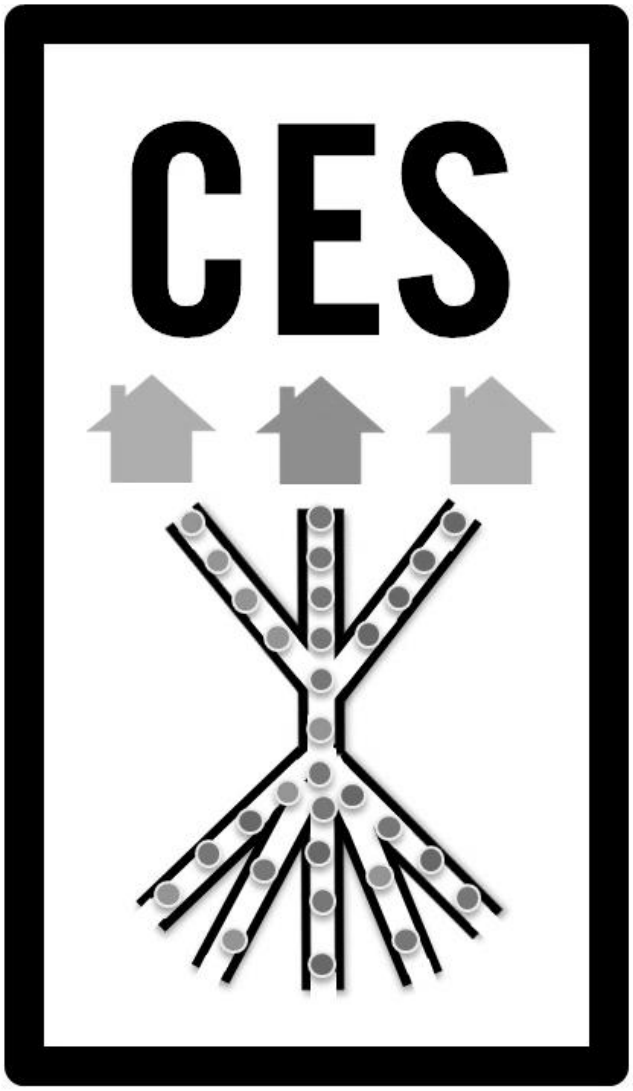

Greater Los Angeles Coordinated Entry System For Individuals

Survey Packet

Version 3.2

CES Survey: Introduction

Thank you for taking time to know the name and needs of our homeless neighbors. The 20-30 minutes you will spend are invaluable to helping us understand the unique needs of the respondent and also the broader region in which he/she resides. Your engagement of the respondent and effective application of the following survey is a critical first step to ending homelessness in Greater Los Angeles. Thank you!

CONTENTS

1. **Instructions (for Surveyor):** Brief guidelines for best application of this survey - further instructions are available at www.lahsa.org/hmis, under Provider Tools: Document Library and Video Library, and on the CES Website at ceslosangeles.weebly.com (Forms & Resources)
2. **Checklist:** A list of the steps involved in making the respondent eligible for referrals through CES.
3. **Instructions (for Respondent):** A script of instructions to be read aloud to the respondent.
4. **Consent:** Required form to gain legal permission to share respondent answers in Homeless Management Information System.
5. **Part 1 (VI-SPDAT v2 and basic intake)**
   Part 1 of the CES Survey features the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT v2). The VI-SPDAT is a triage tool designed to recommend the best type of permanent housing solution for someone experiencing homelessness. It is a holistic survey developed by OrgCode Consulting and Community Solutions and is written in a manner designed to be understood more easily by respondents. Part 1 of the survey also includes a set of basic intake and eligibility questions to help begin identifying resources and supports that the respondent may qualify for immediately.
6. **Part 2 (Program Intake questions)**
   The program intake assessment captures all additional data that is required when entering a program. This assessment should be completed when the client is entering into any homeless service program or upon engagement in outreach and assessment only programs.
7. **Supplemental: VA**
   The VA release of information should be filled out for any client that identifies as a US veteran. While typically the VA supplemental assessment is completed by VA staff, this can also be completed by the surveyor.. It does not have to be filled out exclusively by VA staff.
8. **Contact Sheet:** A sheet with follow-up contacts that you may wish to provide the respondent upon request.
9. **Additional Consents (*If Provided):** Additional authorization, release and consent forms may be provided by your agency or coordinator to allow for seamless coordination with other supports or resources.

CES Survey: Introduction

INSTRUCTIONS FOR THE SURVEYOR **Please do not read aloud**

- **THE CONSENT MUST BE COMPLETED AND SIGNED** (FOR HOUSEHOLDS, EVERY ADULT MEMBER MUST SIGN)
  In the case that respondent refuses consent, or answering affirmatively in the domestic violence section, you may still proceed, however please 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 since you will not be required to enter identifying information into HMIS.
- **FOLLOW A MODEL OF PROGRESSIVE ENGAGEMENT.**
  The various sections of the survey (Part 1, Part 2, and Supplemental sections) may be completed at one time or over various engagements, based on the comfort and preference of the respondent. Allow respondents to go at a pace that is comfortable for them. This may mean doing multiple sections, one section, or even just portion of a section.
- **REFERRALS AND NEXT STEPS.**
  Initial eligibility questions for specific resources are located throughout the survey. Next steps are listed for these questions in the body of survey as well as in the office only section. Complete the next step (either a supplemental assessment or a referral) based on the comfortability and preference of the respondent.
- **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, false promises will only add to their distrust and disinterest with future engagements.
- **DO NOT MANIPULATE RESPONSES.**
  Major eligibility criteria are officially verified later so it does not benefit the respondent to be dishonest.
- **DO NOT VOLUNTEER THE SCORE OR THE SCORING PROCESS.**
  You may share the general housing recommendation, but we do not want people being referred to as numbers.
- **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.
- **COUNT BACKWARDS AND PAUSE.**
  For any question that asks a date range, count backward to the first date – so if today is January 1, 2015 and the questions asks "in the last 6 months," say in "in the last 6 months…December, November, October, September, August, July. So since July 2014 …" Also, for any question that states "anything like that," add an intentional pause between "or anything (pause) like (pause) that" to help emphasize that you have read a list.
- **BE PREPARED TO EXPLAIN LENGTH OR QUESTIONS**
  If a respondent finds a question offensive or is frustrated by the length, please explain that each question will help to avoid some inappropriate referrals and hopefully save them time in the long run. For other questions with more obvious answers, you may explain that you wanted to give them the ability to speak for themselves.
- **PRACTICE.**
  As you become more comfortable with the survey, you should notice a gradual reduction in the amount of time it takes to complete.

