

VI-SPDAT Survey and Entry Point Assessment Consent

Authorization to Share Protected Personal Information

I, _____, understand that I am here today to talk about my service and housing needs. By signing this form, I acknowledge that I will be asked questions about my health and housing. This survey will take about 20-30 minutes. I understand that participation in the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) and Entry Point Assessment is completely voluntary. I understand that if I feel uncomfortable or upset during the interview, I can ask the interviewer to take a break, skip any of the questions, ask for clarification of a question, or can ask to stop the survey.

What is the benefit to the client allowing service providers access to their information?

The information you provide helps us coordinate the most effective services for you and your household members. The information will help us assess your needs, and then connect you with the most appropriate service interventions or housing available. 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.'

Who will have access to the information collected and how will it be disclosed?

- I allow my case manager or outreach worker to enter and share my and/or my dependents linked to my household's personal and non-personal information into the database system called Homeless Management Information System (HMIS). HMIS is maintained by the Alliance to End Homelessness in Suburban Cook County Illinois. This database helps suburban Cook County Continuum of Care (CoC) to better understand homelessness, to improve service delivery to individuals experiencing homelessness and to evaluate the effectiveness of services provided to individuals experiencing homelessness. Participation in data collection and sharing is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into this database has signed an agreement to maintain the security and confidentiality of the information.
- I agree to allow my responses to the VI-SPDAT Survey and Entry Point Assessment to be used by the service providers that participate in the suburban Cook County Coordinated Entry System (Entry Point) to identify and connect me with the most appropriate participating services, housing and related programs for which I am eligible. **A complete list of participating agencies can be found at www.suburbancook.org.*
- I understand that my information may be shared during meetings with case managers from service providers and housing programs to assist in finding suitable available housing resources.

What information about clients and their dependents linked to their household will be disclosed?

- I understand that the following information, some of which may have been entered previously into the HMIS by other agencies, may be shared with participating agencies that are using HMIS and service providers that participate in Entry Point only as needed to connect me with appropriate available services and/or housing for which I am eligible:

CE VI-SPDAT Consent

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Program Entry Date
- Program Exit Date
- Residence Prior to Project Entry
- Homelessness History
- City/Zip code
- Family Composition
- Employment Status
- Veteran Status
- Medical History including HIV/AIDS status
- Domestic Violence
- Mental Health Treatment
- Disabling Condition
- Alcohol & Drug Use/abuse
- Legal history/information
- Cash Income and Non-Cash Benefits information
- Contact Information (may include address, phone # and e-mail address)

- Additional information used strictly for matching me with suitable services and/or housing.
- All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) survey.
- I or my outreach worker/case manager can be contacted about my survey.

Important Rights and Other Required Statements You Should Know

- The providers participating in HMIS and Entry Point who may see client information have signed agreements to maintain confidentiality regarding the information and to use the information provided only to link clients with supportive services or housing options.
- I understand that participating in Entry Point does not guarantee that I will be called for a housing program.
- This consent will remain in effect until I revoke it in writing. I may revoke this authorization at any time by contacting Entry Point staff at Housing Forward, the lead agency for Entry Point, at the address below. If I revoke this authorization, it will not apply to information that has already been used or disclosed.

Entry Point Lead Team, Housing Forward, 1851 S. 9th Ave. Maywood, IL 60153

- This release is valid for five years from the date of the signature below.
- I understand that Housing Forward will act as the agency that matches survey information against eligibility requirements of housing that becomes available for which I may be eligible. Additional assessment may be required by service providers.
- This authorization is voluntary. I understand that if I do not agree to authorize any use or disclosure, I can still receive services but it may take longer to connect me with appropriate services.
- I have a right to a copy of this authorization once I have signed it, and must contact Entry Point at Housing Forward to obtain a copy.
- I acknowledge that auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development, may see my information.
- Mediware Information Systems is the HMIS Vendor. When Mediware works on the system, they may see my information.

My signature (or mark) below indicates that I have read (or been read) the information provided above, have received answers to my questions, and agree to participate in the VI-SPDAT survey and Entry Point. By agreeing to be interviewed for Entry Point I am not giving up any legal rights.

