected
Veteran Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Data Not Collected
Relationship to Head of Household:	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child	<input type="checkbox"/> Head of household's spouse/partner <input type="checkbox"/> Head of household's other relation member	<input type="checkbox"/> Other: non-relation member
Living Situation:	<input type="checkbox"/> Place not meant for habitation (vehicle, street, parks, abandoned buildings, or anywhere outside) <input type="checkbox"/> Emergency Shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter) <input type="checkbox"/> Safe Haven		
Length of Stay in Prior Living Situation:	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected

Approximate Date *This Episode* of Homelessness Started _____/_____/_____

# of Times Client has been Homeless on the Streets, in ES, or SH in the past three years:	<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 Prefers Not to Answer <input type="checkbox"/> Data Not Collected
# of Months Homeless on the streets, ES, or SH in past three years:	<input type="checkbox"/> One Month (first month) <input type="checkbox"/> 2-12 months (#____)	<input type="checkbox"/> More than 12 months <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected



HOUSEHOLD COMPOSITION

1. How many children under the age of 18 are currently with you?	_____ <input type="checkbox"/> 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?	_____ <input type="checkbox"/> Refused		
3. IF HOUSEHOLD INCLUDES FEMALE: Is any member of the family currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
4. Please provide a list of children’s names and ages:			
First Name	Last Name	Age	Date of Birth

SAFETY

5. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you or any member of your family experienced violence or threats of violence in the last six months, that has had an impact of feeling safe where you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
7. Is your current situation in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
8. I do not need any details, just a YES or NO : is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

LONG TERM HOUSING STABILITY

9. Does anyone in your family 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 stay housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. Does anyone in your family 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
11. Have you or any member of your family harmed yourself or anyone else in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
12. Is anyone currently forcing you or any member of your family to do something you don’t want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

HISTORY OF HOUSING AND HOMELESSNESS

13. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
a. IF YES: How many times has that occurred in the last three years?	_____ <input type="checkbox"/> Refused
b. IF YES: What is the total length of time that has happened if you add all of the different times together in the last three years?	_____ <input type="checkbox"/> Refused
14. In the last six months, have you accessed supports from any churches, other faith groups, or a non-profit organization to get supports to stay housed such as financial assistance, help	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



PREVENTION/RE-HOUSING VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (PR-VI-SPDAT)

FAMILIES	AMERICAN VERSION 1.0
working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that?	
15. Within the last six months in your current housing, how many complaints have there been about you from neighbors, the landlord or tenant/owner, or the police?	_____ <input type="checkbox"/> Refused
16. Do any of the following issues make it hard for you to find or stay in permanent housing or connect with other resources that can help you do that:	
a. Accessible housing because you or another member of your family has a disability that requires a special type of housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. A poor credit history?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. Restrictions on where you can live because of legal stuff in the life of any family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. Special school programming required for any of the children?	
e. No references for your housing or poor references on your housing history?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. Difficulties understanding or communicating in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
g. Difficulties with math that make it hard to budget or take care of your finances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
h. Safety issues which may include keeping where you live unknown to a past abuser?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. Are you and your family currently overcrowded (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months, if that is legally possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
PERSONAL ADMINISTRATION & MONEY MANAGEMENT	
19. Is there any person, landlord, business, utility company, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owes them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
a. IF YES: What is the total amount of money that others think is owed?	_____ <input type="checkbox"/> Refused
20. Do you get any money or assistance from the government like SSI, SSDI, TANF, or Food Stamps, or do you have a pension, inheritance, get money from a regular job or working under the table, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
a. IF YES: What is the next date you know you will receive money?	_____ <input type="checkbox"/> Refused
b. IF YES: What is the total amount you will expect to receive?	_____ <input type="checkbox"/> Refused
21. What is the total amount of money you and your family currently has, including any money in the bank or investments?	_____ <input type="checkbox"/> Refused
22. Is there anyone currently helping you manage your finances, like a payee, guardianship, or trustee, because a judge or the government said you have to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. In the last year, how many times have you received a cash advance or loan from a business, bank, or person, where you have not repaid the full amount and the interest owed is 15% or more?	_____ <input type="checkbox"/> Refused
24. Have other members of your family or friends provided emergency financial assistance to you in the last three years to help you stay housed like helping you with rent, paying off arrears, paying a utility company to keep your lights on or anything like that, where they still expect you to pay them back but you have not been able to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



MEANINGFUL DAILY ACTIVITY

25. Does everyone in your family have planned activities, other than just surviving, that makes you feel happy and fulfilled? Yes No Refused

SELF CARE AND DAILY LIVING SKILLS

26. 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

INTERACTIONS WITH EMERGENCY SERVICES

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

a. Receive 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 the 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, a longer stay for a more serious offence, or anything in between? _____ Refused

WELLNESS

28. Have you or your family ever had to leave an apartment, residential program, or other place you were staying because of your physical health? Yes No Refused

29. Do you or any member of your family have any chronic health issue where you are not accessing appropriate care or that is making it difficult to stay housed? Yes No Refused

30. Do you have any physical disabilities that limit the type of housing you can access, or make it hard to live independently because help is needed? Yes No Refused

31. When you or a family member is sick, do you avoid getting medical help? Yes No Refused

32. Has the drinking or drug use of anyone in your family caused you to be kicked out of an apartment or residential program or other place in the past? Yes No Refused

33. Does drinking or drug use make it difficult to stay housed or afford your housing? Yes No Refused

34. Have you or anyone in your family ever had trouble maintaining your housing, or been kicked out of an apartment, residential 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

35. Do you or anyone in your family have any mental health or brain issues that make it hard for you to live independently because help is needed? Yes No Refused

36. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Is it the same person in your family that has a medical condition, mental health concern or brain Yes No N/A or Refused



FAMILIES	AMERICAN VERSION 1.0
injury, and has experience with problematic substance use?	
37. Are there any medications that a doctor said you or anyone in your household should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
38. Are there any medications like painkillers that you or anyone in your family does not take the way the doctor prescribed or where the medication is sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

FAMILY UNIT CONSIDERATIONS

39. Are there any children that have been removed from the family by a child protection service within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
40. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
41. In the last 6 months have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
42. IF THERE ARE SCHOOL AGED CHILDREN: Do your children attend school more often than not each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Refused
43. Have the members of your family changed in the last 6 months, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
44. Do you anticipate any other adults or children coming to live with you within the next 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
45. 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 movie, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
46. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AD OVER: Do your 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Refused
47. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