CES Survey: Introduction

CHECKLIST

Prepare

- ❑ **Review:** Instructions for the Surveyor
- ❑ **Read Aloud:** Instructions for the Respondent
- ❑ **Request Signature:** Consent Form

Survey *(portions may be completed together or at separate times)*

- ❑ **Verbally Administer:** Survey Part 1 (VI-SPDAT v2, basic intake, initial eligibility questions)
- ❑ **Verbally Administer**: Survey Part 2 (Program Intake*)*
- ❑ **Verbally Administer***: VA Release of Information; Supplemental: VA (if applicable; can be referred to VA staff)
- ❑ **Take picture**: Client may decline. Ask if you can take a picture of their ID instead or take a picture with them.
- ❑ **Provide:** Contact sheet if you or your coordinator are willing to be available for follow-up contact

Follow-Up

- ❑ **File Consent:** Keep record of consent and/or distribute to appropriate party in your SPA
- ❑ **Data Entry:** Enter survey responses into HMIS
- ❑ **Upload:** client picture, copies of documents, additional signed consents, to HMIS

  ==========***The following steps may be taken over by a Housing Navigator***==========
- ❑ **Obtain Documents (*if not already in possession):** Birth Certificate, ID & Social Security. Although not immediately required, please be prepared to quickly prepare income verification documents as well. *Possessing documents required for housing is the final step in becoming "match-ready" for most housing in CES.*
- ❑ **Data Entry:** Note receipt of documents and upload scanned copy of documents into HMIS if possible.

CES Survey: Introduction

INSTRUCTIONS FOR RESPONDENT

Hello! My name is _____ and I am with a group called_____ (organization name). I have a survey I would like to complete with you.

- There are a few parts to this survey. The first part takes about 20-30 minutes to complete. Let's complete the first part and after that, we can see if we want to do more today, or wait for a different day.
- Most questions only require a "yes," "no" or other one-word answer. If you have more to share about an answer, I'd be happy to discuss that after the survey, but let's try and finish the survey first.
- This is not a housing application, but the answers will help us understand your health and housing needs and the needs of our community, and may help us make better referrals for you in the future.
- All that to say, I'm not using the answers you give to make any personal judgments about you.
- This survey is for anyone who is experiencing homelessness – not just people with a certain type of need.
- Some questions are personal in nature, but again, every question is designed to help us help you. You can skip or refuse any question that you don't feel comfortable answering, but the more questions you're willing to answer, the better.
- Someone may follow up with you to assist in getting documents needed to access resources, so it's important that we have accurate contact information for you.
- There is no need to take this survey twice, but from time to time we may want to update it with you, to make sure the information is accurate.
- Afterward, you may request a contact sheet and refer to it if you have questions.

Before we begin, I need to get your permission to do this survey with you. Please review the following form and let me know if you have any questions.

CES Survey: Consent

GREATER LOS ANGELES
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA HMIS)

CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

The LA HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles County. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

What information is shared in the HMIS database?
We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

How do you benefit from providing your information?
The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

Who can have access to your information?
Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

How is your personal information protected?
Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

CES Survey: Consent

By signing below, you understand and agree that:

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- The Privacy Notice for the LA/OC HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
    - A correction of inaccurate or incomplete PPI
    - A copy of your consent form
    - A copy of your HMIS records; and
    - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

☐ **I consent to sharing my photograph. (Check here)**

Client Name: _____ DOB: _____ Last 4 digits of SS_____

Signature _____Date _____

☐ **Head of Household (Check here)**

Minor Children (if any):

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

_____ _____

Print Name of Organization Staff **Print Name of Organization**

_____ _____

Signature of Organization Staff **Date**

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Client Profile *(required questions are shaded)*

HMIS Consent signed (Release of Information Permission): ☐ No ☐ Yes Date consented (Start Date):_____/_____/_____

Social Security Number	_____-_____-_____
Quality of SSN	☐ Full SSN reported ☐ Client doesn't know ☐ Data not collected ☐ Approximate or partial SSN reported ☐ Client refused
Last Name	
First Name	
Quality of Name	☐ Full Name Reported ☐ Client doesn't know ☐ Data not collected ☐ Partial, street name, or code name reported ☐ Client refused
Quality of DOB	☐ Full DOB reported ☐ Client doesn't know ☐ Data not collected ☐ Approximate or partial DOB reported ☐ Client refused
Date of Birth	_____/_____/_____

If the person is 60 years of age or older, then score 1.	**Score:**

Middle Name	Suffix:
Maiden Name	
Alias	
Gender	☐ Female ☐ Client doesn't know ☐ Male ☐ Client refused ☐ Trans Female (MTF or Male to Female) ☐ Data not collected ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-Conforming (i.e. not exclusively male or female)
Ethnicity	☐ Non-Hispanic ☐ Client doesn't know ☐ Data not collected ☐ Hispanic ☐ Client refused
Race	☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African-American ☐ Client doesn't know ☐ Asian ☐ Client refused ☐ American Indian or Alaskan Native ☐ Data not collected
Primary Language	
TB Clearance Date	_____/_____/_____ Clinic:
Have you ever served in the U.S. Military? (Veteran Status)	☐ No ☐ Client doesn't know ☐ Data not collected ☐ Yes ☐ Client refused

If the client identifies as Yes to veteran status, then the following questions are required:

