

Coordinated Entry System

Kansas Balance
of State CoC

Kansas Balance of State Continuum of Care Coordinated Entry System Homeless Prevention for Families

Survey Packet

Version 1.0

2/1/2022

CES Survey Packet Instructions

INSTRUCTIONS FOR THE SURVEYOR

*****Please do not read aloud*****

THE CONSENT MUST BE COMPLETED AND SIGNED (FOR EVERY ADULT MEMBER)

In the case that respondent refuses consent, or answering affirmatively in the domestic violence section, you may still proceed, however note these special instructions: Do not enter Personal Identifiable Information (PII) into HMIS. HMIS will automatically generate an anonymous ID. Please retain at least the first page of CES Survey Part I (with HMIS ID & Client Name) for your records and future matches will become the responsibility of the agency that completed the assessment as no other entity will be able to connect the participant to the assessment.

RESERVE JUDGEMENT

Regardless of the outcome of the survey responses, please remain neutral in your response and reserve judgment and unsolicited advice.

DO NOT BE DISAPPOINTED IF THE RESPONDENT DOESN'T WANT TO BE SURVEYED.

Negative experiences with past services may cause the respondent to be distrustful. Reversing course on that is a process, and your positive interaction and respect of their boundaries will help future engagements.

DO NOT PROMISE HOUSING OR SERVICES.

Though you may be trying to be helpful, however housing and services are primarily dependent on eligibility and availability which may vary.

DO NOT MANIPULATE RESPONSES.

Major eligibility criteria are officially verified later so it does not benefit the respondent to be dishonest.

YES AND NO ANSWERS ARE FINE, IDEAL EVEN. AVOID FOLLOW UP QUESTIONS.

Respondents do not need to explain themselves. Explain questions if further clarification is needed but try to keep the conversation short and clear to respect their time. Make note of items you may want to come back to but allow engagement/case management to happen separate from the survey itself.

READ THE GENERAL SCRIPT TO THE PARTICIPANTS

“We are here today to talk to you about your housing and service needs. I have a 15-minute survey tool called the VI-SPDAT that I would like to complete with you. Participation in this tool is voluntary and if you refuse you can still access services at our organization. This survey helps us determine how we can best support you with available resources. There are no wrong or preferred answers, just what is true for you. The more accurate and upfront you are in your responses the better we can connect you to the right program. Most questions only require a Yes or No answer and some questions require a one-word answer. You have the right to skip or refuse any question that you don't feel comfortable answering. If you do not understand a question, let me know and I would be happy to clarify. Before we begin, we need to review the below consent and release of information.”

Release of Information

Authorization to Disclose Client Information

The U.S. Department of Housing and Urban Development (HUD) requires agencies that receive certain types of HUD funding to use a Homeless Management Information System (HMIS) and the Coordinated Entry System (CES). Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing HMIS and CES have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the continuums' website (<http://www.kshomeless.com>). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency completing this form with me to collect and enter information into HMIS and CES about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies.

I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs to improve assistance and better their current or future situations.
- Improving the quality of care and services for people in need.
- Tracking the effectiveness of community efforts to meet the needs of people receiving assistance.
- Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that CES is shared to improve access and service alignment by assessing various needs, and then to match those assessed with the most appropriate housing interventions available by:

- Allowing for voluntary participation in a VI-SPDAT assessment for admittance to CES which is a critical component of our community's ability to provide the most effective services and housing available.
- Allowing my information to be shared during case conferencing to assist in finding suitable housing programs, services, and other resources.
- Not requiring disclosure of specific disabilities or diagnosis and that specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

I understand that:

- I have the right to review my HMIS and CES record with an authorized user and receive a copy of this consent form once I have signed it.
- I, or my case manager/outreach worker, can be contacted about the information entered into HMIS and CES.
- All agencies that use HMIS and CES will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- I agree and understand that my data may be transferred from one HMIS system to another for data collection, reporting, or analytics.

Release of Information

Authorization to Disclose Client Information

- I acknowledge that auditors or funders who have legal rights to review the work of HMIS and CES may see my information.
- Signing this release form does not guarantee that I will receive the requested services and it does not guarantee that I will be called for a housing program.
- I understand that some information provided may need further verification if I am referred to an agency for services.
- I understand that if I do not sign this form, it will not change whether I can receive services from the agency assisting me and any other participating agencies. However, I would need to contact each agency directly to apply for assistance and for a determination of eligibility.
- I understand that this authorization shall remain in effect from the date of my signature below.
- I understand that I may revoke this authorization at any time by notifying the agency in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.

