



Coordinated Entry System
For Families
VI-FSPDAT
Version 2.1

VI-FSPDAT- All fields required unless otherwise noted

HoH Name/ID: _____

Assessment Date: ___/___/___

Family Response Team: _____

Family Solutions Center: _____

Introductory Script – Must be read prior to administering the tool

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

- 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 finish the survey first. The survey should only take about 7 minutes to complete if we stick to “yes” or “no” responses.
- 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. It is important that you provide accurate information so please do not feel that there is a correct or preferred answer that you need to provide or conceal.
- The questions are not being asked in order to make any personal judgments about you. 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.
- This survey is for all families who are homeless – not just people with a certain type of need.
- 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.
- If there is a question which you do not understand, please let me know and I would be happy to provide clarification.

Before we begin, I need to get your permission to do this survey with you. May I have your permission to begin?

Y N Refused

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?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
2. If you experienced domestic or intimate partner violence, was this within the past month?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
3. Are you currently fleeing because you are in danger?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> 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 receding services thought CES.

Survey – All fields required unless otherwise noted

Pre-Survey		
Are either head of household 60 years or older (Auto calculated in Clarity)?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
1. Total number of children under age 18 that are currently with you or that you have reason to believe will be joining you when you get housed?		_____ <input type="checkbox"/> Refused
Child 1 Full Name: _____		DOB: ____/____/____
Child 2 Full Name: _____		DOB: ____/____/____
Child 3 Full Name: _____		DOB: ____/____/____
Child 4 Full Name: _____		DOB: ____/____/____
Child 5 Full Name: _____		DOB: ____/____/____
Child 6 Full Name: _____		DOB: ____/____/____
2. <i>If household includes a female:</i> Is any member of the family currently pregnant?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused
SCORING	Either head of household 60 years or older, score 1.	SCORE: _____
	Score 1 for FAMILY SIZE if the family consists of: A Single parent with: <ul style="list-style-type: none"> • 2+ children, and/or • Child aged 11 or younger, and/or • Current pregnancy OR Two parents with: <ul style="list-style-type: none"> • 3+ children, and/or • Child aged 6 or younger, and/or • Current pregnancy 	SCORE: _____

A. History of Housing and Homelessness		
3. Where do you and your family sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Other (specify: _____)
If family answers anything other than 'shelter,' 'transitional housing,' or 'safe haven', then score 1.		SCORE: _____
4. How long has it been since you and your family lived in permanent stable housing?	<input type="checkbox"/> Less than a week <input type="checkbox"/> 1 week – 3 months <input type="checkbox"/> 3 – 6 months	<input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 – 2 years <input type="checkbox"/> 2 years or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
5. In the last three years, how many times have you and your family been homeless?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If the family has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.		SCORE: _____

B. Risks	
6. In the past six months, how many times have you or anyone in your family...	
a. Received health care at an emergency department/room?	<input type="checkbox"/> 0 times <input type="checkbox"/> 3 times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 1 time <input type="checkbox"/> 4 times <input type="checkbox"/> Client refused <input type="checkbox"/> 2 times <input type="checkbox"/> 5 or more times
b. Taken an ambulance to the hospital?	<input type="checkbox"/> 0 times <input type="checkbox"/> 3 times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 1 time <input type="checkbox"/> 4 times <input type="checkbox"/> Client refused <input type="checkbox"/> 2 times <input type="checkbox"/> 5 or more times
c. Been hospitalized as an inpatient?	<input type="checkbox"/> 0 times <input type="checkbox"/> 3 times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 1 time <input type="checkbox"/> 4 times <input type="checkbox"/> Client refused <input type="checkbox"/> 2 times <input type="checkbox"/> 5 or more times
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	<input type="checkbox"/> 0 times <input type="checkbox"/> 3 times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 1 time <input type="checkbox"/> 4 times <input type="checkbox"/> Client refused <input type="checkbox"/> 2 times <input type="checkbox"/> 5 or more times
e. Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?	<input type="checkbox"/> 0 times <input type="checkbox"/> 3 times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 1 time <input type="checkbox"/> 4 times <input type="checkbox"/> Client refused <input type="checkbox"/> 2 times <input type="checkbox"/> 5 or more times
f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	<input type="checkbox"/> 0 times <input type="checkbox"/> 3 times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 1 time <input type="checkbox"/> 4 times <input type="checkbox"/> Client refused <input type="checkbox"/> 2 times <input type="checkbox"/> 5 or more times
If the total number of interactions equals 4 or more, then score 1.	SCORE: _____
7. Have you or anyone in your family been attacked or beaten up since they've become homeless?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
8. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
If yes to questions 7 or 8, then score 1.	SCORE: _____
9. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
If yes to question 9, then score 1.	SCORE: _____
10. Does anybody force or trick you or anyone in your family to do things that you do not want to do?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
11. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused
If 'yes' to questions 10 or 11, then score 1.	SCORE: _____