Dates of military service (Year Only)	_____ to _____
Branch of Military	☐ Army ☐ Navy ☐ Coast Guard ☐ Client refused ☐ Air Force ☐ Marines ☐ Client doesn't know ☐ Data not collected
Discharge Status	☐ Honorable ☐ Bad Conduct ☐ Client doesn't know ☐ General under honorable conditions ☐ Dishonorable ☐ Client refused ☐ Under other than honorable conditions (OTH) ☐ Uncharacterized ☐ Data not collected

Theater of Operations	World War II	Korean War	Vietnam War	Persian Gulf War
	☐ No ☐ Don't know ☐ Yes ☐ Refused	☐ No ☐ Don't know ☐ Yes ☐ Refused	☐ No ☐ Don't know ☐ Yes ☐ Refused	☐ No ☐ Don't know ☐ Yes ☐ Refused
	Afghanistan (Enduring Freedom)	Iraq (Iraqi Freedom)	Iraq (New Dawn)	Other Operations
	☐ No ☐ Don't know ☐ Yes ☐ Refused	☐ No ☐ Don't know ☐ Yes ☐ Refused	☐ No ☐ Don't know ☐ Yes ☐ Refused	☐ No ☐ Don't know ☐ Yes ☐ Refused

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Immediate Safety Assessment

Instructions for surveyor (DO NOT READ ALOUD): Due to the confidential nature of the following questions, we ask that you try to secure a private space where the **respondent is unaccompanied.** Regardless of the outcome, please remain neutral in your response and reserve judgment and unsolicited advice.

1. Are you seeking services today because you are concerned about your immediate safety related to abuse?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
2. If you experienced domestic or intimate partner violence, was this within the past month?	☐ No ☐ **Yes** ☐ N/A	☐ Client doesn't know ☐ Client refused
3. Are you currently fleeing because you are in danger?	☐ No ☐ **Yes** ☐ N/A	☐ Client doesn't know ☐ Client refused

If question #2 and #3 were both answered as "Yes", then participant should be referred to the LA County Domestic Violence Hotline 1-800-978-3600. Participant has the choice to continue receiving services through CES.

A. History of Housing and Homelessness

4. Where do you sleep most frequently?	☐ Shelters ☐ Transitional Housing ☐ Safe Haven ☐ **Outdoors** ☐ **Other** (please specify: _____)	☐ **Client doesn't know** ☐ **Client refused**

If the person answers anything other than "Shelters", "Transitional Housing", or "Safe Haven", then score 1. **Score:** ☐

5. How long has it been since you lived in permanent stable housing?	☐ Less than a week ☐ 1 week – 3 months ☐ 3 – 6 months	☐ 6 months to 1 year ☐ 1 – 2 years ☐ 2 years or more	☐ Client doesn't know ☐ Client refused
6. In the last three years, how many times have you been homeless?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client refused

If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1. **Score:** ☐

B. Risks

7. In the past six months, how many times have you…

7a. Received health care at an emergency department / room?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client refused
7b. Taken an ambulance to the hospital?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client refused
7c. Been hospitalized as an in-patient?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client refused

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

7d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client refused
7e. 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?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client refused
7f. 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?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client refused

If the total number of interactions equals 4 or more, then score 1 for *Emergency Service Use*.	**Score:**

8. Have you been attacked or beaten up since you've become homeless?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
9. Have you threatened to or tried to harm yourself or anyone else in the last year?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused

If "Yes" to any of the above, then score 1 for *Risk of Harm*.	**Score:**

10. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused

If "Yes", then score 1 for *Legal Issues*.	**Score:**

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

If "Yes" to any of the above, then score 1 for *Risk of Exploitation.*	**Score:**

C. Socialization & Daily Functioning

13. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
14. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ **No** ☐ Yes	☐ Client doesn't know ☐ Client refused

If "Yes" to question 13 or "No" to question 14, then score 1 for *Money Management*.	**Score:**

15. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ **No** ☐ Yes	☐ Client doesn't know ☐ Client refused

If "No", then score 1 for *Meaningful Daily Activity*.	**Score:**

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

16. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ **No** ☐ Yes	☐ Client doesn't know ☐ Client refused
If "No", then score 1 for *Self-Care.*		**Score:**
17. Is your current homelessness 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?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
If "Yes", then score 1 for *Social Relationships.*		**Score:**

D. Wellness

18. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
19. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
20. If there was space available in a program, housing, or resources that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
21. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
22. When you are sick or not feeling well, do you avoid getting help?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
23. Are you currently pregnant?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
If "Yes" to any of the above, then score 1 for *Physical Health*.		**Score:**
24. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
25. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
If "Yes" to any of the above, then score 1 for *Substance Use*.		**Score:**
26. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:		
26a. A mental health issue or concern?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
26b. A past head injury?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
26c. A learning disability, developmental disability, or other impairment?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
27. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
If "Yes" to any of the above, then score 1 for *Mental Health*.		**Score:**
If the respondent scored 1 for *Physical Health* and 1 for *Substance Use* and 1 for *Mental Health*, score 1 for *Tri-Morbidity*.		**Score:**

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

28. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
29. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
If "Yes" to any of the above, then score 1 for *Medications*.		**Score:**
30. *YES OR NO:* Has your 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 have experienced?	☐ No ☐ **Yes**	☐ Client doesn't know ☐ Client refused
If "Yes", then score 1 for *Abuse and Trauma*.		**Score:**

Follow-Up

31. On a regular day…	
31a. Where is it easiest to find you?	
31b. What time of day is easiest to do so?	
32. So that someone can safely get in touch with you or leave you a message…	
32a. Is there a phone number?	
32b. Is there an email address?	
33. Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ No ☐ Yes

Residency & Preferences

34. What city within the County of Los Angeles do you live in? **SURVEYOR NOTE: Please choose a city from the Location of Survey list on page 10-12*	
If question #34 was answered as Los Angeles, then the following question is **required**:	
34a. If you reside within the City of Los Angeles, in which community do you live in? **SURVEYOR NOTE: Please choose a community from the Location of Survey list on page 10-12*	
35. What other cities have you called home within the last year (last 12 months)? **SURVEYOR NOTE: Please choose a city / cities from the Location of Survey list on page 10-12*	
If either question #34 or #35 was answered as Long Beach or Santa Monica, then the following question is **required**:	
35a. How many months have you stayed in that city/community?	
36. Is the region where you're currently residing where you're looking to be housed? **SURVEYOR NOTE: location may be different from answer to Q35/35a*	☐ Yes ☐ No, I have another community in mind**

