AMERICAN VERSION 2.0

KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name:	Agency:	TeamStaffVolunteer
Survey Date:	Survey Time:	City (Location):
DD/MM/YYYY///	: AM / PM	
Enrollment: <u>CE – Every Door Open</u>	Assessment Contact Type: \Box Phone \Box Vir	tual 🗌 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 in to 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.

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,



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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
- History & Physical
- Medication Record
 Plan of Care
- Immunization Record
- Progress Note
- □ Other: Written/Verbal

Assessment

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.

	Date
Signature:	(required):

Section 8. Signature of Personal Representative (if applicable)

	Date
Signature:	(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.



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HMIS CONSENT FORM

FAMILIES

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)
- 0 Housing information (may include address, type of housing, homeless status, and reason for homelessness)

What happens to the information collected?

- Details of your medical/health status will only be shared 0 between Partner Agencies using HMIS.
- With your approval, information collected is shared with 0 authorized personnel at Partner Agencies.

- 0 Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information 0
- Medical information 0
- Services needed and provided; outcomes of services provided 0
- Collectively, data on the homeless population in Kings and 0 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 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, 0
- Better coordinate services for you and your household, 0
- More accurately count the number of homeless persons, 0 services available and services needed.

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

Signature

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

Client Name (please print)

Client Signature

Agency Initials

Date



- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless 0 persons.

FAMILIES BASIC INFORMATION

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	First Name	Nickname		Last Name	
\leftarrow	Partial Street Nar	ne, or Code Name Reported 🔲 Client Doesn	't Know [Client Refused 🔲 Data Not Collected	
PARENT 1					
RE	In what language	e do you feel best able to express yo	urself?		
PA	0.0				
	Date of Birth: D	DD/MM/YYYY / /	Δσο.	Social Security Number:	
			Age.		
Dess 0		bw Client Refused Data Not Collected		Client Doesn't Know Client	
Race &	Ethnicity:	 American Indian/Alaska Native, or Indigenous 		Middle Eastern or North African	Client Doesn't Know
		 Asian or Asian American 		Native Hawaiian or Pacific Islander White	Client Prefers Not to Answer
		 Black, African American or Afric 		Additional Race and Ethnicity	Data Not Collected
		☐ Hispanic/Latina(e)(o)		Detail	
Gende	r·	 Man (Boy if Child) 		Non-Binary	Client Doesn't Know
••••••		□ Woman (Girl if Child)		Questioning	Client Prefers Not to
		Culturally Specific Identity		Different Identity	Answer
		(e.g., Two-Spirit)			Data Not Collected
		Transgender			
Sex List	ted on Birth	🗆 Male		Non-Binary	
Certific	ate:	Female		Decline to State	
Sexual	Orientation:	Straight/Heterosexual		Queer	Client Doesn't Know
		🗆 Gay		Another Sexual Orientation	Client Prefers Not to
		🗆 Bisexual		Questioning	Answer
		🗆 Lesbian		Two-Spirit	Data Not Collected
Disabli	ng Condition:	🗆 Yes		Client Doesn't Know	Data Not Collected
	-	🗆 No		Client Prefers Not to Answer	
Vetera	n Status:	🗆 Yes		Client Doesn't Know	Data Not Collected
		🗆 No		Client Prefers Not to Answer	
Relatio	onship to Head	Self (head of household)		Head of household's spouse/partner	Other: non-relation
of Hou	sehold:	Head of household's child		Head of household's other relation	member
				member	
Living S	Situation:		-	, street, parks, abandoned buildings, or a	
			otel/mo	tel paid for with ES voucher or RHY-func	led Host Home shelter)
Longth	of Stavin	Safe Haven Concerning to a close		month or more but loss than 00 days	Client Doesn't Know
-	of Stay in	 One night or less Two to six nights 		e month or more, but less than 90 days days or more, but less than one year	 Client Doesn't Know Client Prefers Not to
Prior Li Situatio	-	 I wo to six hights One week or more, but less 		e year or longer	Answer
Situatio	on:	than one month		e year of longer	Data Not Collected
Annros	vimata Data <i>Thi</i>	s Episode of Homelessness Start	- ad	1 1	
••			.eu	//	
	nes Client has	□ One time		r or more times	Client Prefers Not to
	omeless on the	□ Two times	🗆 Cliei	nt Doesn't Know	Answer
	, in ES, or SH in t three years:	Three times			Data Not Collected
-		One Month (first as such)	□ N 4 -	a than 12 months	Client Drofers Not to
	onths Homeless streets, ES, or	\Box One Month (first month)		e than 12 months	Client Prefers Not to Answer
	ast three years:	□ 2-12 months (#)		nt Doesn't Know	Answer Data Not Collected
5	set the years.				