C. Socialization and Daily Functioning		
12. Is there any person, past landlords, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
13. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'yes' to question 12 or 'no' to question 13, then score 1.	SCORE: _____	
14. Does anyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'no' to question 14, then score 1.	SCORE: _____	
15. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'no' to question 15, then score 1.	SCORE: _____	
16. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'yes' to question 16, then score 1.	SCORE: _____	

D. Wellness		
17. Has your family ever had to leave an apartment, residential program, or other place your family were staying because of the physical health of you or anyone in your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
18. Do you or anyone in your family have any chronic health issues with the liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
19. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
20. Does anyone in your family have any physical disabilities that limit the type of housing you can access, or make it hard to live independently because help is needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
21. When you or anyone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'Yes' to any of the above, then score 1.		SCORE: _____
22. Has drinking or drug use by you or anyone in your family led to being kicked out of an apartment or residential program in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
23. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'Yes' to 22 and/or 23, then score 1.		SCORE: _____
24. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, residential program or other place because of:		
a. A mental health issue or concern?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
b. A past head injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
c. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
25. Does anyone in your family have any mental health or brain issues that make it hard for your family to live independently because help is needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'Yes' to 24 and/or 25, then score 1.		SCORE: _____
26. <i>If the family scored 1 each for Physical Health, Substance Use, and Mental Health:</i> Does any single member of your family have a medical condition, mental health concerns, and experience with problematic substance use?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
'Yes' to question 26, then score 1.		SCORE: _____
27. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, are not?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
28. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'Yes' to 27 and/or 28, then score 1.		SCORE: _____
29. <i>Yes or No:</i> Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or by any other trauma you or anyone in your family have experienced?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'Yes' to question 29, then score 1.		SCORE: _____

E. Family Unit		
30. Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
31. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'Yes' to 30 and/or 31, then score 1.		SCORE: _____
32. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
33. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
34. <i>If there are school-aged children:</i> Do your children attend school more often than not each week?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'Yes' to 32 or 33, or 'No' to 34, then score 1.		SCORE: _____
35. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
36. Do you anticipate any other adults or children coming to live with you in the next 180 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'Yes' to 35 and/or 36, then score 1.		SCORE: _____
37. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
38. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...		
a. 3 or more hours per day for children aged 13 or older?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
b. 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
39. <i>If there are children both 12 and under and 13 and over:</i> Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If 'No' to 37 or 'Yes' to 38 and/or 39, then score 1.		SCORE: _____

Follow-Up

40. On a regular day...	
40a. Where is it easiest to find you?	
40b. What time of day is easiest to do so?	
41. So that someone can safely get in touch with you or leave you a message...	
41a. Is there a phone number?	
41b. Is there an email address?	
42. 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Residency & Preferences