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

If question #36 was answered as No (**), then the following question is **required**:

36a. What is the community you are looking to be housed in? **SURVEYOR NOTE: Please check **ONLY ONE** SPA.*	☐ SPA 1 – Antelope Valley ☐ SPA 2 – San Fernando Valley ☐ SPA 3 – San Gabriel Valley ☐ SPA 4 – Metro/Central LA ☐ SPA 5 – West LA ☐ SPA 6 – South LA ☐ SPA 7 – Southeast / East LA ☐ SPA 8 – South Bay ☐ Outside of LA County
37. Would you be interested in housing options such as shared housing, a room for rent, or sober living?	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused
38. Question for Participant: Some housing units have disability-related features that make it easier for people with certain disabilities to live in that housing. If you or anyone in your household are to be placed in housing, would you need:	☐ Yes: a mobility unit ☐ Yes: a hearing/vision unit ☐ Yes: a mobility and hearing/vision unit ☐ No
39. Question for Staff: Based on your observation, does this person/a person in this household appear to have:	☐ A mobility disability (uses a wheelchair, walker, or has difficulty walking) ☐ A hearing disability (deaf or hard of hearing) ☐ A visual disability (blind or low vision) ☐ None of the above
40. Question for Staff: Based on your observation, might this person/a person in this household need assistance to communicate as effectively as someone without a disability (i.e. sign-language interpreter, large print or braille documents, hearing assistance device)?	☐ Yes* ☐ No.

If question #40 was answered as Yes (*), then the following question is **required**:

40a. Ask: Which assistance aides do they need?	_____

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

US Department of Veterans Affairs (VA), Department of Mental Health (DMH), and Department of Health Services (DHS)

41. To the best of your knowledge, do you think you are VA Healthcare eligible?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused

If "Yes" to Veteran, administer VA release of information and refer to a veteran service provider to perform the "Supplemental – VA" assessment. Optional: complete the "Supplement – VA" assessment.

42. Are you currently receiving or have you ever received treatment at a mental health program/clinic?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused
42a. If yes, what is the name of the program/clinic?		

43. Have you been a patient at any of the following county* hospitals, clinics, or health centers in the past 12 months? (*County refers to LA County Department of Health Services. If other, please state the name of the specific DHS Health Center.)

Please check all that apply

☐ Does not receive care at any DHS hospital or clinic

Hospitals
- ☐ LAC + USC Med Center
- ☐ Harbor UCLA Med Center
- ☐ Olive View Med Center
- ☐ Rancho Los Amigos

Multi-Service Ambulatory Care Centers
- ☐ Martin Luther King, Jr. Outpatient Center
- ☐ High Desert Regional Health Center

Comprehensive Health Centers
- ☐ El Monte Comprehensive Health Center
- ☐ Edward R. Roybal Comprehensive Health Center
- ☐ H. Claude Hudson Comprehensive Health Center
- ☐ Hubert H. Humphrey Comprehensive Health Center
- ☐ Long Beach Comprehensive Health Center
- ☐ Mid-Valley Comprehensive Health Center

Health Centers
- ☐ Antelope Valley Health Center
- ☐ Bellflower Health Center
- ☐ Dollarhide Health Center
- ☐ Glendale Health Center
- ☐ La Puente Health Center
- ☐ Lake Los Angeles Health Center
- ☐ Little Rock Health Center
- ☐ San Fernando Health Center
- ☐ South Antelope Valley Health Center
- ☐ Wilmington Health Center

Other
- ☐ Other DHS clinic (Specify):

If any hospital or center was answered for question #43, then the following question is **required**:

43a. How many times have you accessed services at the DHS site(s) in the last 12 months?	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 5 ☐ 6 ☐ 7 ☐ More than 7	☐ Client doesn't know ☐ Client refused

Disabling Condition

44. Do you think you might have any of the following conditions?	☐ Substance abuse disorder ☐ Physical disability ☐ Mental health disability	☐ Developmental disability ☐ Chronic physical illness ☐ HIV / AIDS	☐ None of the above ☐ Client doesn't know ☐ Client refused

Housing History

45. Have you been evicted from a Public Housing Authority unit?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused	
46. Have you ever been convicted of manufacturing or producing methamphetamine?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused	
47. Are you required to register as a sex offender?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused	

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Office Use Only – Next Steps

Potential Chronic Homelessness: Is respondent potentially chronically homeless based on the following: ☐ History of Homelessness: Question #5 is 12 months or more, or Question #6 is 4 episodes or more ☐ Disability: Scored 1 point in Substance Use, or Scored 1 point in Mental Health, or At least one disability is identified in question #44, or Question #18, #19, #20, or #42 is Yes **If the two boxes above are checked, then the respondent is potentially chronically homeless.**	☐ Yes ☐ No	***Informs potential housing eligibility.***
Potential Veteran: Did respondent answer "Yes" to Veteran?	☐ Yes ☐ No	**Administer VA release of information and refer to a veteran service provider to perform the "Supplemental – VA" assessment.** ***Optional: Perform the "Supplement – VA" assessment.***
Domestic Violence: Did respondent answer "yes" to question #2 and #3?	☐ Yes ☐ No	**Refer the client to the LA County Domestic Violence Hotline 1-800-978-3600. Participant has the choice to continue receiving services through CES.**

Domain	Subtotal	Results	
Pre-Survey	/ 1	**Score:**	**Recommendation:**
A. History of Housing & Homelessness	/ 2	0 – 3	No housing intervention
B. Risks	/ 4	4 – 7	An assessment for Rapid Re-Housing
C. Socialization & Daily Functions	/ 4		
D. Wellness	/ 6	8 +	An assessment for Permanent Supportive Housing/Housing First
Grand Total:	/ 17		

