

KINGS/TULARE HOMELESS ALLIANCE

ADMINISTRATION

Interviewer's Name: _____	Agency: _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date: DD/MM/YYYY ____/____/____	Survey Time: ____ : ____ AM / PM	City (Location): _____
Enrollment: <u>CE – Every Door Open</u>		
Assessment Contact Type: <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> 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 <input type="checkbox"/> <i>No, please do not take my picture.</i>
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_____ Date	_____ Signature (or Mark) of Participant	_____ Printed Name of Participant <input type="checkbox"/> <i>No, please do not take my picture.</i>
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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?

- | | | |
|---|--|--|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Lab Report | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Medication Record | <input type="checkbox"/> Progress Note |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Plan of Care | <input type="checkbox"/> 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.



BASIC INFORMATION

PARENT 1	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 Refused <input type="checkbox"/> Data Not Collected		
	In what language do you feel best able to express yourself? _____		
Date of Birth: DD/MM/YYYY ____/____/____		Age: _____	Social Security Number: ____-____-____
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
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 <i>This Episode</i> 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



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

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

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

CHILDREN

- How many children under the age of 18 are currently with you? _____ Refused
- 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
- IF HOUSEHOLD INCLUDES A FEMALE:*** Is any member of the family currently pregnant? Yes No Refused
- Please provide a list of children's names and demographics:

Additional Child	First Name	Last Name	Date of Birth	SSN	Disabled (Y or N)
	Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Health Ins. (Y or N)
Additional Child	First Name	Last Name	Date of Birth	SSN	Disabled (Y or N)
	Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Health Ins. (Y or N)
Additional Child	First Name	Last Name	Date of Birth	SSN	Disabled (Y or N)
	Relationship to HOH (spouse/partner/child/etc.)	Gender (Use codes below)	Hispanic/Latino (Y or N)	Race (Use codes below)	Health Ins. (Y or N)



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES	AMERICAN VERSION 2.0
9. Have you or your family been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

SOCIALIZATION & 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

WELLNESS

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES AMERICAN VERSION 2.0

a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
28. Does any single member of your household have a medical condition, mental health concerns, and experience with substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
34. In the last 180 days 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
35. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
36. 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"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<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
41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND 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



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:

Take pictures (adults only).

Any final notes that you'd like to convey?

Prioritization Status:

Placed on Prioritization List Not Placed on Prioritization List