For safety reasons, I understand that I may refuse to sign this release form which will allow for my HMIS information and CES assessment to be stored in HMIS without identifying information (first name, last name, date of birth, and ss number) and instead I will be issued an anonymous ID number. I understand that by refusing to store this information in the system that should I be matched to a housing program or supportive services, the agency assisting me must serve as my point of contact for the KS BoS CoC and assist in the coordination of services.

Further, if I am unable to participate in a determination of those services or my permission is needed in the future to authorize additional services for a program, my signature below authorizes the agency assisting me with this release to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the agency is hereby authorized to represent me.

My signature below indicates that I have read (or been read) the information provided above, have received answers to my questions, and agree to participate in the Coordinated Entry System and the Homeless Management Information System.

Client Signature

Date

Client Signature

Date

Client has refused to sign disclosure. Client may be entered into HMIS without any personal identifying information and will be issued an anonymous ID number.

Witness Signature

Agency Name

Date

HMIS Profile Information – Adult(s)

HMIS Number for HoH: _____

If household is not in HMIS or agency cannot determine if client is in HMIS continue to Section One. If members of the household already exist in Clarity, you must add their HMIS numbers to each page then continue to Section Three.

Section One: HMIS Profile – Adult(s)

Information to Create HMIS Client Profile if the adult is not in Clarity.

Head of Household Information

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth: _____ SS Number: _____

Phone Number: _____ Email: _____

Primary Language: _____

Gender: *(Click all that apply)*

- Female Male A gender that is not singularly “Female” or “Male”
 Transgender Questioning Client Doesn’t Know Client Refused

Race: *(Click all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Native Hawaiian or Pacific Islander
 White Client Doesn’t Know Client Refused

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Non-Latin(a)(o)(x)

Veteran Status: Yes No Doesn’t Know Refused

HMIS Profile Information – Adult(s)

HMIS Number for 2nd Adult: _____

If the 2nd adult already exists in Clarity, you must add their HMIS number above and continue to the Section Two.

2nd Adult (if applicable)

Information to Create HMIS Client Profile if the adult is not in Clarity.

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Date of Birth: _____ **SS Number:** _____

Phone Number: _____ **Email:** _____

Primary Language: _____

Gender: *(Click all that apply)*

- Female Male A gender that is not singularly “Female” or “Male”
 Transgender Questioning Client Doesn’t Know Client Refused

Race: *(Click all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Native Hawaiian or Pacific Islander
 White Client Doesn’t Know Client Refused

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Non-Latin(a)(o)(x)

Veteran Status: Yes No Doesn’t Know Refused

HMIS Profile Information - Children

Section Two: HMIS Profile – Child(ren)

Information to Create HMIS Client Profile if the child is not in Clarity.

HMIS Number for Child: _____

Child Information

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth: _____ SS Number: _____

Gender: *(Click all that apply)*

- Female Male A gender that is not singularly “Female” or “Male”
 Transgender Questioning Client Doesn’t Know Client Refused

Race: *(Click all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Native Hawaiian or Pacific Islander
 White Client Doesn’t Know Client Refused

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Non-Latin(a)(o)(x)

HMIS Number for Child: _____

Child Information

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Date of Birth: _____ SS Number: _____

Gender: *(Click all that apply)*

- Female Male A gender that is not singularly “Female” or “Male”
 Transgender Questioning Client Doesn’t Know Client Refused

Race: *(Click all that apply)*

- American Indian, Alaska Native, or Indigenous Asian or Asian American
 Black, African American, or African Native Hawaiian or Pacific Islander
 White Client Doesn’t Know Client Refused

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Non-Latin(a)(o)(x)

Prevention CES Enrollment – Adult(s)

Section Three: Prevention CES Enrollment – Adult(s)

Information to Enroll in Coordinated Entry – Homeless Prevention

Head of Household - CES Enrollment

Program Start Date: _____

Prior Living Situation:

Type of Residence: <i>(See page 6 for eligible options)</i>	
Length of Stay in Prior Living Situation:	
Approximate Date Homelessness Started:	
Number of times on the streets, in ES, or SH in the past three years:	
Total # of months homeless on the streets, in ES, or SH in the past three years:	

Disabling Conditions and Barriers:

Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Victim of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Last Occurrence of Domestic Violence:	
Are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

2nd Adult - CES Enrollment

Program Start Date: _____

Prior Living Situation:

Type of Residence: <i>(See page 6 for eligible options)</i>	
Length of Stay in Prior Living Situation:	
Approximate Date Homelessness Started:	
Number of times on the streets, in ES, or SH in the past three years:	
Total # of months homeless on the streets, in ES, or SH in the past three years:	

Disabling Conditions and Barriers:

Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Victim of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Last Occurrence of Domestic Violence:	
Are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

Prevention CES Enrollment – Child(ren)

Section Four: Prevention CES Enrollment – Child(ren)

Child - CES Enrollment

Program Start Date: _____

Relationship to Head of Household: _____

Prior Living Situation:

Type of Residence: <i>(See page 6 for eligible options)</i>	
Length of Stay in Prior Living Situation:	
Approximate Date Homelessness Started:	
Number of times on the streets, in ES, or SH in the past three years:	
Total # of months homeless on the streets, in ES, or SH in the past three years:	

Disabling Conditions and Barriers:

Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Victim of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Last Occurrence of Domestic Violence:	
Are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

Child - CES Enrollment

Program Start Date: _____

Relationship to Head of Household: _____

Prior Living Situation:

Type of Residence: <i>(See page 6 for eligible options)</i>	
Length of Stay in Prior Living Situation:	
Approximate Date Homelessness Started:	
Number of times on the streets, in ES, or SH in the past three years:	
Total # of months homeless on the streets, in ES, or SH in the past three years:	

Disabling Conditions and Barriers:

Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Victim of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Last Occurrence of Domestic Violence:	
Are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

CES Event and Current Living Situation

Section Five: CES Events – All Household Members

Provide Services – Coordinated Entry Events

- Referral to scheduled Coordinated Entry Housing Needs Assessment **(REQUIRED)**

Event Date: _____

Section Six: Current Living Situation – All Household Members

Assessment – Current Living Situation

Date of Contact: _____

Current Living Situation: (REQUIRED)

- Place not meant for habitation (e.g. a vehicle, abandoned building, anywhere outside, etc.)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home Shelter
- Safe Haven
- 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
- 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 housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (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
- Other
- Worker unable to determine
- Client doesn't know
- Client refused

Verified By (Organization Name): _____

Location Details: _____

VI-SPDAT Homeless Prevention Assessment – Families

Is the household willing to conduct a HP VI-SPDAT? Yes No

If no, Section One: Administration must be filled out.

Reason for Denial: _____

SECTION ONE: ADMINISTRATION

Assessment Date: _____

Assessment Type: Phone Virtual In Person

Assessment Location: Shelter Outreach Drop In Other

Name of Location: _____

Primary Language: _____

Current City: _____ County: _____

Have you or anyone in your family ever been in foster care: Yes No Refused

SECTION TWO: CHILDREN WITHIN THE HOUSEHOLD

1. How many children under the age of 18 are currently with you? _____

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? _____

3. Is any member of the family currently pregnant (if applicable)? Yes No Refused

I want to ask you some questions about your safety in your current situation.

4. Are you or anyone in your family currently being harmed or at risk of being harmed by another person such as a spouse, relative, parent or friend? Yes No Refused

5. Have you or anyone in your family experienced violence or threats of violence in the last six months that has an impact on feeling safe where you live? Yes No Refused

6. Would you say that your family's current risk of eviction is caused by any of the following:

- a. A relationship that broke down Yes No Refused
- b. An unhealthy or abusive relationship Yes No Refused
- c. Because family or friends are causing your housing crisis Yes No Refused

7. Is your current risk of eviction caused by any recent or past trauma or abuse? Yes No Refused

Now, let's examine some of the other life areas that might impact long term housing stability.

8. Do you or anyone in your family have any legal stuff going on right now that may result in any of the following:

- a. Being locked up Yes No Refused
- b. Having to pay fines or fees that you cannot afford Yes No Refused
- c. Impact your ability to get housing Yes No Refused
- d. Impact where you could live in the community Yes No Refused

9. Do you or anyone in your family ever do things that may be considered risky or harmful like run drugs, share a needle, do sex work, or anything like that? Yes No Refused

10. In the last six months, have you or anyone in your family:

- a. Been beaten up or assaulted Yes No Refused
- b. Threatened to beat up or assault someone else Yes No Refused
- c. Threatened to harm yourself or harmed yourself Yes No Refused
- d. Been threatened with violence or made to feel unsafe Yes No Refused
- e. Experienced someone trying to control you/them with violence or threats of violence whether that be a stranger, friend, partner, relative or parent Yes No Refused

11. Does anyone trick, manipulate, exploit or force you or anyone in your family to do things you do not want to do? Yes No Refused

12. At any point in the last three years have you and/or your family stayed in a shelter, transitional housing, in your car, on the street, outdoors, or any other place not fit for people to live? Yes No Refused

a. If YES: How many times has that occurred in the last three years?

b. If YES: What is the total length of time of homelessness if you add all of the different times together in the last three years? _____ months