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Interviewer's Name: _____ **Organization:** _____

Email: _____ **Phone:** _____

Date Survey Was Conducted: Date: _____ / _____ / _____

Location of Survey *(*Please update later if respondent is later attached to Housing Navigator in a different Region)*			
SPA	Region	City / Community	
☐ SPA 1 - Antelope Valley	☐ Lancaster	☐ Lancaster	
	☐ Palmdale	☐ Palmdale	
	☐ Other	☐ Other	
☐ SPA 2 - San Fernando Valley	☐ North	☐ Santa Clarita	☐ Castaic
		☐ Saugus	☐ Valencia
		☐ Newhall	☐ Val Verde
		☐ Canyon Country	☐ San Fernando
		☐ Granada Hills	☐ Sand Canyon
		☐ Sylmar	
	☐ West	☐ Woodland Hills	☐ Canoga Park
		☐ Winnetka	☐ West Hills
		☐ Calabasas	☐ Westlake Village
		☐ Agoura Hills	☐ Hidden Hills
		☐ Chatsworth	☐ Tarzana
		☐ Reseda	☐ Warner Center
		☐ Porter Ranch	
	☐ Central	☐ Van Nuys	☐ Panorama City
		☐ Lake Balboa	☐ Studio City
		☐ Valley Glen	☐ Valley Village
		☐ Sherman Oaks	☐ Northridge
		☐ Encino	☐ North Hills
	☐ East	☐ North Hollywood	☐ Arleta
		☐ Sunland	☐ Lakeview Terrace
		☐ Tujunga	☐ Mission Hills
		☐ Pacoima	☐ Granada Hills
		☐ Shadow Hills	☐ Sun Valley
	☐ Glendale	☐ Burbank	☐ Glendale
		☐ Universal City	☐ Flintridge
		☐ La Crescenta	☐ Toluca Lake
		☐ La Canada	
☐ SPA 3 – San Gabriel Valley	☐ West	☐ Pasadena	☐ Monrovia
		☐ Altadena	☐ Arcadia
		☐ San Marino	☐ San Gabriel
		☐ South Pasadena	☐ Monterey Park
		☐ Alhambra	☐ Duarte
		☐ Sierra Madre	☐ Bradbury
	☐ Central	☐ El Monte	☐ West Covina
		☐ South El Monte	☐ La Puente
		☐ Irwindale	☐ Rosemead
		☐ Baldwin Park	☐ Temple City
		☐ Azusa	☐ Hacienda Heights
		☐ Covina	☐ Glendora

CES Survey Part 1: Basic Intake, VI-SPDAT *Client Name / HMIS ID: _____*

☐ SPA 3 – San Gabriel Valley	☐ East	☐ San Dimas ☐ La Verne ☐ Claremont ☐ Pomona	☐ Diamond Bar ☐ Walnut ☐ Industry ☐ Rowland Heights
☐ SPA 4 – Metro/Central LA	☐ Downtown	☐ Downtown	
	☐ Hollywood	☐ Hollywood ☐ East Hollywood ☐ Los Feliz	☐ Hollywood Hills ☐ West Hollywood
	☐ North East LA	☐ Eagle Rock ☐ El Sereno ☐ Glassell Park ☐ Cypress Park ☐ Lincoln Heights ☐ Montecito Heights ☐ Chinatown ☐ Hermon	☐ Mount Olympus ☐ Highland Park ☐ Monterey Hills ☐ Atwater Village ☐ Mount Washington ☐ Boyle Heights ☐ East LA
	☐ Silverlake/Westlake Central	☐ Silverlake ☐ Westlake ☐ Korea Town	☐ Echo Park ☐ Pico Union
	☐ Mid-Wilshire	☐ Park La Brea ☐ Hancock Park ☐ Larchmont District ☐ Wilshire	☐ Mid-City ☐ West Mid-City ☐ Miracle Mile
☐ SPA 5 - West LA	☐ West LA	☐ Bel Air ☐ Beverly Hills ☐ Beverly Crest ☐ Beverly Glen ☐ Brentwood ☐ Century City ☐ Holmby Hills ☐ Pacific Palisades ☐ Malibu ☐ Marina Del Rey ☐ Manchester	☐ Santa Monica ☐ Venice ☐ Westchester ☐ Westwood ☐ Culver City ☐ Palms ☐ Rancho Park ☐ South Robertson ☐ Laurel Canyon ☐ Mar Vista
☐ SPA 6 - South LA	☐ South	☐ Compton ☐ Florence ☐ South Central ☐ South Los Angeles	☐ Rosewood ☐ Willowbrook ☐ Watts
	☐ North	☐ Crenshaw ☐ Jefferson Park ☐ University Park ☐ Ladera Heights ☐ West Adams	☐ Baldwin Hills ☐ Leimert Park ☐ Vermont ☐ West Adams
☐ SPA 6 - South LA	☐ South East	☐ Lynwood	☐ Paramount
	☐ West	☐ Hyde Park	☐ Windsor Hills
☐ SPA 7 - Southeast / East LA	☐ LCA 1: Central	☐ Bell ☐ Bell Gardens ☐ Commerce ☐ Cudahy ☐ Huntington Park	☐ Maywood ☐ South Gate ☐ Vernon ☐ County Unincorporated

CES Survey Part 1: Basic Intake, VI-SPDAT *Client Name / HMIS ID: _____*

☐ SPA 7 - Southeast / East LA	☐ LCA 2: North	☐ La Mirada ☐ La Habra Heights ☐ Montebello ☐ Pico Rivera	☐ Santa Fe Springs ☐ Whittier ☐ County Unincorporated
	☐ LCA 3: South	☐ Artesia ☐ Bellflower ☐ Cerritos	☐ Downey ☐ Norwalk ☐ County Unincorporated
	☐ LCA 4: Long Beach	☐ Hawaiian Gardens ☐ Lakewood	☐ Signal Hill ☐ County Unincorporated
☐ SPA 8 - South Bay	☐ Harbor Area	☐ Harbor City ☐ Harbor Gateway ☐ Wilmington ☐ San Pedro ☐ Carson ☐ Rolling Hills	☐ West Carson ☐ Torrance ☐ Lomita ☐ Palos Verdes Cities ☐ Avalon
	☐ North	☐ Inglewood ☐ Lennox ☐ West Athens ☐ Del Aire ☐ Hawthorne	☐ Gardena ☐ Lawndale ☐ Alondra Park ☐ El Segundo
	☐ Long Beach	☐ Long Beach	
	☐ Beach Cities	☐ Hermosa Beach ☐ Manhattan Beach	☐ Redondo Beach