FAMILIES

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1 / (10)	12120						
Covere	ed by Health Insura	ance	If Yes, Which Source(s)				
🗆 No			D Medicaid (Medi-Cal)		Health Insurance obtained through COBRA		
🗆 Yes			□ Medicare		Private Pay Health I	Insurance	
🗆 Clier	nt Doesn't Know		□ State Children's Heal	th Insurance Program	 □ State Health Insura		
	nt Prefers Not to Answ	Nor	□ Veteran's Health Adr	-			
	Not Collected	wei	Employer Provided H		 A) □ Indian Health Services Program □ Other 		
	First Name		Nickname		Last Name		
PARENT 2				t Know 🛛 Client Refused 🗆 Dat			
	Date of Birth: DI	D/MM/YYYY_	//	Age: Social	Security Number:		
	Client Doesn't Knov	v 🛛 Client Refu	used 🛛 Data Not Collected	Clien	t Doesn't Know 🛛 Client R	efused 🛛 Data Not Collected	
Race &	& Ethnicity:	or Indig Asian or Black, At	n Indian/Alaska Native enous · Asian American frican American or Afric c/Latina(e)(o)	Native HawaiianWhite	or Pacific Islander	 Client Doesn't Know Client Prefers Not to Answer Data Not Collected 	
Gende	er:		(Girl if Child) ly Specific Identity o-Spirit)	 Non-Binary Questioning Different Identity 	/	 Client Doesn't Know Client Prefers Not to Answer Data Not Collected 	
Sex Li	sted on Birth	Male		Non-Binary			
Certif	icate:	Female		Decline to State			
Sexua	l Orientation:	□ Straight/	Heterosexual	🗆 Queer		Client Doesn't Know	
		Gay		Another Sexual C	Prientation	□ Client Prefers Not to	
		 Bisexual Lesbian 		Questioning Two Spirit		Answer Data Not Collected 	
				Two-Spirit			
Disab	ling Condition:			Client Doesn't Kr		Data Not Collected	
Votor	an Status:	□ No □ Yes		 Client Prefers No Client Doesn't Kr 		Data Not Collected	
VCLEI	un status.			 Client Doesn't Ki Client Prefers No 			
Relati	onship to Head		ad of household)		old's spouse/partner	□ Other: non-relation	
	usehold:	-	household's child	Head of househo member		member	
Living	Situation:	Place no	t meant for habitation	(vehicle, street, parks, ab	andoned buildings, or	anywhere outside)	
		-		notel/motel paid for with E	S voucher or RHY-fun	ded Host Home shelter)	
		Safe Have					
-	h of Stay in	-	ht or less	□ One month or more,		Client Doesn't Know	
Prior I	-		six nights	90 days or more, but	less than one year	Client Prefers Not to	
Situat	ion:	🗆 One wee	ek or more, but less	One year or longer	ger Answer		



than one month

FA	NЛ	IFS
	1 V I	ເພ

Approximate Date This Episode of Homelessness Started

of Times Client has □ Client Prefers Not to One time □ Four or more times been Homeless on the Two times 🗆 Client Doesn't Know Answer Streets, in ES, or SH in □ Three times □ Data Not Collected the past three years: **# of Months Homeless** □ One Month (first month) □ More than 12 months □ Client Prefers Not to on the streets, ES, or □ 2-12 months (#____) □ Client Doesn't Know Answer SH in past three years: Data Not Collected