13. 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 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? Yes No Refused

14. Within the last six months in your current housing, how many complaints have there been about you/your unit from neighbors, the landlord or tenant/owner, or the police? _____

15. Do any of the following issues make it hard for you or anyone in your family to find or stay in permanent housing or connect with other resources that can help you do that:

- a. Accessible housing because of a disability that requires a special type of housing Yes No Refused
- b. A poor credit history Yes No Refused
- c. Restrictions on where your family can live because of legal stuff or criminal history Yes No Refused
- d. Special school programming required for any children Yes No Refused
- e. No references for your housing or poor references on your housing history Yes No Refused
- f. Difficulties understanding or communicating in English Yes No Refused
- g. Difficulties with math that make it difficult to budget or take care of finances Yes No Refused
- h. Safety issues which may include keeping where you live unknown to a past abuser Yes No Refused

16. Are you and your family currently living with too many people in the home for the amount of space you have, and where there are arguments or conflicts because of the overcrowding? Yes No Refused

17. If your current housing was maintained, do you plan on remaining in that place for at least the next 6 months if that is legally possible? Yes No Refused

18. Is there anybody that thinks you or anyone in your family owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? Yes No Refused

a. What is the total amount of money that others think is owed if any? _____

19. Do you or anyone in your family get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that? Yes No Refused

If YES, then:

a. When is the next date you know you will receive money? _____

b. What is the total amount you expect to receive? _____

20. What is the total amount of money you and your family currently have including any money in the bank or investments? _____

21. Is there anyone currently helping you and/or your family manage your finances like a payee, guardianship, or trustee – because a judge or the government said you have to? Yes No Refused

22. In the last year, how many times have you and your family 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? _____

23. Have other members of your family or friends provided emergency financial assistance to you and your family 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? Yes No Refused

24. Does anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? Yes No Refused

25. Does everyone in your family have planned activities, other than just surviving, at least 4 days per week that make you feel happy and fulfilled? Yes No Refused

26. Most days can you and everyone in your family:
- a. Find a safe place to sleep Yes No Refused
 - b. Access a bathroom when you need it Yes No Refused
 - c. Access a shower when you need it Yes No Refused
 - d. Get food Yes No Refused
 - e. Get water or other non-alcoholic beverages to stay hydrated Yes No Refused
 - f. Get clothing or access laundry when you need it Yes No Refused
 - g. Safely store your stuff Yes No Refused

27. In the past six months, how many times have you or anyone in your family:
- a. Gone to the emergency room/department _____
 - b. Taken an ambulance _____
 - c. Been hospitalized as an inpatient _____
 - d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
 - e. Talked to the police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that. _____
 - f. Stayed one or more nights in jail, a holding cell or prison _____

28. Does anyone in your family have any physical or mental health issues or cognitive issues including a brain injury that might require assistance in order to access or keep housing? Yes No Refused

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) – HP FAMILIES

29. Is anyone in your family 60 years of age or older? Yes No Refused
30. Does anyone in your family use alcohol or drugs in a way that it:
- a. Impacts their life in a negative way most days Yes No Refused
 - b. Makes it hard to access housing Yes No Refused
 - c. Might require assistance to maintain housing Yes No Refused
31. Are there any medications that, for whatever reason:
- a. A doctor said someone in your family should be taking but they are not taking Yes No Refused
 - b. The medication gets sold instead being taken Yes No Refused
 - c. The medication is used in a way other than how it is prescribed Yes No Refused
 - d. The medication is impossible to be take, forget to take or choose not to take Yes No Refused
32. Are there any children that have been removed from the family by a child protection service in the last 6 months? Yes No Refused
33. Do you have any family legal issues like child custody, protection issues, divorce, or anything like that being resolved in court or needing to be resolved in court that would impact your housing or who may live within your housing? Yes No Refused
34. At any point in the last six months, have any of your children been separated from you to live with another family member or friend? Yes No Refused
35. In the last six months, have any of the children experienced abuse or trauma? Yes No Refused
36. **If there are school-aged children:** Do your children attend school more often than not each week? Yes No Refused
37. In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment, or anything like that? Yes No Refused
38. Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed? Yes No Refused
39. Does your family have a support network for when you need help with your children or other things that come up? Yes No Refused

40. **If there are children 12 and younger as well as 13 and over:** In your household, do the older kids spend two or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing them, or anything like that? Yes No Refused

If you are matched to a housing program that is located somewhere else in the state, would you consider moving? Yes No

- What is your first choice for preferred county? _____
- What is your second choice for preferred county? _____
- What is your third choice for preferred county? _____

TOTAL SCORE