ADDITIONAL SURVEYOR OBSERVATIONS (Notes)

May include observations about client or location, such as description of make-shift shelter, detailed description of vehicle (if respondent was residing in vehicle)

End of CES Survey Part 1

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Documentation *(Files)*

Check all that are in the client's possession:		
☐ Birth Certificate	☐ Proof of Residency	☐ VA Release
☐ Certificate of Disability	☐ Reference Letter	☐ LACDMH 677 Authorization Consent
☐ DD214 (Veterans Only)	☐ Social Security Card	☐ DHS Pre-release
☐ Driver's License / CA ID	☐ TB Certification	☐ Other:
☐ Homeless Verification	☐ Verification of Income	

Client Contact Information *(Location)*

Address Type:		
☐ Home	Name	
☐ Work	Address 1	
☐ School	Address 2	
☐ Mailing	City	
☐ Emergency	State	
☐ Father	Zip Code	
☐ Mother	Email	
☐ Spouse	Phone 1	
☐ Temporary	Phone 2	
☐ Other		
☐ Legal Guardian		
☐ Message		
☐ Management Company		
☐ Forwarding Address		

Outreach Contact Information *(Location)*

Address Type:		
☐ Outreach	Client Name	
	Address 1	
Date Contacted:	Address 2	
_____ / _____ / _____	City	
	State	
	Zip Code	
	Email	
	Phone 1	
	Phone 2	

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Program Entry *– All clients, all fields required*

Program Name: _____ **Case Manager:** _____

1. Program Start Date	_____/_____/_____
2. Relationship to Head of Household	☐ Self (Head of Household) ☐ Head of household's child ☐ Head of Household's spouse or partner ☐ Head of household's other relation member ☐ Other: non-relation member
4. Client Location (CoC)	☐ CA-600 – Los Angeles ☐ CA-602 – Orange County ☐ CA-606 – Long Beach ☐ CA-607 – Pasadena ☐ CA-611 – Ventura County ☐ CA-612 – Glendale ☐ CA-614 – San Luis Obispo County

Housing Move-In *– Rapid Re-housing, Permanent Housing, and Street Outreach projects only, only required for Head of Household*

6. Has the client moved-in to permanent housing?	☐ No ☐ Yes: Housing Move-In Date: _____/_____/_____

Outreach *– Outreach projects only, all fields required unless otherwise noted*

7. Has the client been engaged? Engagement means an interactive client relationship results in a deliberate client assessment.	☐ No ☐ Yes: Engagement Date: _____/_____/_____

PATH *(Projects for Assistance in Transition from Homelessness) – PATH projects only, all fields required unless otherwise noted*

8. PATH status determination completed?	☐ No ☐ Yes: Date of determination: _____/_____/_____

If question #8 was answered as "Yes", then the following questions are **required**:

8a. Was the client determined to be eligible for PATH funded services and enrolled in PATH?	☐ No ☐ Yes

If question #8a was answered as "No", then the following question is **required**:

8b. If not eligible to be enrolled, what is the reason?	☐ Client was found ineligible for PATH ☐ Client was not enrolled for other reason(s)

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Homelessness *– Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded*

FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH:

9. What was the situation you were living in immediately prior to project entry? *(Type of residence)*	**10. How long was the client staying in that place?** *(Length of stay in prior living situation)*	**10a/b Did the client stay less than…**
Literally Homeless Situations ☐ Place not meant for habitation ☐ Emergency shelter, including hotel or motel paid for with emergency shelter ☐ Safe Haven ☐ Interim Housing	***For literally homeless situations:*** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected	**Not Applicable** *Go to question 11*
Institutional Situations ☐ 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	***For institutional situations:*** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected	***10a: 90 days:*** ☐ Yes *Go to question 10c* ☐ No *Go to question 20*
Transitional & Permanent Housing Situations ☐ Hotel or motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH subsidy ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with other housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth)	***For transitional & permanent housing situations:*** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected	***10b: 7 nights:*** ☐ Yes *Go to question 10c* ☐ No *Go to question 20*
Other ☐ Client doesn't know ☐ Client refused ☐ Data not collected		

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

FOR EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH PROJECTS:

9. What was the situation you were living in immediately prior to project entry? *(Type of residence)*	☐ Place not meant for habitation ☐ Emergency shelter, including hotel or motel paid for with emergency shelter ☐ Safe Haven ☐ Interim Housing ☐ 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 ☐ Hotel or motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH subsidy ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with other housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth) ☐ Client doesn't know ☐ Client refused ☐ Data not collected
10. How long was the client staying in that place? *(Length of stay in prior living situation)*	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected

After asnwering question 10, go to question 11

If the client is coming from an institution after having stayed less than 90 days or if the client is coming from a transitional, permanent, or other situation after having stayed less than 7 nights, then the following question is required:

10c. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

If the project being entered is an emergency shelter, safe haven, or street outreach, or if the client answered questions #4 and #5, then the following questions are required:

11. What approximate date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date homelessness started)*	_____/_____/_____
12. In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? *(Number of times on the streets, in ES, or Safe Haven in the past three years including today)*	☐ One Time ☐ Two Times ☐ Three Times ☐ Four or more times ☐ Client doesn't know ☐ Client refused ☐ Data not collected

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

13. In those three years, what is the total number of months spent homeless on the streets, in an emergency shelter, or in a safe haven? *(Total number of months homeless on the street, in ES, or SH in the past three years)*	☐ One Month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Continue for all clients:

Crisis and Bridge Housing *- CES Crisis and Bridge Housing projects only, all fields required unless otherwise noted*