Covered by Health Insurance	If Yes, Which Source(s)	
□ No	Medicaid (Medi-Cal)	□ Health Insurance obtained through COBRA
□ Yes	Medicare	Private Pay Health Insurance
Client Doesn't Know	□ State Children's Health Insurance Program	□ State Health Insurance for Adults
Client Prefers Not to Answer	Veteran's Health Administration (VHA)	Indian Health Services Program
Data Not Collected	Employer Provided Health Insurance	□ Other

CHILDREN

1.	How many 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 HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?	□ Yes	🗆 No	Refused
Δ	Please provide a list of children's names and demographics:			

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

р	First Name	Last Name	Date of	Birth	SSN		Disabled (Y or N)
al Chi							
Additional Child	Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	anic/Latino (Y or N)		ace des below)	Health Ins. (Y or N)	List Insurance Source
4							
ild	First Name	Last Name	Date of	Birth		SSN	Disabled (Y or N)
al Chi							
Additional Child	Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	anic/Latino (Y or N)		ace des below)	Health Ins. (Y or N)	List Insurance Source
A							
ild	First Name	Last Name	Date of	Birth		SSN	Disabled (Y or N)
al Ch							
Additional Child	Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	anic/Latino (Y or N)		ace des below)	Health Ins. (Y or N)	List Insurance Source
A							



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Fami	LIES						AMERIC	AN VERSION 2.0
p	First Name	Last Name		Date of	Birth		SSN	Disabled (Y or N)
Additional Child	Relationship to HOH	Gender	Hisp	panic/Latino	R	ace	Health Ins.	List Insurance
Additi	(spouse/partner/child/etc.)	(Use codes below)		(Y or N)		des below)	(Y or N)	Source
ild	First Name	Last Name		Date of	Birth		SSN	Disabled (Y or N)
Additional Child	Relationship to HOH	Gender	Hisp	oanic/Latino	R	ace	Health Ins.	List Insurance
Addī	(spouse/partner/child/etc.)	(Use codes below)		(Y or N)	(Use co	des below)	(Y or N)	Source

	Gender Codes:			Race Codes (use all that apply):			
(M) (TG) (Q)	Female Male Transgender Questioning Not Singularly Male or Female	(REF) (D/K)	Other Client Refused Client Doesn't Know Data Not Collected	(AS) (BL)	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander	(REF) (D/K)	White Client Refused Client Doesn't Know Data Not Collected

HISTORY OF HOUSING & HOMELESSNESS

5.	Where do you and your family sleep most frequently? (check one)	 Shelters Transitional Ho Outdoors 	Other (SPECIF	Y):
6.	How long has it been since you and your family lived in permanent stable ho	using?	Refused	
7.	In the last three years, how many times have you and your family been hom	eless?	Refused	
	a) Total # of months homeless in past three years for you and your family?		Refused	

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, a longer stay for a more serious offence, or anything in between?	🛛 Refused

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9.	Have you or your family been attacked or beaten up since you've become homeless?	🛛 Yes	🛛 No	□ Refused
10.	Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?		🗆 No	□ Refused
11.	Do you or 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 rent a place to live?	□ Yes	🛛 No	□ Refused
12.	Does anybody force or trick you or anyone in your family to do things that you do not 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 you don't know, share a needle, or anything like that?	🗆 Yes	🗆 No	□ Refused
SOCIAL	IZATION & 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 family or friends caused your family to become evicted?	🗆 Yes	🗆 No	□ Refused
NELLN	ESS			
19	. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your 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 your 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 drinking or drug use by you or 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 your housing?	□ Yes	🗆 No	□ Refused
26	. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:			

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	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 or your family to live independently because help would be needed?	🛛 Yes	🗆 No	□ Refused
28.	Does any single member of your household have a medical condition, mental health concerns, and experience with substance use?	🛛 Yes	🗆 No	□ 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

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.	<i>IF THERE ARE SCHOOL-AGED CHILDREN:</i> Do your children attend school more often than not each week?	□ Yes	🛛 No	□ 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.	<i>IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:</i> 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?	🛛 Yes	🗆 No	□ N/A or Refused



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FOLLOW UP

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place:
	time:or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: ()
	email:
SURVEYOR:	Prioritization Status:
Take pictures (adults only).	□ Placed on Prioritization List □ Not Placed on Prioritization List
Any final notes that you'd like to convey?	