43. What city within the County of Los Angeles do you live in? <i>*SURVEYOR NOTE: Please choose a city from the Location of Survey list on page 11-13</i>		
If question #43 was answered as Los Angeles, then the following question is required :		
43a. If you reside within the City of Los Angeles, in which community do you live in? <i>*SURVEYOR NOTE: Please choose a community from the Location of Survey list on page 11-13</i>		
44. What other cities have you called home within the last year (last 12 months)? <i>*SURVEYOR NOTE: Please choose a city / cities from the Location of Survey list on page 11-13</i>		
If either question #43 or #44 was answered as Long Beach or Santa Monica, then the following question is required :		
44a. How many months have you stayed in that city/community?		
45. Is the region where you're currently residing where you're looking to be housed? <i>*SURVEYOR NOTE: location may be different from answer to Q44/44a</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No, I have another community in mind**
If question #45 was answered as No (**), then the following question is required :		
45a. What is the community you are looking to be housed in? <i>*SURVEYOR NOTE: Please check ONLY ONE SPA.</i>		<input type="checkbox"/> SPA 1 – Antelope Valley <input type="checkbox"/> SPA 2 – San Fernando Valley <input type="checkbox"/> SPA 3 – San Gabriel Valley <input type="checkbox"/> SPA 4 – Metro/Central LA <input type="checkbox"/> SPA 5 – West LA <input type="checkbox"/> SPA 6 – South LA <input type="checkbox"/> SPA 7 – Southeast / East LA <input type="checkbox"/> SPA 8 – South Bay <input type="checkbox"/> Outside of LA County
46. Would you be interested in housing options such as shared housing, a room for rent, or sober living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
47. 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:	<input type="checkbox"/> Yes: a mobility unit <input type="checkbox"/> Yes: a hearing/vision unit <input type="checkbox"/> Yes: a mobility and hearing/vision unit <input type="checkbox"/> No	
48. Question for Staff: Based on your observation, does this person/a person in this household appear to have:	<input type="checkbox"/> A mobility disability (uses a wheelchair, walker, or has difficulty walking) <input type="checkbox"/> A hearing disability (deaf or hard of hearing) <input type="checkbox"/> A visual disability (blind or low vision) <input type="checkbox"/> None of the above	
49. 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)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No.	
If question #49 was answered as Yes (*), then the following question is required :		
49a. Ask: Which assistance aides do they need?		_____

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

50. To the best of your knowledge, do you think you are VA Healthcare eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>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.</p>		
51. Are you currently receiving or have you ever received treatment at a mental health program/clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
51a. If yes, what is the name of the program/clinic?		
52. 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.) <i>Please check all that apply</i>	<input type="checkbox"/> Does not receive care at any DHS hospital or clinic Hospitals <input type="checkbox"/> LAC + USC Med Center <input type="checkbox"/> Harbor UCLA Med Center <input type="checkbox"/> Olive View Med Center <input type="checkbox"/> Rancho Los Amigos Multi-Service Ambulatory Care Centers <input type="checkbox"/> Martin Luther King, Jr. Outpatient Center <input type="checkbox"/> High Desert Regional Health Center Comprehensive Health Centers <input type="checkbox"/> El Monte Comprehensive Health Center <input type="checkbox"/> Edward R. Roybal Comprehensive Health Center <input type="checkbox"/> H. Claude Hudson Comprehensive Health Center <input type="checkbox"/> Hubert H. Humphrey Comprehensive Health Center <input type="checkbox"/> Long Beach Comprehensive Health Center <input type="checkbox"/> Mid-Valley Comprehensive Health Center Health Centers <input type="checkbox"/> Antelope Valley Health Center <input type="checkbox"/> Bellflower Health Center <input type="checkbox"/> Dollarhide Health Center <input type="checkbox"/> Glendale Health Center <input type="checkbox"/> La Puente Health Center <input type="checkbox"/> Lake Los Angeles Health Center <input type="checkbox"/> Little Rock Health Center <input type="checkbox"/> San Fernando Health Center <input type="checkbox"/> South Antelope Valley Health Center <input type="checkbox"/> Wilmington Health Center Other <input type="checkbox"/> Other DHS clinic (Specify):	
If any hospital or center was answered for question #52, then the following question is required :		
52a. How many times have you accessed services at the DHS site(s) in the last 12 months?	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 <input type="checkbox"/> More than 7 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	

Disabling Condition

53. Do you think you might have any of the following conditions?	<input type="checkbox"/> Substance abuse disorder <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental health disability	<input type="checkbox"/> Developmental disability <input type="checkbox"/> Chronic physical illness <input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> None of the above <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
---	--	---	---

Housing History

54. Have you been evicted from a Public Housing Authority unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
55. Have you ever been convicted of manufacturing or producing methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
56. Are you required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	