20. Have you entered and been released from any of the following facilities in the past two months? (Choose any that apply)	☐ No, has not exited from any of these facilities in the past five years. ☐ 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 ☐ Client doesn't know ☐ Client refused
If question #20 was answered as anything except No and Don't Know/Refused, then the following questions are **required**:		
20a. If so, which one have you most recently been released from? (Choose one)	☐ 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 ☐ Client doesn't know ☐ Client refused
20b. And approximately when did you leave that institution? (Date)	_____/_____/_____	

Disabling Conditions and Barriers *- All fields required unless otherwise noted*

21. Do you have a physical disability?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #21 was answered as "Yes" (**), then the following questions are **required**:		
21a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
22. Have you ever been told you have a learning disability or developmental disability?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #22 was answered as "Yes" (**), then the following questions are **required**:		
22a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
23. Do you have a chronic health condition? *A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to:* ***heart disease*** *(including coronary heart disease, angina, heart attack and any other kind of heart condition or disease);* ***severe asthma****; diabetes;* ***arthritis-related conditions*** *(including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia);* ***adult onset cognitive impairments*** *(including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions);* ***severe headache/migraine****;* ***cancer****;* ***chronic bronchitis****;* ***liver condition; stroke****; or* ***emphysema****.*	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

If question #23 was answered as "Yes" (**), then the following questions are **required**:	
23a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
24. Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ No ☐ Yes** ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #24 was answered as "Yes" (**), then the following questions are **required**:	
24a. Do you expect this to substantially impair your ability to live independently?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
25. Do you feel you currently have a mental health problem?	☐ No ☐ Yes** ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #25 was answered as "Yes" (**), then the following questions are **required**:	
25a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
26. Do you *currently* have a drug or alcohol problem?	☐ No ☐ Alcohol* ☐ Drug* ☐ Both* ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #26 was answered as "Alcohol", "Drug", or "Both" (**), then the following questions are **required**:	
26a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
27. Have you been a victim of domestic violence or a victim of intimate partner violence?	☐ No ☐ Yes** ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #27 was answered as "Yes" (**), then the following question is **required**:	
27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?	☐ Within the past three months ☐ Three to six months ago ☐ From six to twelve months ago ☐ More than a year ago ☐ Client doesn't know ☐ Client refused ☐ Data not collected
27b. Are you currently fleeing?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

SURVEYOR ONLY – DO NOT ASK: **28. Is the client chronically homeless?** *To be chronically homeless, the client must be an unaccompanied homeless individual (or adult in a family) with a disabling condition who has been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness totaling one year in duration in the past three years. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.*	☐ Not chronically homeless ☐ Chronically homeless because of continuous homelessness 1 year or more ☐ Chronically homeless because of 4 or more episodes of homelessness in 3 years

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Tuberculosis *– Emergency Shelters only, all fields required unless otherwise noted*

29. Do you have a cough that has lasted longer than 3 weeks?	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused
30. Have you recently lost weight without explanation during the past month?	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused
31. Have you had frequent night sweats during the past month, soaking your sheets or clothing?	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused
32. Have you coughed up blood in the past month?	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused
33. Have you been feeling much more tired than usual over the past month?	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused
34. Have you had fevers almost daily for more than one week?	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused

Employment *- For adults18 and older and/or Head of Household, all fields required unless otherwise noted*

35. Are you currently employed?	☐ No* ☐ Client doesn't know ☐ Yes** ☐ Client refused
If question #35 was answered as "No" (*), then the following question is **required**:	
35a. Are you…. *(read options to the right)*	☐ Looking for work ☐ Not looking for work ☐ Unable to work
If question #35 was answered as "Yes" (**), then the following question is **required**:	
35b. What type of employment do you have?	☐ Full-time ☐ Seasonal / sporadic ☐ Part-time (including day labor)

Cash Income for Individual *- For adults18 and older and/or Head of Household, all fields required unless otherwise noted*

36. Do you receive any cash income?	☐ No ☐ Client doesn't know ☐ Data not collected ☐ Yes ☐ Client refused
If question #36 was answered as "Yes", then the following question is **required**:	

Income Source and Monthly Income: *What sources of income do you have, and how much do you get on a monthly basis?*

☐ Earned Income (employment wages / cash)	$	☐ CalWorks	$
☐ Unemployment Insurance	$	☐ General Assistance (GA) / General Relief (GR)	$
☐ Supplemental Security Income (SSI)	$	☐ Retirement Income from Social Security	$
☐ Social Security Disability Insurance (SSDI)	$	☐ Pension or retirement income from a former job	$
☐ VA Service-Connected Disability Compensation	$	☐ Child Support	$
☐ VA Non-Service-Connected Disability Pension	$	☐ Alimony and other spousal support	$
☐ Private Disability Insurance	$	☐ Other Source (Specify:_____)	$
☐ Worker's Compensation	$		

36a. Income Documentation *Do you have documents that verify income?*	☐ GR Form ☐ Pay Stub ☐ Utility Allowance ☐ Child Support Forms ☐ Social Security Forms ☐ SSI Forms	☐ CalWORKs Form ☐ Unemployment Insurance Forms ☐ W-2 Forms ☐ SSDI Form ☐ Workmans Comp ☐ Self Employment Docs	☐ Pension Letter/Stub ☐ Unemployment Forms ☐ Self Declaration ☐ Employer Printout/Letter ☐ VA Documentation ☐ Other (Specify:)

Non-Cash Benefits *- For adults18 and older and/or Head of Household, all fields required unless otherwise noted*

37. Do you receive any non-cash benefits?	☐ No ☐ Client doesn't know ☐ Data not collected ☐ Yes ☐ Client refused

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

If question #37 was answered as "Yes", then the following question is **required**:

Non-Cash Benefits *What non-cash benefits do you receive? (Check all that apply)*	☐ Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP) ☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) ☐ CalWorks child care services ☐ CalWorks transportation services ☐ Other CalWorks-funded services ☐ Other source (Specify:_____)