Signature: _____ Date: _____

Witness: _____ Date: _____

Coordinated Entry Assessment Part 4 – Determination of Vulnerability and Acuity:

The information gathered in this form is used to assist in prioritizing housing matching based on the client’s vulnerability and needs. The information is **NOT** used as criteria for determining eligibility for any program, and we are committed to serving people with the most serious needs and challenges first. **This form is to be filled out by STAFF only!** It is the first official step in having a client listed on the BNL for potential housing matching.

Client Name: _____ Date: ___ / ___ / ___ HMIS #: _____

Housing Intervention Recommendation:

I believe this client:

- Is unable to resolve their homelessness on their own without intervention.
- Has indicated they wish to have assistance acquiring housing.
- Has income, needs, and resources that indicate they would benefit from:
 - _____ Permanent Supportive Housing
 - _____ Rapid Rehousing

I have reviewed the client’s Chronic Homelessness Sub-Assessment, disability information, as it has been entered in HMIS, and confirmed that it is correct and logical. (staff initials) _____

***If all of the above boxes are checked, please complete the appropriate VI-SPDAT for the client / household.**

VI-SPDAT Findings:

This VI-SPDAT was used, and resulted in this score:

- VI-SPDAT 2.0 for Individuals - score: _____ or older VI-SPDAT 1 - score: _____
- VI-SPDAT 2.0 for Families - score: _____
- VI-SPDAT 1.0 for Transition Aged Youth (aged 18-24) - score: _____

OR:

A VI-SPDAT score could not be determined because:

- The client is not willing to complete the VI-SPDAT survey
- The client is unable to recall or report the answers to the questions on the VI-SPDAT survey
- The client under-reported their vulnerability or needs in the following way(s):

- The client over-reported their vulnerability or needs in the following way(s):

I estimate the client’s correct VI-SPDAT score to be: _____

(Verification of disabilities, etc. will be secured in the next step of Assessment. **Discuss estimated VI-SPDAT score and your rationale with your supervisor prior to contacting CE Lead team to request approval of estimated score.**

Noteworthy vulnerability or acuity factors (based on the worker’s assessment):

(the following can further convey a client’s severity of need or vulnerability, help justify an adjusted VI-SPDAT score, assist with case conferencing, and aid in prioritization in the case of ranking ties.)

I have profound concern for this client’s well-being due to:

- Extremely frail physical health
- Fragile or rapidly deteriorating mental health, including poor reality testing, maleficent command hallucinations, severe disorientation, acute dramatic response to traumatic event, etc.
- The client is being targeted for abuse, hate activity, etc. due to mental status, gender identity or expression, religion, disability, or other factor, or is being stalked by a predator or abuser.
- The client is trafficked or participates in survival sex trading or other risky elements of the street economy
- Other severe risks or concerns: _____

This client is especially challenging to engage productively because:

- The client has difficulty (or is not interested in) recognizing staff, engaging relationally / interpersonally, or remembering prior discussions between encounters.
- The client has little interest in or resolve for returning or reengaging in services, and/or maintains little hope or optimism that any services or interventions will be helpful to them.
- The client is frequently incarcerated or admitted to hospitals, and/or is difficult to locate on a routine basis.
- The client is unable or unwilling to tolerate or endure lengthy or multi-staged assessment processes, or sustain goal-directed efforts for a span of time adequate to achieve completion of forms and other tasks.
- The client does not acknowledge any difficulties and/or disabilities and/or does not wish to have any documented.
- Other challenges: _____

Other factors:

- The client seems to lack ability or resolve to keep themselves safe and /or attend to their personal care.
- The client does not seek or initiate services, and /or is only served by outreach staff.
- The client is unsheltered, and sleeps: _____
- The client is extremely isolated, and does not have support of any friends, family, or other peers or community.
- The client has difficulty accessing safe and respectful services and care due to gender or sexual identity or expression.
- The client has limited mobility, and can’t access shelters or travel easily.
- The client is frequently targeted by negative attention from residents, businesses, and / or police.
- The client is elderly (over 70) or very young (under 21).
- The client is pregnant and/or has children age 3 or under.
- Other relevant factors: _____

Staff Signature

Name

Position

Supervisor Signature

Name

Position