Office Use Only – Next Steps

<p>Potential Chronic Homelessness: Is respondent potentially chronically homeless based on the following:</p> <p><input type="checkbox"/> History of Homelessness: Question #4 is 12 months or more, or Question #5 is 4 episodes or more</p> <p><input type="checkbox"/> Disability: Scored 1 point in Substance Use, or Scored 1 point in Mental Health, or At least one disability is identified in question #53, or Question #17, #18, #19, or #51 is Yes</p> <p>If the two boxes above are checked, then the respondent is potentially chronically homeless.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Informs potential housing eligibility.</i></p>
<p>Potential Veteran: Did respondent answer “Yes” to Veteran?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Administer VA release of information and refer to a veteran service provider to perform the “Supplemental – VA” assessment. <i>Optional: Perform the “Supplement – VA” assessment.</i></p>
<p>Domestic Violence: Did respondent answer “yes” to question #2 and #3 from the Immediate Safety Assessment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Refer the client to the LA County Domestic Violence Hotline: <u>1-800-978-3600</u></p> <p>Participant has the choice to continue receding services thought CES.</p>

Domain	Subtotal	Results
Pre-Survey	/2	Score Result Recommendations:
A. History of Housing & Homelessness	/2	0-3: No housing intervention. Provide referrals to other resources.
B. Risks	/4	
C. Socialization & Daily Functioning	/4	4-8: Referral for rapid rehousing program
D. Wellness	/6	
E. Family Unit	/4	9+: Referral for permanent supportive housing
Total Score	/22	

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

Email: _____ **Phone:** _____

Date Survey Was Conducted: Date: ____ / ____ / ____

Location of Survey <i>(*Please update later if respondent is later attached to Housing Navigator in a different Region)</i>			
SPA	Region	City / Community	
<input type="checkbox"/> SPA 1 - Antelope Valley	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lancaster	
	<input type="checkbox"/> Palmdale	<input type="checkbox"/> Palmdale	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> SPA 2 - San Fernando Valley	<input type="checkbox"/> North	<input type="checkbox"/> Santa Clarita	
		<input type="checkbox"/> Saugus	
		<input type="checkbox"/> Newhall	
		<input type="checkbox"/> Canyon Country	
		<input type="checkbox"/> Granada Hills	
<input type="checkbox"/> West	<input type="checkbox"/> West	<input type="checkbox"/> Sylmar	
		<input type="checkbox"/> Woodland Hills	
		<input type="checkbox"/> Winnetka	
		<input type="checkbox"/> Calabasas	
		<input type="checkbox"/> Agoura Hills	
<input type="checkbox"/> Central	<input type="checkbox"/> Central	<input type="checkbox"/> Chatsworth	
		<input type="checkbox"/> Reseda	
		<input type="checkbox"/> Porter Ranch	
		<input type="checkbox"/> Van Nuys	
		<input type="checkbox"/> Lake Balboa	
<input type="checkbox"/> East	<input type="checkbox"/> East	<input type="checkbox"/> Valley Glen	
		<input type="checkbox"/> Sherman Oaks	
		<input type="checkbox"/> Encino	
		<input type="checkbox"/> North Hollywood	
		<input type="checkbox"/> Sunland	
<input type="checkbox"/> Glendale	<input type="checkbox"/> Glendale	<input type="checkbox"/> Tujunga	
		<input type="checkbox"/> Pacoima	
		<input type="checkbox"/> Shadow Hills	
		<input type="checkbox"/> Burbank	
		<input type="checkbox"/> Universal City	
<input type="checkbox"/> SPA 3 – San Gabriel Valley	<input type="checkbox"/> West	<input type="checkbox"/> La Crescenta	
		<input type="checkbox"/> La Canada	
		<input type="checkbox"/> Pasadena	
		<input type="checkbox"/> Altadena	
		<input type="checkbox"/> San Marino	
	<input type="checkbox"/> Central	<input type="checkbox"/> Central	<input type="checkbox"/> South Pasadena
			<input type="checkbox"/> Alhambra
			<input type="checkbox"/> Sierra Madre
			<input type="checkbox"/> El Monte
			<input type="checkbox"/> South El Monte
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Irwindale	
		<input type="checkbox"/> Baldwin Park	
		<input type="checkbox"/> Azusa	
		<input type="checkbox"/> Covina	
		<input type="checkbox"/> Monrovia	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Arcadia	
		<input type="checkbox"/> San Gabriel	
		<input type="checkbox"/> Monterey Park	
		<input type="checkbox"/> Duarte	
		<input type="checkbox"/> Bradbury	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> West Covina	
		<input type="checkbox"/> La Puente	
		<input type="checkbox"/> Rosemead	
		<input type="checkbox"/> Temple City	
		<input type="checkbox"/> Hacienda Heights	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Glendora	

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

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