Health Insurance *- All clients, all fields required unless otherwise noted*

38. Are you covered by any type of health insurance?	☐ No ☐ Client doesn't know ☐ Data not collected ☐ Yes ☐ Client refused

If question #37 was answered as "Yes", then the following questions are **required**:

Health Insurance *(Check all that apply):*	☐ Medi-Cal (MEDICAID) ☐ MEDICARE ☐ State Children's Health Insurance Program (SCHIP) ☐ VA medical services ☐ Employer-provided health insurance ☐ COBRA	☐ Private pay health insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other health insurance (Specify:_____)
38a. Health Insurance Provider	☐ Health Net ☐ Molina ☐ My Health LA (DHS) ☐ Anthem Blue Cross ☐ Kaiser Permanente	☐ VA ☐ L.A. Care ☐ Care 1st Health Plan ☐ Other ☐ Unknown

Youth/TAY *– Clients aged 16-24 only, all fields required unless otherwise noted*

39. Did you run away from home or a foster care home?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
40. Are you a current or former foster care youth?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
41. Have you ever been in the juvenile justice system?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
42. Have you ever been on adult probation?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
43. Which of the following best represents how you think about yourself?	☐ Heterosexual ☐ Lesbian ☐ Questioning/Unsure ☐ Gay ☐ Bisexual	☐ Client doesn't know ☐ Client refused

Health and Education *– All clients, all fields required unless otherwise noted*

44. Are you pregnant?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused

If question #44 was answered as "Yes" (*), then the following question is **required**:

44a. What is your due date?	____/____/_____

SOAR Connection *– SSVF and PATH and projects only, all fields required unless otherwise noted*

75. Is the client connected with SOAR?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

End of CES Survey Part 2

OMB Number: 2900-0260
Estimated Burden: 2 minutes

Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)

VA Greater Los Angeles Healthcare Center
11301 Wilshire Blvd.
Los Angeles, CA 90073

PATIENT NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

☐ DRUG ABUSE ☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) ☐ SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

☐ COPY OF HOSPITAL SUMMARY ☐ COPY OF OUTPATIENT TREATMENT NOTE(S) ☐ OTHER (Specify)

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE (mm/dd/yyyy)

SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)

FOR VA USE ONLY

IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)

TYPE AND EXTENT OF MATERIAL RELEASED

DATE RELEASED

RELEASED BY

USE EXISTING STOCK OF VA FORM 10-5345, DATED MAY 2005.

CES Survey Supplemental: VA

Client Name / HMIS ID: _____

Health and Education *– All adults and head of hosueholds, all fields required unless otherwise noted*

45. In the past 30 days, would you say your health has been….						
☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor	☐ Don't know	☐ Refused

46. What is the highest educational level you have completed?			
☐ Less than Grade 5	☐ School program does not have grade levels	☐ Bachelor's degree	☐ Client doesn't know
☐ Grades 5-6	☐ GED	☐ Graduate degree	☐ Client refused
☐ Grades 7-8	☐ Some college	☐ Vocational certification	☐ Data not collected
☐ Grade 12 / High school diploma	☐ Associate's degree		

Last Known Permanent Address *– Head of Household only, all fields required unless otherwise noted*

47. Last Known Permanent Address			
Street Address			
City			
State			
Zip			
Address Data Quality	☐ Full address report ☐ Incomplete or estimated address reported	☐ Client doesn't know ☐ Client refused	☐ Data not collected

Veteran Information (SSVF/VASH) *– Head of Household only, all fields required unless otherwise noted*

48. What is the AMI percentage for the Household's Income?		
☐ Less than 30%	☐ 30% to 50%	☐ Greater than 50%

49. VAMC Station Number	
☐ (691) Greater Los Angeles HCS	☐ (600) Long Beach, CA

SSVF HP Targeting Criteria *– SSVF Homelessness Prevention projects only, required for Head of Household*

53. Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.	
☐ No (0 points)	☐ Yes

54. Current housing loss expected within:	
☐ 0-6 days	☐ 14-21 days
☐ 7-13 days	☐ More than 21 days (0 points)

55. Current household income is $0
☐ No (0 points)
☐ Yes

56. Annual household gross income amount
☐ 0-14% of AMI for household size
☐ 15-30% of AMI for household size
☐ More than 30% AMI for household size (0 points)

57. Sudden and significant decrease in cash income (employment and/or cash benefits) and/or unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months	
☐ No (0 points)	☐ Yes

58. Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months	
☐ No (0 points)	☐ Yes

CES Survey Supplemental: VA

Client Name / HMIS ID: _____

59. Rental Evictions within the Past 7 Years			
☐ 4 or more prior rental evictions	☐ 2-3 prior rental evictions	☐ 1 prior rental eviction	☐ No prior rental evictions (0 points)

60. Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	
☐ No (0 points)	☐ Yes

61. History of Literal Homelessness (street/shelter/transitional housing)	
☐ 4 or more times or total of at least 12 months in past three years	☐ 2-3 times in past three years
☐ 1 time in past three years	☐ None (0 points)

62. Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	
☐ No (0 points)	☐ Yes

63. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	
☐ No (0 points)	☐ Yes

64. Registered sex offender	
☐ No (0 points)	☐ Yes

65. At least one dependent child under age 6	
☐ No (0 points)	☐ Yes

66. Single parent with minor child(ren)	
☐ No (0 points)	☐ Yes

67. Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	
☐ No (0 points)	☐ Yes

68. Any Veteran in household served in Iraq or Afghanistan	
☐ No (0 points)	☐ Yes

69. Female Veteran	
☐ No (0 points)	☐ Yes

70. HP applicant total points

71. Grantee targeting threshold score

End of CES Survey Supplemental: VA

CES Survey: Contact Sheet

Thank you for completing this survey. Your answers will help us better understand your health and housing needs and the needs of our community, and may help us make better referrals for you in the future.

For more information about the Coordinated Entry System or this survey, please contact:

SPA __ Community Coordinator: _____

Phone: _____

Email: _____

Address of regional access center: _____

_____

Follow up contact (if applicable):

Outreach Worker/Housing Navigator: _____

Phone: _____

Email: _____